|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 aid  Detail: |  | 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/A  Person 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 | | | | |