Discharge Planning Worksheet

Patient name: _____

Instructions: Fill in, initial, and date next to each task as completed.

INITIAL NURSING ASSESSMENT

Identified the caregiver at home and backups

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Told patient and family about white board

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Elicited patient and family goals for hospital stay

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Informed patient and family about steps to discharge

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

PRIOR TO DISCHARGE PLANNING MEETING

Distributed checklist and booklet to patient and family with explanation

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Scheduled discharge planning meeting

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy **Scheduled for:** _____

Specify time: _____

DURING DISCHARGE PLANNING MEETING

Discussed patient questions

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Discussed family questions

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Reviewed discharge instructions as needed

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Used Teach Back

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Offered to schedule follow up appointments with providers

◯ Yes ◯ No

Specify date: _____ dd / mm / yyyy

Preferred dates / times for:

PCP: _____ **Other:** _____

DAY OF DISCHARGE

Medication

Reconciled medication list

◯ Yes ◯ No

Reviewed medication list with patient and family and used teach back

◯ Yes ◯ No

APPOINTMENTS AND CONTACT INFORMATION

Scheduled follow up appointments

◯ Yes ◯ No

1. With: _____ **Specify date:** _____ dd / mm / yyyy

Specify time: _____ **2. With:** _____

Specify date: _____ dd / mm / yyyy **Specify time:** _____

Arranged any home care needed

◯ Yes ◯ No

Wrote down and gave appointments to the patient and family

◯ Yes ◯ No

Wrote down and gave contact information for follow up person after discharge

◯ Yes ◯ No

DAY 1

Educated patient and family about condition and used teach back

◯ Yes ◯ No

Discussed progress toward patient, family, and clinician goals

◯ Yes ◯ No

Explained medications to patient and family

◯ Yes ◯ No

Morning

◯ Yes ◯ No

Noon

◯ Yes ◯ No

Evening

◯ Yes ◯ No

Bedtime

◯ Yes ◯ No

Other

◯ Yes ◯ No

Involved patient and family in care practices

◯ Yes ◯ No

Specify people involved: _____

DAY 2

Educated patient and family about condition and used teach back

◯ Yes ◯ No

Discussed progress toward patient, family, and clinician goals

◯ Yes ◯ No

Explained medications to patient and family

◯ Yes ◯ No

Morning

◯ Yes ◯ No

Noon

◯ Yes ◯ No

Evening

◯ Yes ◯ No

Bedtime

◯ Yes ◯ No

Other

◯ Yes ◯ No

Involved patient and family in care practices

◯ Yes ◯ No

Specify people involved: _____

DAY 3

Educated patient and family about condition and used teach back

◯ Yes ◯ No

Discussed progress toward patient, family, and clinician goals

◯ Yes ◯ No

Explained medications to patient and family

◯ Yes ◯ No

Morning

◯ Yes ◯ No

Noon

◯ Yes ◯ No

Evening

◯ Yes ◯ No

Bedtime

◯ Yes ◯ No

Other

◯ Yes ◯ No

Involved patient and family in care practices

◯ Yes ◯ No

Specify people involved: _____

DAY 4

Educated patient and family about condition and used teach back

◯ Yes ◯ No

Discussed progress toward patient, family, and clinician goals

◯ Yes ◯ No

Explained medications to patient and family

◯ Yes ◯ No

Morning

◯ Yes ◯ No

Noon

◯ Yes ◯ No

Evening

◯ Yes ◯ No

Bedtime

◯ Yes ◯ No

Other

◯ Yes ◯ No

Involved patient and family in care practices

◯ Yes ◯ No

Specify people involved: _____

NOTES

Specify below