

McLaren Print System Order

Order No: 57372
 Order Date: 2020-10-05
 User: Lyna Havalda
 Phone: 3422203

Ship Location: 2C Attn Lyn
 401 S Ballenger Hwy
 Flint, Mi 48507

Forms

Quantity: 100
 Paragon Dept No: 23012
 Dept Name: 2C
 Company Number: 60

Order Total Price: 0.00

Item Number: 17795
 Item Description: Unit Clerk Discharge Checklist Worksheet
 Revision Date: 11/2014
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Print
 FLINT, MI
 Unit Clerk Discharge Checklist Worksheet

Take in order of Break Down	Present Yes	Not Applicable
Transfer		
Discharge Instructions		
1. Patient Discharge Instructions		
2. Patient Discharge Medication List (Copy of form given to patient with boxes checked and signatures) Notified discharge nurse _____ if missing _____ (initial)		
Discharge Instructions PDE Nursing Home		
1. Discharge by Transfer Form Notified discharge nurse _____ if missing _____ (initial)		
Instructions PDE Hospital-to-Hospital Transfer		
1. Transfer Consent Form Notified discharge nurse _____ if missing _____ (initial)		
Legal documents		
Physician Orders		
Progress Notes		
MAP		
CRG		
ECHO (Required for Heart Failure, Atrial patients) [CORE MEASURE REQUIREMENT]		
OR		
Consent		
Handwritten (and other documents)		
Patient Belongings Inventory Form - Signed Off		

****Elements that require sign-off by Medical Records & Nursing Unit Personnel before chart leaves the unit.**

Unit _____ Unit Clerk Signature _____ Date/Time _____
 Manager / RN Signature _____ Date/Time _____

Medical Records		
Name (Please include Chart) (Element Missing)	Signature	Date/Time
<input type="checkbox"/> Discharge missing <input type="checkbox"/> Discharge not completed <input type="checkbox"/> Checklist not complete/signed		

Spec Info:

THIS FORM AFTER DISCHARGE
 IS A PERMANENT PART OF
 THE MEDICAL RECORD

Unit Clerk Discharge Checklist Worksheet
 0120 Rev. 11/2014



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