

Unit Clerk Discharge Checklist Worksheet

Tabs in order of Break Down	Present Yes	Not Applicable
Facesheet		
<b>**Discharge Instructions**</b> <b>1. Patient Discharge Instructions</b> <b>2. Patient Discharge Medication List</b> <b>(Copy of form given to patient with boxes checked and signatures)</b> <b>Notified discharge nurse _____ if missing _____ (initials)</b>		
<b>**Discharge Instructions FOR Nursing Home**</b> 1. Discharge by Transfer Form Notified discharge nurse _____ if missing _____ (initials)		
<b>**Instructions FOR Hospital-to-Hospital transfers**</b> 1. Transfer Consent Form Notified discharge nurse _____ if missing _____ (initials)		
Legal documents		
Physician Orders		
Progress Notes		
H&P		
EKG		
Echo (Required for Heart Failure, AMI patients) <b>[CORE MEASURE REQUIREMENT]</b>		
OR		
Consults		
Miscellaneous (any 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 / ANM Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**Medical Records**

Nurse Manager Notified/Chart Elements Missing:  <input type="checkbox"/> Discharge missing <input type="checkbox"/> Discharge not completed <input type="checkbox"/> Checklist not complete/signed	Signature:	Date/Time:
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**THIS FORM AFTER DISCHARGE  
IS A PERMANENT PART OF  
THE MEDICAL RECORD**

