

# Day of Discharge from Hospital to Care Home

## CHECKLIST

Please attach patient label

Hospital: \_\_\_\_\_ Ward: \_\_\_\_\_

### Prescriptions and Equipment

Dosette Boxes should **NEVER** be prepared for Care Home Residents, however, there may be an exception to this for Intermediate Care Homes

#### New Resident

14 days Medication(s) Yes ☐ N/A ☐ 7 days Catheter/Stoma supplies Yes ☐ N/A ☐  
7 days Dressing supplies Yes ☐ N/A ☐ 7 days Continence products and complete BASICS checklist Yes ☐ N/A ☐

#### Existing Resident

As a result of this hospital stay: new medication(s) change? Yes ☐ No ☐  
new medication dose? Yes ☐ No ☐

If **YES**, please supply 14 days of medication(s)

For **all other items** please check if Care Home has enough supplies to last until their next order date – if not, provide as required to a maximum of:

- ☐ 14 days Medication(s) (unchanged) prescribed prior to hospital admission
- ☐ 7 days Dressing supplies
- ☐ 7 days Catheter/Stoma supplies
- ☐ 7 days Continence products and complete BASICS checklist (if incontinence is new)

#### Additional Requirements

Please check care plans and discharge plans to ensure relevant needs and/or related equipment and skills have been discussed and planned for with the Care Home, including (please tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Oxygen needs        | <input type="checkbox"/> Pressure Area Care – cushions, mattresses |
| <input type="checkbox"/> Nebulisers          | <input type="checkbox"/> Catheter Management                       |
| <input type="checkbox"/> Diabetes Care       | <input type="checkbox"/> Bladder and Bowel Care                    |
| <input type="checkbox"/> Moving and Handling | <input type="checkbox"/> Wound Management                          |

### Communication

Ensure referrals are made to community teams for follow-up - as appropriate to MDT discharge plan.

Please tick all that apply:

- ☐ Bladder and Bowel
- ☐ District Nurses
- ☐ SLT
- ☐ Other.....
- ☐ Verbal handover to the Care Home highlighting any changes to:
  - ☐ DNACPR
  - ☐ AWI
  - ☐ Vaccination status
- ☐ Inform N.O.K of day of discharge plan
- ☐ Inform Care Home and N.O.K of patient leaving ward

### Personal Belongings

Please tick all that apply:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Glasses      | <input type="checkbox"/> Clothing and footwear  |
| <input type="checkbox"/> Dentures     | <input type="checkbox"/> Personal items/valuables - cash and cards, jewellery, photos, phone/tablets and chargers |
| <input type="checkbox"/> Hearing aids |   |
| <input type="checkbox"/> Walking aids |   |

### Documentation

Please tick all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Discharge Letter        | <input type="checkbox"/> Return shared documentation              |
| <input type="checkbox"/> Nursing Transfer Letter | <input type="checkbox"/> Catheter Passport                        |
| <input type="checkbox"/> DNACPR                  | <input type="checkbox"/> Diabetes – "green book", titration sheet |
| <input type="checkbox"/> AWI                     |   |

### Transport

- ☐ Transport booked
- ☐ Will go to discharge lounge
- ☐ Transport type booked: