Discharge Planning Checklist

DISCHARGE PLANNING CHECKLIST

Confirm the patient's full name, date of birth, and medical record number.

- [ ] Patient Identification

Review and summarize medical conditions, treatments received, and progress.

- [ ] Medical Summary

List all medications, dosages, and administration instructions.

- [ ] Medication Plan

Schedule follow-up appointments and referrals to specialists if needed.

- [ ] Follow-up Care

Assess and arrange for home care services or equipment if necessary.

- [ ] Home Care Requirements

Provide education on health condition, medication, and self-care.

- [ ] Patient Education

Advise on appropriate diet and physical activity post-discharge.

- [ ] Diet and Activity Instructions

Inform about signs and symptoms that require medical attention.

- [ ] Warning Signs and Symptoms

Provide information on whom to contact in case of an emergency.

- [ ] Emergency Contacts

Prepare and provide discharge summary and instructions.

- [ ] Discharge Documentation

Confirm insurance details and provide billing information.

- [ ] Insurance and Billing

DOCTOR'S ACKNOWLEDGMENT

Name of Doctor: _____

Signature

Date: _____ dd / mm / yyyy