

Hospital Discharge Critical Pathway

Can this patient go home? ASK:

DISPO

1. Needs daily MD evaluation
2. Hemodynamic unstable (prn's P-BP-O₂)
3. Rising Cr, dropping Hb, Hb < 9mg/dl
4. Change in significant RX past 24 hrs
5. Can't tolerate 12-24 lapse in meds
6. IV drips, telemetry, daily or stat labs.

Yes

No discharge, reevaluate 24 hrs.

No

1. Gets out of bed, uses toilet indepet.
2. Willing and able caregiver at home.
3. Can pay/has insurance for home rx.

Yes

Home

No

1. **Medicare qualifying diagnosis?**
 - Decline in functional status
 - >1 skilled nursing (RN) need
 - Hospice appropriate, no CG
2. **Medicare qualifying stay?**
 - \geq 72 consecutive hrs in past 30 d

Yes

Nursing Home, Home Health, SNF or Rehab

No

FTT, unsafe, dementia, repeated falls

Yes

CGA for appropriate level of residential care

No

Home

Physician's Discharge Checklist

- Notify PCP of discharge.
- Assure that family knows date, time and dispo and has had opportunity to visit SNF prior to DC..
- Transfer sheet reviewed by senior team member for legibility:
- Name and pager of hospital physician contact
- Prioritized problem list, clearly indicating conditions that require early monitoring
- Most current orders: pharmacy dose, route, frequency (once-a-day is best), stop date. Decimals and units clear.
- Schedule analgesics, bowel and fluid regimens. Stop or reduce prn's
- Dictated discharge summary. If not available, copy the ENTIRE CHART.
- Advance directives addressed.
- Remove therapeutic debris: unused IVs, PICCs, central lines, telemetry tabs, expired topical meds, foley. (Verify voiding.)
- Call DON before DC to assure availability of IV meds, CPAP, other DME, continuity issues.
- Discharge as early in the day as possible