ClearPath ADVOCACY

Helping Patients and caregivers navigate healthcare with confidence.

HOSPITAL DISCHARGE CHECKLIST

Your roadmap for a safe and successful transition home.

Leaving the hospital is a big step toward healing, and planning ahead makes all the difference. Use this checklist to make sure nothing important is missed before you go home.

1 MEDICATIONS

- ☐ I received an updated list of all my medications.
- ☐ I understand any new, changed, or stopped medications and why.
- ☐ I know the correct doses, times, and how to take each medication.
- ☐ I have prescriptions in hand or sent to my pharmacy.
- ☐ I know which medications are safe to continue.
- ☐ I have asked about potential side effects and what to watch for.

2 FOLLOW-UP APPOINTMENTS

- ☐ My follow-up appointments are scheduled before I leave.
- ☐ I know the dates, times, and locations.
- ☐ I have transportation arranged.
- ☐ I know who to call if I need to reschedule.
- ☐ I understand why each follow-up is important.
- ☐ Appointments to consider:
  - Primary Care: _____
  - Specialist(s): _____
  - Therapy (PT/OT/ST): _____
  - Other: _____

3 REFERRALS & AUTHORIZATIONS

- ☐ I have copies of any referrals.
- ☐ I understand which services need authorization.
- ☐ I know who will start the authorization process (if not me).
- ☐ I have the contact information for my insurance care manager.
- ☐ I understand any in-network requirements.

4 HOME HEALTH & EQUIPMENT

- ☐ I know if I will receive home health, nursing, or therapy.
- ☐ I know who to expect to contact me and when.
- ☐ I have the equipment or supplies I need.
- ☐ I know how to use the equipment.
- ☐ I know who to call for equipment issues.
- ☐ Durable medical equipment ordered: _____

_____

5 WOUND/DEVICE CARE & INSTRUCTIONS

- ☐ I understand how to care for my wounds/incisions.
- ☐ I know when and how to change dressings.
- ☐ I know how to care for any drains, catheters, or devices.
- ☐ I received written instructions.
- ☐ I know who to call with questions or concerns.
- ☐ Supplies provided: _____

_____

6 TRANSPORTATION & HOME SUPPORT

- ☐ I have a safe ride home arranged.
- ☐ I have someone to help me at home if needed.
- ☐ I have discussed fall prevention and home safety.
- ☐ I know about available community resources (meals, personal care, etc.).
- ☐ Notes/Resources: _____

_____

7 WARNING SIGNS

- ☐ I know what warning signs to watch for and when to call.
- ☐ I know who to call during business hours.
- ☐ I know who to call after hours or on weekends.

When in doubt, reach out. Early action can prevent a return trip to the hospital.

8 IMPORTANT CONTACTS

Primary Care Provider: _____
Specialist: _____
Home Health Agency: _____
Pharmacy: _____
Insurance Care Manager: _____
Hospital Nurse/Discharge Planner: _____
After-Hours Line: _____

9 BEFORE I LEAVE

- ☐ I have a copy of my discharge instructions.
- ☐ I have all prescriptions.
- ☐ I have all referrals and orders.
- ☐ All my questions have been answered.
- ☐ I feel confident about my plan.

You've got this! ♡

NOTES & QUESTIONS

_____

_____

_____

You should never have to navigate the healthcare maze alone. ClearPath Advocacy is here to support, educate, and empower you every step of the way.
We're in your corner.

ClearPath ADVOCACY

cpbsolutions360.com
info@cpbsolutions360.com
Facebook: ClearPath Advocacy
Instagram: @cbpsolutions360