

HOSPITAL DISCHARGE PREPARATION CHECKLIST

BEFORE DAY OF DISCHARGE, UNDERSTAND:

- What equipment is to be ordered? Equipment preparation req'd?
- Who is placing the order? What supplies will be needed?
- Name/Contact # for Medical Equip? How to use the equipment?
- When will equipment arrive?

EQUIPMENT NEEDED AT HOME:

- Hospital Bed (You will need to prepare a room on the 1st floor)Yes No
- Overbed tableYes No
- Oxygen concentrator and back up tanks (you may need distilled water)Yes No
- Bedside commodeYes No
- WheelchairYes No
- WalkerYes No
- NebulizerYes No

Equipment ordered by: _____ Phone: _____

Equipment (DME) Company: _____ Phone: _____

Date of Delivery:

SUPPLIES NEEDED AT HOME:

Incontinent supplies: pads, briefs, pullups, wipes

Glucometer/test strips

Distilled Water (for Oxygen)

Bandages/Wound Care supplies

Ostomy supplies

Other

TRANSPORTATION:

To Home: Ambulance Wheelchair
 Van Private

Ordered by: Hospital Hospice
 Family/Client

Paid by: Hospital Hospice
 Family/Client

Transportation Date: _____
 Time: _____

DAY OF DISCHARGE

- Assure all equipment is in place, functioning and you know how to use it
- Review medication list. Fill prescriptions for new medications - if they are needed before patient gets home. Fill prior to leaving home
- Review discharge instructions, ask questions
- Assure the supplies are in the home before the person arrives
- Review your support at home contacts. Make sure everyone is approved and acknowledges the discharge plan

	HOME HEALTH	HOME CARE	HOSPICE CARE	PALLIATIVE CARE
MD order needed?	Yes	No	Yes	Yes
Visit frequency	Typically 1-3 visits/ week per discipline based on patient's needs and progress	Client decides- can be daily	Typically 1-3 visits/ week per discipline for nursing and aides, 1-3 visits/ month social work and spiritual care	Typically one visit every 2-4 weeks
Visit duration	Typically about 1 hour	Client decides – can be 24/7	Typically about 1 hour	Typically about 1 hour
Payment	Medical Insurance, Medicare, Medicaid	Private pay, VA Aid and Assistance, Medicaid, some LTC policies and some Medicare plans	Medical insurance, Medicare	Medical insurance, Medicare
SERVICES may INCLUDE	PT, OT, ST, RN, SW and CNA visits	Personal care and companionship – includes meal prep, light housekeeping, laundry, medication reminders	RN, SW, Spiritual Care and CNA visits	NP, RN and CNA Social Worker
WHERE SERVICES ARE PROVIDED	HOME HEALTH	HOME CARE	HOSPICE CARE	PALLIATIVE CARE
Private Home	YES	YES	YES	YES
Independent Senior	YES	YES	YES	YES
Community	YES	YES	YES	
Assisted Living Facility	YES	YES	YES	YES
Skilled Nursing Facility	NO	YES	YES	YES
Hospice Facility	NO	YES	YES	NA