

Please Complete or Affix label

Surname:

Forename:

Date of birth:

Hospital No.:

St George's Healthcare 

NHS Trust

Ward:

Sheet No.:

REFERRALS NEEDED / EXISTING SERVICES

Service	Date Referred and Time	Referred by (Signature) and Designation	Date Assessed and Time	Assessed by (Signature) and Designation	Comments
Cardiac Rehabilitation Nurse					
Chiropody					
Clinical Nurse Specialist					
Community Nurse / District Nurse					
Counselling team					
Day Centre					
Day Hospital					
Dietician					
Drug & Alcohol Liaison Team					
Home Care					
Infection Control Team					
Intermediate Care Team					
Meals on Wheels / Luncheon Club					
Merton Hospital Discharge Team					
Occupational Therapist					
Pain Control Team					
Palliative Care Team					
Physiotherapist					
Psychiatrist / CPN					
Smoking Cessation Adviser					
Social Worker					
Speech and Language Therapist					
Other:					
Other:					

DISCHARGE CHECKLIST

DISCHARGE CHECKLIST / PLAN				
Provisional Discharge Date:		Date medically fit for discharge		Confirmed Discharge Date:
		Comments	Date and Time	Signature and Designation
1) Discharge plan and needs discussed with Patient/relatives/carer				
2) Multidisciplinary team meeting arranged (if applicable)				
3) Social Services Arranged				
4) TTO's ordered/Patient's own drugs returned, checked and explained to patient/carer				
5) Transport home/hospital/nursing home arranged (if applicable)				
6) Access to house/door keys available				
7) Clothes for discharge				
8) Community/district nurse arranged, letter /care plan completed				
9) Residential/nursing home transfer form/letter completed				
10) Anticoagulation dosing card/clinic appointment arranged & received by patient / carer (if applicable)				
11) Outpatient appointment arranged and transport (if applicable)				
12) Appropriate dressing/lotions supplied				
13) Wound/puncture site checked				
14) Cannula's/sutures/clips removed (if applicable)				
15) Appointment made for suture/clip removal				
16) Appliances with patient i.e., zimmer/wheelchair etc				
17) State of pressure areas checked and documented				
18) Discharge letter given to patient				
19) TED stockings removed (if applicable)				
20) Appropriate health education literature given to patient e.g. smoking				
21) Nursing evaluation updated				
22) Property and valuables returned to patient				
23) Discharged on computer				