

Discharge Checklist from Hospital to Care Homes

Below is a checklist setting out the key information and documents that should be compiled into a discharge pack that is shared with the care home when a patient is discharged.

Resident/Patient's Name:		Date of Birth:	
NHS Number:		Hospital Number:	

Care Home Name:		Care Home Contact:	
Care Home Number:		Fax Number:	

Discharge Hospital:		Discharge Ward:	
Discharge Date:		Next of Kin informed?	
Named Nurse:		Ward Contact number:	
Consultant Name:		Consultant contact number:	

Document Checklist – ward staff to complete required information and additional information where appropriate. Guidance is provided separately.

	REQUIRED INFORMATION (see guidance for minimum information required)	INCLUDED		COMMENTS	SIGNATURE
		YES	NO		
1	Nursing Transfer Letter				
2	Discharge Summary/To Take Away medication (TTA)				
ADDITIONAL INFORMATION (if applicable for the patient)					
3	Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)				
4	Health Needs Assessment (HNA) Decision Support Tool (DST)				
5	PEACE Document				
6	This is me				
7	Occupational Therapy Report				
8	Physiotherapy Report				
9	Speech & language Therapy Report				
10	Dietician Report				
11	Mental Health Report				
12	Skin protocol/pressure ulcers/body map				
13	Catheter Passport				
14	Other				

Other Information

The following sections provide a checklist for medications, supplies and any follow up referrals for the patient.

<u>Medication & supplies</u>	Please tick (✓)	Nos of days provided
- Confirmation that medications have been dispensed	<input type="checkbox"/>	
- Dressings supplied	<input type="checkbox"/>	<input type="checkbox"/>
- Contenance products supplied	<input type="checkbox"/>	<input type="checkbox"/>

Community referrals made – summary of referrals made by the hospital teams and why:

Referral to:	Reason for Referral:	Contact Details:

Follow Up Arrangement – summary of any appointments made by the hospital team and why:

Outpatient Clinic:	Reason for Referral:	Date of appointment:

Please ensure a copy of this checklist is given to/filed:	Please tick (✓)
Care Home	<input type="checkbox"/>
Hospital Notes	<input type="checkbox"/>

SIGNATURE: _____ DESIGNATION: _____ DATE: _____