Discharge to Home from CCTC Checklist

*Please refer to the Discharge to Home Assessment Sheet for details.*

- The attending service agrees to discharge to home.
- The attending service has written a note to support discharge.
- Patient has appropriate home support.
- Family/driver notified.
- The need for follow-up appointments has been reviewed and made as follows:

**With the attending service:**

- Date: 
- Time: 
- Location: 
- Physician: 

**With the consulting service:**

- Date: 
- Time: 
- Location: 
- Physician: 

**With the consulting service:**

- Date: 
- Time: 
- Location: 
- Physician: 

**With the consulting service:**

- Date: 
- Time: 
- Location: 
- Physician: 

- Prescriptions for new medications given to patient and copy placed in chart.
- Prescription for pain medication provided.
- Reasons for, medication information and follow-up instructions have been given for any new medications.
- Instructions have been given regarding safety and or any treatment needs.
- Instructions have been documented in chart.
- Patient instruction booklets/information given to patient:

**With the attending service:**

- Date: 
- Time: 
- Location: 
- Physician: 

- Patient’s medications reviewed by pharmacist (Monday – Friday).
- Physiotherapy has cleared the patient for discharge (Monday – Friday).
- Social work has been notified for any follow-up requirements (Monday – Friday).
- Dietitian has been notified (Monday – Friday).
- If patient on dialysis, has nephrology been notified and approved discharge?
- CCAC has been notified
- The yellow CCAC discharge sheet has been completed and notes have been included for all referred services including: nursing, physiotherapy, occupational therapy, physiotherapy, dietitian, social work.
- Notify family physician and fax a copy of discharge summary.

May 9, 2008