

DISCHARGE CHECKLIST

To commence at least 24 – 48 hours before discharge

SURNAME		URN	
GIVEN NAME	DOB	SEX	
ADDRESS			
SUBURB	POSTCODE	TELEPHONE	

Ward	Date		
Discharge Date	Time		
To be completed by nursing staff	YES	NO	Comment
Has the patient/family/carer/facility been notified of discharge time and location of transit lounge (before 10am where applicable)			
Has the destination been contacted, and transfer arranged?			
Has transport been confirmed? (please circle) Private Taxi NPT Time:			
Has the patient/carer received appropriate education for discharge? (eg: stoma, wounds, insulin, equipment, etc)			
Have the Allied Health team been notified of patient's discharge?			
Have invasive devices been removed where applicable? (eg: IVC, sutures, staples, etc)			
Have all referrals to relevant community services been confirmed? (eg: HITH, PACFU, HARP, Meals on Wheels etc)			
Has the patient Transfer letter been completed?			
Does the patient have a copy of their discharge summary?			
If going home – has medication been supplied and explained to the patient?			
Have all outpatient/follow up appointments been made?			
Has the patient's property been returned? (including private x-rays)			
Has all ward hired equipment been ceased or transferred?			
Name	Signature		Designation

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