

Section: HRMC Division of Nursing

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GUIDELINE

TITLE: DISCHARGE INSTRUCTION SHEET

PURPOSE: To outline the steps to complete the Discharge Instruction Sheet.

**PERSONS
RESPONSIBILITY:**

Physicians
Nurses
Case Management
Dietitian
Patient Educator

CONTENT: PROCEDURE/STEPS:

Physician Section: Page 1

1. Physician checks off appropriate discharge destination.
2. He/She writes in the patient's final diagnosis.
3. Physician will check appropriate activity and complete areas of limitations/restrictions if applicable. This also includes patient activity related to bathing.
4. Physician will check appropriate box or write in specific dietary instructions
5. Physician will write specific wound care instructions if applicable.
6. If patient warrants a repeat nares culture, the physician will check off the culture box in infection control section if applicable.
7. The physician will write specific instructions related to catheter care if applicable.
8. Physician to fill in instructions re: call for worsening symptoms that are applicable to patient's condition, any other additional instructions not covered in the other sections.
9. The physician also completes when the patient is to have a follow up visit, with which physician and their phone number so patient can make an appointment. As well as any testing, blood work and/or date of next Coumadin blood test.
10. The physician will write in and additional referrals needed for patient to follow up with or this can be completed by the Case Management.

Nursing Instructions Page 1

11. Nurse to check off to whom discharge instructions were given
12. The nurse will check off the patient or caregiver verbalizes understanding.
13. Write in a reason if patient or caregiver does not verbalize understanding if applicable.
14. Nurse to check off if medications were explained and who reviewed them.
15. Nurse to check if Pain Management reviewed.
16. Nurse to check off if **Pneumovac** given with date or to follow up with Primary Care Physician.
17. Nurse to check off if **Flu Vaccine** given with date or to follow up with Primary Care Physician.
18. Assure Patient label is on discharge form.

Additional Services

19. Dietician to check off if Diet Education was done, to who the education was provided to, date, and the date/topics covered. Check off if written materials were given.
20. Education Department/Nurse to check off if education provided – date, topic or check off N/A. Also the patient educator or nurse will check off if smoking cessation information was given yes/no or if patient is a non-smoker (note:Smoking Cessation information must be explained to all smokers).
21. Patient's physician to sign name, date and time instructions
22. Discharging nurse to sign name, date and time instructions
23. Patient or caregiver to sign name, date and time instructions

Page 2- Physician Section

24. The Physician obtains the Med Reconciliation for Discharge report from Cerner.
25. Physician identifies medications, dosage, and frequency of meds patient was on at home and during the hospital and decides what medication is to be continued after discharge.
26. Physician may check off what medication to continue, or add to the report that has been generated.
27. If the physician chooses, the complete discharge medication reconciliation can be completed on page 2 of the discharge sheet, by completing the medication name, dosage, and frequency patient is to take the medication.

Page 2- Nurses' Section

28. Write in the name of the next provider and fax number which the discharge instruction will be sent. If the patient doesn't wish the information to be sent to their next provider, document in the appropriate box.
29. Patient's physician to sign name, date and time instructions
30. Discharging nurse to sign name, date and time instructions
31. Patient or caregiver to sign name, date and time instructions