

✓ 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 \geq 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 (antiarrhythmics, 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.