

Hospital Discharge Checklist

What to check before you leave

Discharge day moves fast, and nobody hands you a way to keep up. This is the one-page checklist a nurse would use herself, so you can check it off before you leave.

The day before, or the morning of

- ☐ Ask the team during rounds what still has to happen before discharge, and who is handling each piece.
- ☐ Confirm your ride and your support person are actually available today, not just on call.
- ☐ Make sure someone can be there, or reachable by phone, the moment discharge teaching is offered.
- ☐ Think honestly about who will actually be home that first night.
- ☐ If Medicare, confirm the Important Message from Medicare was given within the first two days of admission.

The discharge papers themselves

- ☐ Confirm the packet includes a discharge summary or discharge instructions.
- ☐ Confirm a complete, reconciled medication list that matches what is actually in the discharge bag.
- ☐ Confirm follow-up instructions include an actual date, time and office, not just "follow up in one week."
- ☐ Confirm red-flag symptoms are specific to this diagnosis or procedure, not generic wording.
- ☐ Confirm any equipment order is paired with an actual delivery date, not just a written order.
- ☐ Read the instructions back to the nurse in your own words, and let them correct anything wrong.

Medications

- ☐ List every new medication by name, dose, frequency and reason.
- ☐ Get every stopped medication in writing, by name and dose.
- ☐ Ask about any high-risk interactions to watch for.
- ☐ Ask which medication matters most, the one to call about if a dose is missed.
- ☐ Confirm who to call with medication questions once you are home.
- ☐ If two documents disagree on a medication, ask the nurse to reconcile it in writing before you leave.
- ☐ If leaving on a weekend or evening, ask the pharmacy for a starter supply of any new medication.

Follow-up care and who to call

- ☐ Confirm which follow-up appointments are critical, not just suggested.
- ☐ Confirm those appointments have actually been scheduled, not just recommended.
- ☐ If not scheduled yet, ask who is responsible for scheduling them.
- ☐ Ask how lab work will be handled: same lab, a new lab, or a home draw.
- ☐ If home health is involved, confirm when the first visit happens and what it will cover.
- ☐ Get a specific name and number for each red-flag concern, not just the hospital's main line.

Equipment and getting home

- ☐ Confirm exactly what equipment is needed at home.
- ☐ Confirm what has already been ordered, and when it will actually arrive.
- ☐ Confirm what needs to be in place before you get home.
- ☐ Address any mobility, stair or bathroom concerns before you leave.
- ☐ If leaving on a weekend or evening, ask for a delivery window and whether it lands before the weekend.
- ☐ Confirm the home health referral has actually been sent, with an agency name attached.

WHEN TO CALL 911 INSTEAD

For a true emergency (chest pain, difficulty breathing, sudden confusion, uncontrolled bleeding), call 911 or go to the nearest emergency room regardless of what the discharge paperwork says.

If the plan does not feel safe

- ☐ If sent home with no written instructions, no medication list and no follow-up appointment, say so before you leave.
- ☐ If equipment or home health was supposedly ordered but nobody can confirm it, say so before you leave.
- ☐ Ask to see the hospital's written discharge plan, and say specifically what part is not in place yet.
- ☐ Ask directly, in writing, every day: is my family member an inpatient, or under observation?
- ☐ If Medicare and you believe the discharge is unsafe, call for a fast appeal no later than the day discharge is scheduled. In California: Commence Health, 877-588-1123, TTY 711.
- ☐ If not on Medicare, ask the discharge planner or patient advocate for the written discharge plan California law requires.