



Attach
Patient
Label
Here

Complete?	Reviewed w/patient?	Hospital Discharge "Take-Off" Checklist
Information and Understanding		
1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. Educate the patient about his or her diagnosis throughout the hospital stay. <i>If not completed, reason:</i>
2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. Give the patient a written discharge plan at the time of discharge. Items addressed will include those listed below under Follow Up Care, Red Flags, and Medication Checklist. <i>If not completed, reason:</i>
3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. Assess the degree of understanding by asking them to explain in their own words the details of the plan (use Teach-Back technique). May include involving family members who will share in the care-giving responsibilities. Consider language and literacy barriers; use professional interpreters as needed. <i>If not completed, reason:</i>
4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. Ensure that the primary care and specialist physicians are notified either by email, phone or fax that the patient is being discharged and to remind them to look at CareCast for the discharge summary and information. <i>If not completed, reason:</i>
Red Flags		
5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. Review the appropriate steps for what to do if a problem arises.
a. <input type="checkbox"/>	a. <input type="checkbox"/>	a. Review Red Flags: what signs or symptoms might signal a worsening condition and how to monitor for those changes
b. <input type="checkbox"/>	b. <input type="checkbox"/>	b. Instruct on a specific plan of how to contact the PCP (or coverage) by providing contact numbers for evenings and weekends.
c. <input type="checkbox"/>	c. <input type="checkbox"/>	c. Instruct on what constitutes an emergency and what to do in cases of emergency (review for POLST status). <i>If not completed, reason:</i>
Medicine Checklist		
6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. Confirm the Medication Plan.
a. <input type="checkbox"/>	a. <input type="checkbox"/>	a. Reconcile the discharge medication regimen with those taken before the hospitalization.
b. <input type="checkbox"/>	b. <input type="checkbox"/>	b. Explain what medications to take, emphasizing any changes in the regimen.
c. <input type="checkbox"/>	c. <input type="checkbox"/>	c. Review each medication's purpose, how to take each medication correctly, and important side effects to watch out for.
d. <input type="checkbox"/>	d. <input type="checkbox"/>	d. Be sure patient has a realistic plan about how to get the medications. <i>If not completed, reason:</i>
Follow Up Care		
7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. Provide the patient or caregiver with a list of follow up services that need to be scheduled or completed:
a. <input type="checkbox"/>	a. <input type="checkbox"/>	a. Primary Care or specialist physician follow up (provide phone numbers and timeframes)
b. <input type="checkbox"/>	b. <input type="checkbox"/>	b. Follow up lab, radiology or other tests that need to be done as outpatient, with timeframes
c. <input type="checkbox"/>	c. <input type="checkbox"/>	c. Discuss with the patient any tests or studies that have been completed in the hospital and discuss who will be responsible for following up the results.
d. <input type="checkbox"/>	d. <input type="checkbox"/>	d. Discuss reason for and importance of physician appointments and following up with tests and results. <i>If not completed, reason:</i>
Other		
8. <input type="checkbox"/>	NA	8. Reconcile the discharge plan with Core Measure compliance or other hospital/system priority projects. <i>If not completed, reason:</i>

To be signed upon completion:

Signature of Hospital Representative

Date and Time

Version 1.0, 09/28/09

Test Version 1.0