

# Inpatient Hospital Discharge Checklist

**Person's Name:**  
**Hospital:**

**Date:**

List of current medications with instructions	<input type="checkbox"/>
Prescriptions for medications started in the hospital to be continued at home or in a different facility	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Establish plan to fill prescriptions and/or return blister packs to be repackaged with new medications</li> </ul>	<input type="checkbox"/>
Discharge paperwork regarding what was completed during hospitalization: Any pertinent lab results, procedures/tests/imaging	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Date(s) of LAI administered in hospital: _____</li> </ul>	<input type="checkbox"/>
Have the person sign ROI and fax to medical records dept	<input type="checkbox"/>
Inform and provide documentation to PCP and Psych providers	<input type="checkbox"/>
Specialist referrals scheduled follow-up appointments	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Ensure that a follow-up is scheduled with their PCP and psychiatrist within 7 days of the inpatient discharge</li> </ul>	<input type="checkbox"/>
Wound care instructions and dressing materials	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The person should be aware of how to care for any wounds, when showering and/or other activities can resume</li> </ul>	<input type="checkbox"/>
Diet or activity restrictions:	<input type="checkbox"/>
Necessary assistive devices (e.g., walker, oxygen, CPAP) and post-care instructions	<input type="checkbox"/>
Has the person been trained in self-administration of injectable medication (i.e., insulin) or other new self-management skill, prior to discharge?	<input type="checkbox"/>
Is the person able to verbalize the understanding of all discharge instructions?	<input type="checkbox"/>
Identify any other area(s) that needs to be addressed	<input type="checkbox"/>