

## Discharge Planning Checklist

Name: \_\_\_\_\_

Reason for Admission: \_\_\_\_\_

**During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver (a family member or friend who may be helping you) are important members of the planning team. You and your caregiver can use this checklist to prepare for your discharge.**

### Instructions:

- Use this checklist early and often during your stay.
- Talk to your doctor and the staff (like a discharge planner, social worker, or nurse) about the items on this checklist.
- **Check the box next to each item when you and your caregiver complete it.**
- Use the notes column to write down important information (like names and phone numbers).
- Skip any items that don't apply to you.

Action Items	Notes
<b>What's ahead?</b>	
<input type="checkbox"/> Ask where you'll get care (after you're discharged). Do you have options (like home health care)? Be sure you tell the staff what you prefer.	
<input type="checkbox"/> If a caregiver will be helping you after discharge, write down their name and phone number.	
<b>Your health</b>	
<input type="checkbox"/> Ask the staff about your health condition and what you can do to help yourself get better.	
<input type="checkbox"/> Ask about problems to watch for and what to do about them. Write down a name and phone number of a person to call if you have problems	



Action Items	Notes
<input type="checkbox"/> Ask for written discharge instructions (that you can read and understand) and a summary of your current health status. Bring this information and your completed “My drug list” to your follow-up appointments.	<hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Use “My Appointments” on page 4 to write down any appointments and tests you’ll need in the next several weeks.	<hr/> <hr/> <hr/> <hr/> <hr/>
<b>For the Caregiver</b>	
<input type="checkbox"/> Do you have any questions about the items on this checklist or on the discharge instructions? Write them down, and discuss them with the staff.	<hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Can you give the patient the help he or she needs? <ul style="list-style-type: none"> <li><input type="checkbox"/> What tasks do you need help with?</li> <li><input type="checkbox"/> Do you need any education or training?</li> <li><input type="checkbox"/> Talk to the staff about getting the help you need before discharge.</li> <li><input type="checkbox"/> Write down a name and phone number of a person you can call if you have questions.</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Get prescriptions and any special diet instructions early, so you won’t have to make extra trips after discharge.	<hr/> <hr/> <hr/> <hr/> <hr/>

## My Drug List

Filled out on: \_\_\_\_\_

Fill out this list with all prescription drugs, over-the-counter drugs, vitamins, and herbal supplements you take. Review this list with the staff.

If you have Medicare and limited income and resources, you may qualify for Extra Help to pay for your Medicare prescription drug coverage. For more information about Extra Help, visit [Medicare.gov](http://www.Medicare.gov).

Drug Name	What it does	Dose	How to take it	When to take it	Notes

## My Appointments

Appointments and Tests	Date	Phone Number