

## CAHE Discharge Planning Checklist for Patient & Carers

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 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!

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## Getting Home Successfully

1. Do you, or your family, have the keys to your home? Yes  No

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

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2. How will you get home from hospital? \_\_\_\_\_

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

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3. Do you have sufficient money with you for the first few days out of hospital? Yes  No

*If NO, can you arrange to have money available? Yes  No*

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

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4. Does your home need to be cleaned before you get out of hospital?

Yes  No

*If yes, who can do this for?* \_\_\_\_\_

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

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5. 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?*

\_\_\_\_\_

6. Do you have adequate heating/cooling immediately you get home? Yes  No

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

\_\_\_\_\_

7. A. Do you need to pay any urgent bills in the first few days after going home? Yes  No

B. Who might help you do this? \_\_\_\_\_

8. 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?*

\_\_\_\_\_

9. Does anything else worry you about going home? Yes  No

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

\_\_\_\_\_

## Staying at Home Safely

10. 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?*

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11. 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?*

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

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12. 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?*

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13. Does anything else worry you about going home? Yes  No

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

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## Avoiding Isolation

14. 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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### Someone to care for you

15. A. 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

B. If YES, does this person live at the same address as you? Yes  No

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

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C. Have you discussed with this person what they might need to do for you, and how often this will happen? Yes  No

D. 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 a carer for someone else?

16. A. Do you regularly care for someone else? (an ill spouse, child, friend, neighbor or grandchild, etc?) Yes  No

B. What arrangements have been made for this person whilst you are in hospital? \_\_\_\_\_

C. What arrangements need to be made to assist you both when you go home? \_\_\_\_\_

## Your General Medical PRACTITIONER (GP)

17. A. Do you have a regular GP? Yes  No

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

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B. Do you see more than one GP? Yes  No

C. Which GP needs to be told about your trip to hospital?

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D. Does he/she do home visits? Yes  No

E. Who will let him/her know that you are coming home from hospital? \_\_\_\_\_

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## Medications

18. 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?*

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19. Do you understand about how any new medications work along with the ones you were taking previously? Yes  No

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

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20. Are you taking any herbal / naturopathic remedies? Yes  No

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

21. A. Do you have enough medication to last for the first few days after discharge?

Yes  No

*If NO, how will you obtain your medications?*

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B. 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.

22. A. Were you receiving community health or support services before coming to hospital?

Yes  No

B. Do these services know you are in hospital? Yes  No

C. Are you expecting these services to be available for you as soon as you leave hospital?

Yes  No

*If Yes, make sure that someone tells the service when you are going home*

23. 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.

24. A. Do you feel you need any equipment to help you manage in your house (e.g. walking frame, stick, rails etc)? Yes  No

*If YES, do you have all the advice that you need?*

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- B. 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?*

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- C. Are you expecting these services to be available for you as soon as you leave hospital?

Yes  No

*If Yes, make sure that someone tells the service when you are going home*

25. If you already have equipment at home, will it still be adequate?

Yes  No

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

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## Pets, garden and house care

26. A. What arrangements have you made for your pets while you are in hospital, and after you go home:
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- B. Are you worried about managing your pets when you go home?

Yes  No

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

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27. A. Do you think you can manage the house and garden when you go home:

Yes  No

B. 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?*

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## Driving and transport

28. A. Do you drive a car?

Yes  No

B. 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.*

C. If you are unable to drive, what alternatives are available to you for transport? \_\_\_\_\_

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D. *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?*

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## 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. 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. Make sure you have a list of any medications and the required dosage, any prescriptions that you need to have, information about your medications and when you next need to have your dosages/medications assessed by your healthcare practitioner.

It's a good idea to have written information on the procedure, if any, you have undergone in hospital and when you are required to next see your healthcare professional.

## CAHE Discharge Planning

### Program Evaluation: Patients

Please complete this evaluation after watching the CAHE Discharge Planning DVD.

- A. Are there any issues or problems you might encounter when you are discharged from hospital that you had not thought about before watching the CAHE Discharge Planning DVD and reading the CAHE Patient Discharge Planning Checklist (please tick):**

Issue Raised	✓
1. Do you, or your family, have the keys to your home?	
2. How will you get home from hospital?	
3. Do you have sufficient money for the first few days out of hospital?	
4. Does your home need to be cleaned before you get out of hospital?	
5. Is there fresh groceries at home in preparation for your discharge? (e.g. fresh bread, milk, fruit, meat and vegetables?)	
6. Do you have adequate heating/cooling immediately when you get home?	
7. Do you need to pay any bills in the first few days after going home?	
8. Do your family/friends need to be contacted to advise them that you are going home?	
9. Does anything else worry you about going home?	
10. Do you feel confident about preparing and eating food at home?	
11. Do you have adequate lighting at home, particularly over steps, in the bathroom and toilet?	
12. Would you like to take home a brochure or information about personal alarms, or other services?	
13. Does anything else worry you about managing once you are at home?	
14. Is there anyone who can give you a phone call every day for the first few weeks that you are home?	
15. Do you have a carer (someone who can assist the patient with aspects of daily living after you leave hospital)?	
16. Have you discussed with your carer what they might need to do for you, and how often this will happen?	
17. Are you or your carer confident that you can both manage every day?	

Issue Raised	✓
18. Do you regularly care for someone else? (an ill spouse, child, friend, neighbour or grandchild, etc.?)	
19. What arrangements have been made for this person whilst you are in hospital?	
20. What arrangements need to be made to assist you and your charge when you return home?	
21. Do you have a regular GP?	
22. Do you see more than one GP?	
23. Does the GP do home visits?	
24. Do you feel you need more education and/or assistance with your medications before you leave hospital?	
25. Do you understand about how any new medications work along with the ones you were taking previously?	
26. Are you taking any herbal / naturopathic remedies?	
27. Do you have enough medication to last for the first few days after discharge?	
28. Were you receiving community health or support services before coming to hospital?	
29. Do these services know you are in hospital?	
30. Are you expecting these services to be available for you as soon as you leave hospital?	
31. Do you know if new community health or support services have been arranged for you?	
32. Do you feel you need any equipment to help you manage in your house (e.g. walking frame, stick, rails etc)?	
33. If you has been given equipment whilst in hospital, are you confident that you can use it properly at home?	
34. If you already has equipment at home, will it still be adequate?	
35. What arrangements have you made for pets while you are in hospital, and after you go home?	
36. Are you worried about managing pets when you go home?	
37. Do you think you can manage the house and garden when you go home?	
38. Do you know of anyone who could help with house or garden?	
39. Do you drive a car?	
40. If you are unable to drive, what alternatives are available for transport?	
41. Will your shopping habits have to change if you cannot drive a car?	

**B. Are there any Patient Discharge Planning issues that you, your carer or family think should be included in the DVD or Checklist:**

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**C. Please comment on the quality of the DVD, including content and voice-overs:**

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**D. Please comment on the quality of the printed Patient Discharge Planning Checklist, including how the questions are asked and the layout:**

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**E. Would you recommend the CAHE Discharge Planning DVD and supporting documents to other friends who may have to stay in hospital? Please *comment*:**

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**F. Do you have any additional comments on CAHE's Discharge Planning package:**

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