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. On Day shift, Lynne/Elke can arrange pharmacy to pharmacy communication
☐ Prescription for pain medication provided if indicated
☐ 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 is indicated and/or copy of discharge instructions given to patient:

☐ 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, Nephrology notified and approved discharge
☐ South West LHIN Community Care Access has been notified
☐ South West LHIN Community Care Access referral record has been sent for all services including: Nursing, Physiotherapy, Occupational Therapy, Dietitian and Social Work. The referral and any orders must include the printed name, CPSO and SIGNATURE of the physician or the request will be rejected.
☐ Notify family physician and fax a copy of Discharge Summary.
☐ Copy of all instructions given to patient/family member and a copy placed in chart