

Plan ahead and be ready to go home

A DISCHARGE CHECKLIST FOR PATIENTS AND CAREGIVERS

Please read carefully and bring this booklet with you to the hospital on day of surgery



MACQUARIE UNIVERSITY
Hospital

Dear Patient and Caregiver,

Preparation and planning is the key to making a smooth transition from the hospital to your home, rehabilitation or other support services. At Macquarie University Hospital, our staff will work with you to plan your safe discharge/transfer.

Please use this booklet as a guide, review all the questions in this checklist, and talk to your doctor, anaesthetist, nurses, pharmacist, physiotherapist or other health professionals about your questions or concerns. Please make sure you tick all the boxes before leaving the hospital. We would like you to have all the information you need before discharge/transfer.

YOUR NAME: _____

CHECKLIST	MY NOTES
<input type="checkbox"/> I know my (expected) discharge date.	I will be discharged on _____
<input type="checkbox"/> I know the destination after discharge.	Home Rehabilitation Centre (please specify) _____ Other (please specify) _____ _____
<input type="checkbox"/> My transportation has been arranged.	_____ _____ _____
<input type="checkbox"/> I feel confident that I (or a caregiver) can take care of myself after discharge.	If a caregiver will be helping you after discharge, write down their name and contact number. _____ _____
<input type="checkbox"/> I understand how to manage my wound after the surgery. The staff has explained to me in detail how to manage the drain or catheter, etc.	I will be discharged with (Please circle) wound / drain / catheter / other devices / equipment _____ Normal signs _____ Warning signs _____



CHECKLIST	MY NOTES
<input type="checkbox"/> I know who to call if I have problems after discharge.	Daytime <hr/> After hours <hr/> <p>IN AN EMERGENCY, PLEASE GO TO THE NEAREST EMERGENCY DEPARTMENT OR DIAL 000.</p>
<input type="checkbox"/> A staff member (Doctor/Nurse/Pharmacist) has explained my medications to me. I know: WHAT my medications are? WHY I am taking them? HOW OFTEN I am taking them? HOW LONG they should be taken for?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> I have packed my medications for discharge AND/OR I am going to pick my medications up at the Pharmacy when I am discharged. I will ask the pharmacist to explain the medications to me.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

CHECKLIST	MY NOTES
<input type="checkbox"/> I understand I need to see my GP to ensure my medications are reviewed regularly.	My GP appointment is <hr/>
<input type="checkbox"/> My Discharge Summary, GP letter or other relevant documents are given to me.	<hr/> <hr/> <hr/>
<input type="checkbox"/> I know when my follow-up appointment is and how to get there.	Specialist appointment <hr/>
<input type="checkbox"/> I have all my personal belongings with me (E.g. X-Rays or other scans).	Please note if you have brought any scans or test results <hr/> <hr/> <hr/>
<input type="checkbox"/> My doctors and nurses answered all of my questions.	You may have other questions or concerns that are not in this booklet. Please write them down and make sure we have addressed all of your concerns before you leave the hospital. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

NOTES

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