

Preparing for Your Loved One's Discharge

The best time to plan for a discharge from a hospital for your loved one is when they are first admitted. Planning may help ensure your loved one returns safely back home and avoid future unnecessary trips to the hospital.

Important things to consider during their hospital or rehabilitation stay:

- Know who your loved one's Discharge Team is. Often this will consist of a Doctor, Nurse, Social Worker, Physical/Occupational Therapist, Dietician, and you.
- Discuss what services the team feel is necessary for your loved one's safe discharge back to home?
- Alert the team to you or your family's limitations in providing your loved one's care needs when they return home.

Advocate's Check-Off Sheet

Checklist for Discharge	Yes	No	Comments
Do you feel your loved one is ready for discharge from the hospital or facility?	<input type="checkbox"/>	<input type="checkbox"/>	If No, Appeal the Decision Medicare Appeals: Tel: 866-815-5440
Do you have a clear understanding of why your loved one is receiving care in this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Reasons for Admission: _____ _____
Have you had the opportunity to discuss your loved one's care needs/concerns with the hospital/rehabilitation team?	<input type="checkbox"/>	<input type="checkbox"/>	Discharge Planner Contact Information: _____ _____
Do you understand all the medications being prescribed for your loved one and the potential side effects?	<input type="checkbox"/>	<input type="checkbox"/>	Concerns: _____ _____ _____

<p>Will there be skilled nursing needs upon discharge? (i.e. wound care, injections)</p> <p>Who will be providing this service?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Skilled Service: _____</p> <p>Provider: _____</p> <p>Contact: _____</p>
<p>Does my loved one need additional care to meet their activities of daily living? (Bathing, dressing, toileting, transferring, eating, medication management)</p> <p>How many hours are being recommended? (2, 4, 6, 8, 10, 12, live-in or continuous round the clock care?)</p> <p>Payer Source? (Private pay, long-term care insurance, Medicaid, Medicare.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Service Needed: _____</p> <p>Hours: _____</p> <p>Provider: _____</p> <p>Payor Source: _____</p> <p>Contact: _____</p>
<p>Has my loved one's primary care physician/specialist been notified of this hospitalization and has follow up appointment been made?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Physician: _____</p> <p>Appointment: _____</p>
<p>Is there any special equipment that needs to be ordered prior to discharge? (Hospital bed, Wheelchair, Walker, Hoyer lift, Colostomy Care supplies, Oxygen, IV Set Up, Respirator, bedside commode, handrails in bathroom)</p> <p>How will this equipment be paid for? (Privately, under insurance, rental, co-pay)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Durable Equipment Provider: _____</p> <p>Date of Delivery: _____</p> <p>Equipment paid for by: _____</p>
<p>Is the home clean and ready for discharge?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Concerns: _____</p> <p>_____</p>
<p>Is there fresh food?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Concerns: _____</p> <p>_____</p>
<p>Has medications been ordered?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Concerns: _____</p> <p>_____</p>

