Discharge critical pathway: Assessed on admission and daily:

Can this patient go home?

1. Gets out of bed, uses toilet. (Observed by team, PT, RN)
2. Willing & able caregiver at home
3. Can pay/ insurance for home Rx
4. Has > 1 skilled nursing req: trach, drain, IV, wounds, injectables
5. FTT, unsafe dementia, falls
6. Hospice appropriate, no home caregiver

IF NO 1-3 or YES 4-6

➤ Reconsider discharge.

✓ Completed 72 hr Medicare qualifying stay?

IF NO and NO 1-3 or YES 4-6:

➤ Consider discharge to LTCF

Is this patient NH appropriate?

IF NO 1 - 3: Can home health agency provide enough supports soon enough and often enough?

IF YES 4 -6 Is patient medically stable for subacute care?

✓ Need daily MD evaluation
✓ Needs > 1 MD visit q 2 wks
✓ Hemodynamically unstable, rising Cr or dropping Hg
✓ Change in significant Rx or tx change < 24 hrs (Coumadin, BP, diuretics, O2).
✓ Won’t tolerate 12-24hr lapse in meds (antiarrythmics, antibiotics), appliances (e.g. CPAP, adjustable drips).
✓ Needs telemetry, daily/stat labs.

IF YES to any:

➤ Reconsider discharge
➤ Consider “subacute hospital”
✓ Discuss with DON of NH, include your staff RN to assess nursing demands
Physicians’ Discharge Checklist

- Discharge early in the day
- Transfer sheet reviewed by senior team member
- Legibility
- Prioritized problem list
- Clearly state conditions to be monitored
- Correct current pharmacy orders (dose, route, frequency AND duration) DECIMALS clear.
- Simplify or stop prns;
- Once-a-day dosing if possible
- Scheduled analgesics
- Change IV to oral if possible.
- Readable, complete chart copy or dictated discharge summary
- Name & pager of intern; phone # of nursing station.
- Review for level-of-care inappropriate orders
- Family has visited LTCF
- Family knows date and time of discharge
- Advance directives
- Lab orders in discharge (PT/INR, K, ESR)
- Debris removal: tape, hep locks, telemetry tabs, central lines, expired dermal patches,
- Call DON before discharge for IV, unusual or time sensitive drugs. Verify respiratory, orthopedic equipt on-site.
- Date and time of follow-up outpatient appointments. If discharge to LTCF, PCG is unnecessary until SNF dc.
- PCP notified of dc and facility phone # if LTCF.