Name……..…… NHS No…….

Patient Discharge Checklist		
Expected discharge date-	Met- Initial	N/A- Initial
Ward Contact Card provided		
Patient and family aware of discharge date-		
Pressure areas checked. State observation:		
District Nurse referral completed electronically and copy in notes Where appropriate wound assessment chart, photograph and vascular studies report (if patient has leg ulcers) to be sent Comments:		
Cannula removed		
Valuables returned		
Patient has own keys		
Patient changed into own clothes		
Discharge advice sheet given		
VTE information leaflet & anti embolic stockings given if required		
Medications given and explained		
Anti-coagulation appointment and booklet given		
Fit note given		
Transport booked		
GP discharge letter written and copy given to patient and copy in notes		
Dressing removed and wound checked		
Friends and Family Questionnaire card provided		
Relevant Follow up arranged. State details:		
If nursing/rest home, transfer form completed		
Transfer to Discharge Lounge arranged		
Discharged on Lorenzo system		
Relevant specialist teams aware of discharge. State details:		
Other- State:		

Date and Time Discharged ……..……
Signature & Print discharging Nurse ……