

NHS Lothian discharge checklist: to be completed for all inpatients



Patient Name:

Estimated Date of Discharge: / /

Address:

Next of Kin:

Address:

Date of Birth:

CHI Number:

Addressograph Label may be used

Contact Number:

Discharge Summary on admission/pre admission	y	n	n/a	Date	Initial
1.Relevant Care Provider informed of estimated discharge date Name: _____ Contact Number: _____					
2. Services in the community contacted Name: _____ Contact Number: _____					
3.Does the patient have an unpaid carer Name: _____ Contact Number: _____					
Discharge Summary 24/48 hours pre discharge					
1. Has the unpaid carer been involved in the discharge process and offered an assessment/ training Declined <input type="checkbox"/>					
2. Services in the community contacted					
3. Transport (if clinical need) booked ref no: Transport type: 2 Man 1 Man Stretcher Wheelchair Number of stairs:					
4. DNACPR form completed					
5. Follow-up appointment booked: _____ Transport Ref No: _____					
6. Patient education/information commenced and given Please specify education given: Products given to patient: _____ Supply: _____ Days _____					
7. Does the patient need referred to Lothian unscheduled care service?					
Discharge Summary 24 hours pre discharge					
1. Post care information leaflet given:					
2. Discharge letter requested from medical staff/on ward round					
3. Transport confirmed Ref Number: _____					
4. Is patient applicable for discharge lounge? If yes, inform discharge lounge and complete discharge lounge form <input type="checkbox"/>					
5. Next of kin informed					
6. Discharge letter/ Discharge prescription obtained					
7. Does the patient require a Medication Administration Record (MAR)?					
8. Patient has keys to house? Reason if patient does not have keys: _____					
9. Medication appliance (Dosette Box) required.					
Day of discharge					
1. Discharge medication given and explained to patient					
2. Patient's own medication returned					
3. Copy of immediate discharge letter given to patient					
4. Valuables and patients own belongings returned to patient					
5 Peripheral Vascular Cannula removed					
6. Patient transferred to discharge lounge					
7. Patient Administration System (e.g. TRAK/PIMS) is updated					
Additional Information: 					
The patient is ready for discharge: Signed: _____ Ward: _____			Last SEWS prior to discharge: Hospital: _____ Date: _____ / _____ / 20		