POLCI NO. CLN.D1

PORTSMOUTH HEALTHCARE NHS TRUST

CLINICAL POLICY

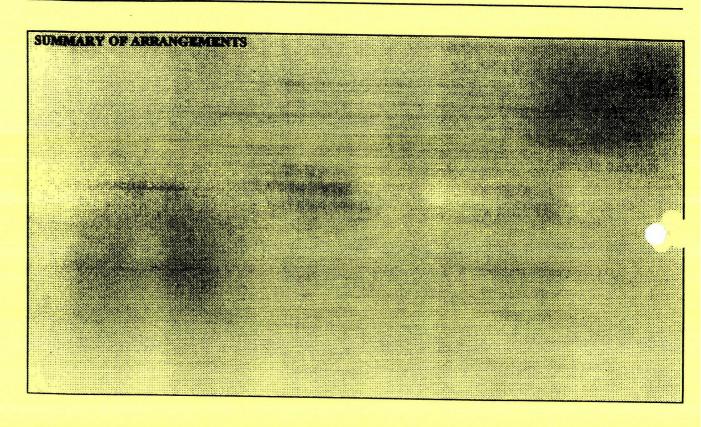
DISCHARGE PLAN/CHECKLIST							
PATIENT NAME:							
HOSPITAL NUMBER:							
NAMED NURSE:							
	SECTION A		K AS PRIATE NO	DATE/COMMENTS			
1.	Patient/Carer involvement						
2.	ADL Assessment required						
3.	If YES, referral to OT						
4	Stirling Scale completed						
5.	Barthel score completed						
6.	Referral to social worker						
7.	Aftercare requirements						
8.	Referral to community nurse (DN, H/V, CPN)						
9.	Transport required						
IF Y	Arrangements made						
10.	Patient informed of discharge date and time						
11.	Carer/relatives informed of discharge date and time						

Discharge or Transfer of Patients from Hospital

POLCI NO. CLN.D1

PORTSMOUTH HEALTHCARE NHS TRUST

CLINICAL POLICY



SECTION B IMMEDIATELY BEFORE DISCHARGE

12.	Transfer form completed	TICK AS APPROPRIATE YES NO	DATE/COMMENTS
13.	District spell summary completed		
14.	Property/valuables returned?		
15.	Written information for patient		
16.	Contact name/telephone number		
17.	Medical certificate issued		
18.	7 days supply of drugs TTO		
19.	Relatives/carers informed		