Discharge to Home from CCTC Checklist

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

The attending service agrees to discharge to nome. 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:		
ith the attending service: 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:		
Physiotherapy has cleared the patient for discharge (Monday – Friday) Social work has been notified for any follow-up requirements (Monday – Friday).		