

Discharge Checklist

If desired, add Hospital Logo here
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PATIENT INFORMATION

Patient's Name:

First

Middle

Last

MRN:

Implant Date:

EDUCATION

- Education, competencies, and testing (complete notebook), 3 excursions
- Make copies of education worksheets for patient file
- Dressing change education complete
- Face sheet for our ED and Satellite ED's
- Train ED and Satellite ED's (simulation)
- Discussion about accessibility at home

OUTPATIENT FOLLOW-UP

- List of medicines and schedule
- Prescriptions for home
- Home visit sheet
- Discharge instructions
- Schedule of clinic appointments
- Exercise rehab plan and appointments
- Home supplies ordered
- Consider remote patient monitoring

EQUIPMENT

- Alarm parameters checked on device/suction alarm on
- Record equipment serial and lot numbers in database
- Doppler and blood pressure cuff received

COMMUNITY

- Laminated Emergency Cards for travel bag and wallet
- Letter to patient's Primary Care Physician
- Call and letter to EMS
- Letter to electric company

MISCELLANEOUS

- Media Consent
- Intermacs/Pedimacs Requirements
- ACTION Consent
- Enroll in PRO's for patient and/or Caregiver