

My Hospital Discharge Checklist

Use this checklist while you are in the hospital to help you know what to expect after you leave the hospital. Put a check in the box by an item when it is completed. Skip the items that do not apply to you.

Discharge Planning Checklist

Getting Started

- ☐ I know my diagnosis.
- ☐ I have a caregiver that is willing to help me after discharge.
- ☐ I (and my caregiver) have talked with the PCRM and know what care I will need after I leave the hospital.
- ☐ I know my options if I need more care after I leave the hospital (home health care) and have shared my choices/preferences with my health care team.
- ☐ If I need to go to another health care facility, I know why and where I will go.

Care Instructions

Health Problems

- ☐ I (and my caregiver) know what health problems to look for and what to do.
- ☐ I (and my caregiver) know when and who I should call if there is an emergency or problem.

Eating Guidelines

- ☐ I (and my caregiver) know what foods I can eat.
- ☐ If I have special diet, I have been given directions to follow.

Medicines

- ☐ I (and my caregiver) have reviewed my medicines with a member of my health care team and know who to call if I have any questions.
- ☐ I know what medicines I can take, including prescription and over-the-counter medicines, vitamins and herbal products.
- ☐ I know what medicines are new and why I need to take them.
- ☐ I know what medicines I have to stop taking.
- ☐ I know if there has been any change in how I take my medicine (different dose).

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Medicine (cont.)

- ☐ I know what side effects to watch for when I go home.
- ☐ I know what to do if I have a problem or side effect from my medicine.

Medical Equipment

- ☐ I know what medical equipment I will need when I leave the hospital.
- ☐ I know how to get the medical equipment I need.
- ☐ I know how to use my medical equipment (walker, oxygen).
- ☐ I know who to call if I have questions about my equipment.

Special Care Needs

- ☐ I (and my caregiver) know what special care I will need after I leave the hospital (wound dressing, drain or tube care, giving shots, IV or catheter care).
- ☐ I know who to call if I need help with this special care.

Activities

- ☐ I know what activities I will need help with when I leave the hospital (bathing, dressing, using bathroom, walking, climbing stairs).
- ☐ I know if I need help with cooking, shopping and housework.
- ☐ I have someone to help me with my daily activities, cooking, shopping and housework.
- ☐ I know if I need help getting to my appointments and picking up my medicines.

Insurance/Support Services

- ☐ I have talked to the PCRM about my insurance coverage and how I will pay for my care after discharge.
- ☐ If needed, I know what home care services have been arranged to help me with my care needs after leaving the hospital.
- ☐ If needed, I have talked with the social worker about the resources available to help me and my caregiver manage my illness and care needs.

Follow-Up Care

- ☐ I have all of my personal items packed and ready to take home.
- ☐ I am going home with all of the medicines I brought with me to the hospital.
- ☐ I know what appointments and tests are needed after my discharge from the hospital.
- ☐ I know I need to bring a current list of my medicines to all of my follow-up appointments.

Information I need to know before my discharge:

For more information on Planning Your Hospital Discharge, we encourage you to visit our video library at <http://cancer.osu.edu/patientedvideos>.