DISCHARGE PLANNING CHECKLIST FOR PATIENT & CARER

This checklist is to prompt you (the patient) and your carer, family and friends to consider a range of practical aspects about your return home after being in hospital. It is very important that, during the time you are in hospital, you make time to talk through all of the items on this list with your visitors to make sure that you are fully prepared for discharge.

The items on this list have been identified by other patients like you, as things that worried them after they had been discharged from hospital, and which they wished had been brought to their attention before discharge. Being safe and confident after leaving hospital will happen if you consider the practical aspects of managing at home when you are not feeling the best. This checklist will get you started.

Not all the concerns on this checklist may be relevant to you, and there may be other things that we have not mentioned that are important. Please write these down and sort them out before going home.

Remember, if there are any issues that worry you about going home, make sure that you have worked out a solution before you leave.

This checklist was prepared by the South Australian Discharge Planning Research Team. Karen Grimmer and Michelle Guerin [International Centre for Allied Health Evidence, University of South Australia], John Moss [Dept of Public Health, University of Adelaide] & Julie Falco [Lyell McEwin Hospital].

If you have any comments on this checklist, or suggestions about other things that should be in the checklist, the researchers would be very happy to hear from you. Phone 08 83022086.
hospital. If you cannot find a solution yourself, your nurses and doctors can advise you and can help you make plans. Don’t leave any problem to sort itself out!

### GETTING HOME SUCCESSFULLY

<table>
<thead>
<tr>
<th>Q1</th>
<th>Do you, or your family, have the keys to your home?</th>
</tr>
</thead>
</table>
| YES | NO                  | *If this is a problem, how can it be solved?*

| Q2 | How will you get home from hospital? |

<table>
<thead>
<tr>
<th>Q3</th>
<th>Do you have sufficient money with you for the first few days out of hospital?</th>
</tr>
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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
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</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th>Does your home need to be cleaned before you get out of hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
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</tbody>
</table>

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DISCHARGE PLANNING CHECKLIST

Q5  Are there fresh groceries at home in preparation for discharge? (e.g. fresh bread, milk, fruit, meat and vegetables?)

   YES   NO

   If NO, is there anyone who can organise these for you?

   If this is a problem, how can it be solved?

Q6  Do you have adequate heating/cooling immediately you get home?

   YES   NO

   If this is a problem, how can it be solved?

Q7a  Do you need to pay any urgent bills in the first few days after going home?

   YES   NO

Q7b  Who might help you do this?

   If this is a problem, how can it be solved?

Q8  Do family/friends need to be contacted to advise them that you are going home?

   YES   NO

   If YES, who will do this?

   If this is a problem, how can it be solved?

Q9  Does anything else worry you about going home?

   YES   NO

   If this is a problem, how can it be solved?

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www.unisa.edu.au/cahe
DISCHARGE PLANNING CHECKLIST

STAYING AT HOME SAFELY

Q10  Do you feel confident about preparing and eating food when you go home?

YES  NO  

If this is a problem, how can it be solved?

Q11  Do you have adequate lighting in your house, particularly over steps, in the bathroom and toilet?

YES  NO  

If NO, can you organise short term solutions?

If this is a problem, how can it be solved?

Q12  Would you like to take home a brochure or information about personal alarms, or other services?

YES  NO  

If this is a problem, how can it be solved?

Q13  Does anything else worry you about managing once you are at home?

YES  NO  

If this is a problem, how can it be solved?

AVOIDING ISOLATION

Q14  Is there anyone who can give you a phone call every day for the first few weeks that you are home?

YES  NO  

If this is a problem, how can it be solved?

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DISCHARGE PLANNING CHECKLIST

SOMEONE TO CARE FOR YOU

Q15a  Do you have a carer (someone who can assist you with aspects of daily living after you leave hospital)?

YES ☐ NO ☐ If NO, do you need assistance at home? YES ☐ NO ☐

Q15b  If YES, does this person live at the same address as you? YES ☐ NO ☐

If this is a problem, how can it be solved?

Q15c  Have you discussed with this person what they might need to do for you, and how often this will happen?

YES ☐ NO ☐

Q15d  Are you and your carer confident that you can both manage every day?

YES ☐ NO ☐ If NO, you will both need to discuss this with hospital staff and work out a solution

There may be someone who could come and stay with you for a night or two.

ARE YOU ARE A CARER FOR SOMEONE ELSE?

Q16a  Do you regularly care for someone else? (an ill spouse, child, friend, neighbor or grandchild, etc.)?

YES ☐ NO ☐

Q16b  What arrangements have been made for this person whilst you are in hospital?

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Q16c What arrangements need to be made to assist you both when you go home?

_______________________________

YOUR GENERAL MEDICAL PRACTITIONER [GP]

Q17a Do you have a regular GP?
YES  NO  ________________________________

*If this is a problem, how can it be solved?*

Q17b Do you see more than one GP?
YES  NO  ________________________________

Q17c Which GP needs to be told about your trip to hospital?

_______________________________

Q17d Does he/she do home visits?
YES  NO  ________________________________

Q17e Who will let him/her know that you are coming home from hospital?

_______________________________

MEDICATIONS

Q18 Do you feel you need more education and/or assistance with your medications before you leave hospital?
YES  NO  ________________________________

*If this is a problem, how can it be solved?*

_______________________________
**DISCHARGE PLANNING CHECKLIST**

**Q19**  Do you understand about how any new medications work along with the ones you were taking previously?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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*If this is a problem, how can it be solved?*

**Q20**  Are you taking any herbal / naturopathic remedies?

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<th>YES</th>
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*If YES, make sure you tell hospital staff about these, as some can react with your medications*

**Q21a**  Do you have enough medication to last for the first few days after discharge?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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*If NO, how will you obtain your medications?*

**Q21b**  Within the next few days, you may well need to visit your GP for further supply of your medications and then arrange for the prescription to be filled by a Pharmacist. Think about how you will do this.

**SERVICES THAT COULD HELP YOU MANAGE AT HOME**

**Q22a**  Were you receiving community health or support services before coming to hospital?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Q22b**  Do these services know you are in hospital?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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**Q22d**  Are you expecting these services to be available for you as soon as you leave hospital?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
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*If Yes, make sure that someone tells the service when you are going home*

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Q23  Do you know if new community health or support services have been arranged for you?
     YES []  NO []  Make sure you have their details so you can follow them up

EQUIPMENT THAT COULD HELP YOU MANAGE AT HOME

Q24a  Do you feel you need any equipment to help you manage in your house (eg walking frame, stick, rails etc)?
      YES []  NO []  If YES, do you have all the advice that you need?

Q24b  If you have been given equipment whilst in hospital, are you confident that you can use it properly at home?
      YES []  NO []  If this is a problem, how can it be solved?

Q25  If you already have equipment at home, will it still be adequate?
     YES []  NO []  If this is a problem, how can it be solved?

PETS, GARDEN AND HOUSE CARE

Q26a  What arrangements have you made for your pets while you are in hospital, and after you go home?

Q26b  Are you worried about managing your pets when you go home?
      YES []  NO []  If this is a problem, how can it be solved?
DISCHARGE PLANNING CHECKLIST

Q27a  Do you think you can manage the house and garden when you go home?

YES ☐ NO ☐ If NO, what tasks are urgent?

Q27b  Do you know of anyone who could help you with house or garden chores?

YES ☐ NO ☐ If NO, do you know who to contact for assistance?

DRIVING and TRANSPORT

Q28a  Do you drive a car?

YES ☐ NO ☐

Q28b  If YES, have you discussed with staff whether you are still well enough to do this?

YES ☐ NO ☐

Make sure that you ask hospital staff before you leave, when you might expect to return to driving.

Q28c  If you are unable to drive, what alternatives are available to you for transport?

Q28d  Think about how many times you currently go out to shop each week.

Will your shopping habits have to change if you can no longer drive a car?

YES ☐ NO ☐ If this is a problem, how can it be solved?

THINGS TO DO BEFORE YOU GO HOME

Speak to at least one hospital staff member about how long it might be before you will be feeling better and can expect to resume usual activities.

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If your physical abilities have changed as a result of your illness, make sure you understand about what you can and can’t do when you go home.

Ask staff questions about what has happened to you, and what changes you can expect in your health and daily activities once you return home.