



A Hospital-Discharge Planning Checklist



For patients and their caregivers preparing to leave a hospital, nursing home, or other care setting

~~During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver(s) – family member or friend who may be helping you – are important members of the planning team.~~

~~Below is a checklist of important things you and your caregiver(s) should know to prepare for discharge. Use this checklist early and often during your stay. Talk to your doctor and the staff (which could be a discharge planner, social worker, or nurse) about the items on the checklist.~~

~~Use the notes column to write down important information (like names and phone numbers). Skip any items that don't apply to you.~~

ACTION ITEMS NOTES

1. What's Ahead?

- Ask where you will get care after discharge. Do you _____ have options (like home health care)? Be sure you _____ tell the staff what you prefer.
- If a caregiver will be helping you after discharge, _____ write down their name and phone number.

2. Your Health

- Ask the staff about your health condition and what _____ you can do to help yourself get better.
- Ask about problems to watch for and what to do _____ about them. Write down a name and phone number _____ to call if you have problems.
- Use "My Drug List" (scroll down) to write down _____ your prescription drugs, over-the-counter drugs, vitamins, and herbal supplements. Review the list with the staff.
- Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.
- Write down a name and phone number to call if you have questions. _____

3. Recovery and Support

- Ask if you will need medical equipment (like a walker). _____
- Who will arrange for this? Write down where to call if _____



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you have questions about equipment.

- Ask if you're ready to do the activities listed below. _____

Circle the ones you need help with and tell the staff.

- Bathing, dressing, using the bathroom, climbing stairs
- Cooking, food shopping, house cleaning, paying bills
- Getting to doctors' appointments, picking up prescription drugs

- Make sure you have support (like a caregiver) in place _____ that can help you.
- Ask the staff to show you and your caregiver any _____ other tasks that require special skills (like changing _____ a bandage or giving a shot). Then, show them you _____ can do these tasks. Write down a name and phone number to call if you need help.
- Ask to speak to a social worker if you're concerned _____ about how you and your family are coping with your _____ illness. Write down information about support groups and other resources.
- Talk to a social worker or your health plan if you _____ have questions about what your insurance will cover _____ and how much you will have to pay. Ask about possible ways to get help with your costs.
- Ask for written discharge instructions (that you can read and understand) and a summary of your current health status. Bring this information and your completed "My Drug List" to your follow-up appointments.
- Use "My Appointments" (scroll down) to write down any _____ appointments and tests you will need in the next several weeks.

4. For the Caregiver

- Do you have any questions about the items on this checklist or on the discharge instructions? Write them down and discuss them with the staff. _____
- Can you give the patient the help he or she needs? _____
- What tasks do you need help with? _____
- Do you need any education or training? _____
- Talk to the staff about getting the help you need before discharge.
- Write down a name and phone number to call if you have questions. _____
- Get prescriptions and any special diet instructions early, _____ so you won't have to make extra trips after discharge.

~~Now it's time to create and fill out a list with all prescription drugs, over-the-counter drugs, vitamins, and herbal supplements you take. Review this list with the staff.~~

- [Get Started](#)
- [Who We Are](#)



MY DRUG LIST _____ **Filled out on:** _____

Be sure to include:

Drug Name	What it Does	Dose	How to take it	When to take it	Notes
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Finally, make and create a list of future appointments.

MY APPOINTMENTS

Be sure to include:

Appointments & Tests

Date

Phone number

Adapted by Personal Safety Nets® from Medicare® Medicaid® and other sources.

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