

# Hospital Discharge Checklist

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Discharge planning helps to make sure that you leave the hospital safely and smoothly and get the right care after that. Use this checklist to help you keep track of it all.

<b>Getting started and planning ahead</b>	<b>You</b>	<b>Caregiver</b>
1. I know who my discharge planner is. <ul style="list-style-type: none"> <li>• I've talked to the discharge planner and know what I have to do.</li> <li>• My partner, family member, or friend will help me, has talked to the planner, and knows what to do.</li> </ul>		
2. I've made plans for my care after I leave the hospital. <ul style="list-style-type: none"> <li>• I've made arrangements at my job, if needed.</li> <li>• I've made arrangements for a caregiver, if needed.</li> <li>• I've set up my home for medical equipment, if needed.</li> <li>• I've found out what services I can get from my provincial health plan or private insurance, and I know how much I will have to pay.</li> </ul>		
3. If I'm going to another health care setting, I understand why and where I'm going. <ul style="list-style-type: none"> <li>• I know what type of care I'll be getting.</li> <li>• I know about how long I'll be there.</li> <li>• I've been given choices by the discharge planner.</li> <li>• I have picked my health care setting.</li> </ul>		
<b>Health concerns</b>		
1. I know what problems to watch for and what to do. <ul style="list-style-type: none"> <li>• I know which symptoms, side effects, or other problems to expect.</li> <li>• I know what to do about these problems.</li> <li>• I know when and who to call for emergencies and problems.</li> </ul>		
2. I understand my medicines. <ul style="list-style-type: none"> <li>• I know which medicines are new, which medicines I have to stop taking, and if there have been any changes in dosing in any of my medicines.</li> <li>• I know what each medicine does and why I'm taking it.</li> <li>• I know how and when to take the medicines.</li> <li>• I know what side effects to watch for.</li> <li>• I know what to do if I have side effects and who to call for help.</li> <li>• I know how to get my medicine.</li> </ul>		
3. I know about my future tests and doctor visits. <ul style="list-style-type: none"> <li>• I know which tests I'll need, when they need to be done, and how to prepare for them.</li> <li>• I know how I'll get to my tests and visits.</li> </ul>		
4. I understand what to do during my recovery. <ul style="list-style-type: none"> <li>• I know what I can and can't eat.</li> <li>• I know how active I can be.</li> <li>• I've asked about any special instructions</li> </ul>		

Getting help at home	You	Caregiver
1. I understand how to use my medical equipment (like a walker or oxygen). <ul style="list-style-type: none"> <li>• I know who to call if I have questions about the equipment.</li> <li>• I know how to use the equipment.</li> </ul>		
2. I know the type of help I'll need. <ul style="list-style-type: none"> <li>• I might need help with dressing, bathing, and using the washroom.</li> <li>• I might need help with shopping, cooking, and housework.</li> <li>• I or my caregiver knows how to change bandages or give shots.</li> <li>• I've asked my doctor or nurse what other help I may need.</li> </ul>		
3. I know that my health and care may cause stress. <ul style="list-style-type: none"> <li>• I know the signs of stress and depression.</li> <li>• I know how to deal with stress.</li> <li>• I know a support group or counsellor I can talk to if needed.</li> <li>• I know that my caregiver may need a break.</li> <li>• I know that my caregiver needs help if he or she shows signs of stress or depression.</li> </ul>		
<b>The discharge plan</b>		
1. I have received a written discharge plan. <ul style="list-style-type: none"> <li>• It lists all the medicines I need.</li> <li>• It lists all the health tasks I need to do.</li> <li>• It lists all doctors or others I may need to call and their numbers.</li> <li>• I agree with the plan.</li> <li>• If I don't agree, I know how to challenge the plan.</li> </ul>		



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