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| **PATIENT AND MDT GOALS FOR DISCHARGE** | **PDD****1.****2.** |
| **Please use your professional judgement alongside guide below to select likely type of discharge for this patient – tick those that apply** |
| Independent with activities of daily living |  | Care package in situ prior to admission  |  | Likely to require increase in care package – assessed by discharge team |  |
| Cognitively alert |  | Likely to require new care package |  |
| Returning to own home |  | Returning home to same level of care or within timeframe for discharge to assess |  | Patient and or family expressing concern about discharge  |  |
| Able to communicate with family /friends independently |  | Mobile with walking aidDetail: |  | AWI in place |  |
| Patient has no concerns about discharge  |  |  On 6+ medications |  |  |  |
| **UNCOMPLICATED DISCHARGE**  | **CONSIDER MDT DISCUSSION BEFORE DISCHARGE** | **COMPLEX DISCHARGE email details to**  **Commence complex discharge plan** |
| **Free text notes** |
|  | **Date**  | **Time**  | **Initials**  |
| Agreed medically fit for discharge: |  |  |  |
| PT assessed safe for discharge: Yes/No/ N/A |  |  |  |
| OT assessed safe for discharge: Yes/No/ N/A |  |  |  |
| Care provider / District Nurse: Yes/No/ N/APerson spoken to: |  |  |  |
| First contact notified: |  |  |  |
| Transport arranged: Own/ambulance/public transport Ambulance ref: |  |  |  |
| CDD and medications given and explained  |  |  |  |
| Cannula removed: Yes/No/ N/A |  |  |  |
| Date and time of discharge: | Nurse signature: |
| Version 1.0 | Review Date: 01/07/2021 |