

PATIENT DISCHARGE CHECK LIST

To be completed as part of the discharge process for all patients

- The RN verifies the discharge medication physician Order sheet and/or the TMO; (if applicable)
Verifying RN Signature _____.
- Pneumovax given and documented or n/a documented
 - If given, Vaccination information Sheet given.
- Influenza Vaccination given, Vaccine Record sent to pharmacy

FOR THE FOLLOWING QUALITY MEASURES:

PERCUTANEOUS CORONARY INTERVENTION (PCI)/ VASCULAR SURGERY (VIC) N/A
(Includes performed and/or attempted PCI during this hospitalization)

- Statin ordered on discharge or documented contraindication to "ALL STATINS"
- Antiplatelet ordered on discharge or documented contraindication to "ALL ANTIPLATELETS"

HEART FAILURE N/A

- Heart Failure Education materials given/documentated
- ACE or ARB if EF<40% on discharge or documented contraindication
- Cardiology follow up appointment made
- BNP and CMP the day of discharge
- Home care needs addressed/arranged

STROKE/TIA N/A

- Antithrombotic or documented contraindication
- Anticoagulant for Afib/Aflutter patients or documented contraindication
- Statin if LDL \geq 100 or documented contraindication
- Rehab Assessment (PT/OT/Speech)
- Stroke Education:
 - o Printed Stroke packet/info given
 - o Risk factors of a Stroke
 - o Warning Signs/Symptoms of a Stroke
 - o Activation of EMS/911
 - o Follow up appointments
 - o Depression education provided

INPATIENT ADMISSION ORDERS

- Signed by attending physician prior to patient discharge (*cannot be signed by NP, PA, resident or emergency department physician*)

IMPORTANT MEDICARE MESSAGE

- Follow up/Last notice dated NO MORE THAN TWO DAYS BEFORE DISCHARGE is present on chart (*if not, contact case management at 342-2375*)

I verify that the following activities have been completed prior to discharge:

RN Signature: _____ Date: _____

