

DOING WHAT'S BEST.®

Discharge Preparation Checklist We Care About Your Care



- □ I participated in decisions about the plan after I leave the hospital.
- I understand why I was in the hospital and symptoms to watch for when I get home.
- My most important questions were answered by my health care team.
- I have important contact numbers should a problem occur after I leave.
- □ I understand my medications and any changes.
- □ I know the medication side effects to watch for and report.

- I know who to call if I have medication side effects.
- I am able to get the medications I need and have a plan to manage my medication schedule at home.
- A family member or someone I have identified to help care for me knows when I am coming home and what I will need.
- I understand the follow-up appointment(s) I need to schedule or that have been scheduled on my behalf and have a way to get there.
- □ I understand equipment I will need at home and how I will get it.

