

McLaren Print System Order

Order No: 84689
 Order Date: 2024-04-18
 User: chanel black
 Phone:

Ship Location:

Forms

Quantity: 100
 Paragon Dept No: 100
 Dept Name:
 Company Number: 60

Order Total Price: 3.35

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
 Poster:
 Misc Info:

McLaren Print
 FL017, 01
Unit Clerk Discharge Checklist Worksheet

Title 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 _____ (initials)		
***Discharge Instructions FOR Nursing Home**		
1. Discharge to Transfer Form Notified discharge nurse _____ if missing _____ (initials)		
***Instructions FOR Hospital-to-Hospital transfer**		
1. Transfer Consent Form Notified discharge nurse _____ if missing _____ (initials)		
Legal documents		
Physician Orders		
Physician Notes		
MR		
PH		
CRN (Required for Heart Failure, AIC patients) [CORE MEASURE REQUIREMENT]		
OR		
Consults		
Handwritten (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.

UIC _____ UIC Clerk Signature _____ Date/Time _____
 Manager / APR Signature _____ Date/Time _____

Spec Info:

Medical Records		
Nurse Manager Notified/Chart Elements Missing	Signature	Date/Time
<input type="checkbox"/> Discharge missing <input type="checkbox"/> Discharge not completed <input type="checkbox"/> Checklist not completed/signed		

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

Unit Clerk Discharge Checklist Worksheet
 0706 Rev. 11/2014



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