

PORTSMOUTH HEALTHCARE NHS TRUST

CLINICAL POLICY

APPENDIX 1

DISCHARGE PLAN/CHECKLIST

PATIENT NAME: _____

HOSPITAL NUMBER: _____

NAMED NURSE: _____

SECTION A	TICK AS APPROPRIATE		DATE/COMMENTS
	YES	NO	
1. Patient/Carer involvement	<input type="checkbox"/>	<input type="checkbox"/>
2. ADL Assessment required	<input type="checkbox"/>	<input type="checkbox"/>
3. If YES, referral to OT	<input type="checkbox"/>	<input type="checkbox"/>
4. Stirling Scale completed	<input type="checkbox"/>	<input type="checkbox"/>
5. Barthel score completed	<input type="checkbox"/>	<input type="checkbox"/>
6. Referral to social worker	<input type="checkbox"/>	<input type="checkbox"/>
7. Aftercare requirements	<input type="checkbox"/>	<input type="checkbox"/>
8. Referral to community nurse (DN, H/V, CPN)	<input type="checkbox"/>	<input type="checkbox"/>
9. Transport required	<input type="checkbox"/>	<input type="checkbox"/>
IF YES			
Arrangements made	<input type="checkbox"/>	<input type="checkbox"/>
10. Patient informed of discharge date and time	<input type="checkbox"/>	<input type="checkbox"/>
11. Carer/relatives informed of discharge date and time	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY OF ARRANGEMENTS

[This section contains a large, heavily textured area, likely a placeholder for a photograph or a very faded image. The texture is a dense grid of small dots.]

SECTION B IMMEDIATELY BEFORE DISCHARGE

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