



College of
Respiratory Therapists
of Ontario

Preparation for Hospital Discharge



Hospital Discharge Checklist

	Tasks	Initials of HCP	Date Completed
Patient/client is Medically Stable	<input type="checkbox"/> Stable blood gases		
	<input type="checkbox"/> Oxygen less than, or equal to 40%		
	<input type="checkbox"/> Established tracheostomy		
	<input type="checkbox"/> No CPR required for at least one month		
Successful Trial on Home Equipment	<input type="checkbox"/> Plan for family/caregivers to do more independent care		
	<input type="checkbox"/> Home ventilator obtained		
	<input type="checkbox"/> Patient/Client set-up on home unit		
	<input type="checkbox"/> Hospital walks, off unit		
	<input type="checkbox"/> Trial car ride		
	<input type="checkbox"/> Car seat test, if applicable		
	<input type="checkbox"/> Monitors		
	<input type="checkbox"/> Oxygen		
Decrease Invasive Monitoring	<input type="checkbox"/> Feeding pump		
	<input type="checkbox"/> Remove any invasive lines		
	<input type="checkbox"/> Ensure education for lines that will remain in place at home		
	<input type="checkbox"/> Ensure feeding is established <ul style="list-style-type: none"> - NG tube - G-tube - J-Tube - oral 		
	<input type="checkbox"/> Reduce blood work frequency		
	<input type="checkbox"/> Switch over to home ventilator		
	<input type="checkbox"/> Ensure patient is weaned on current settings		
	<input type="checkbox"/> Self inflating resuscitation bag to be with patients at all times		
Treatment Plan	<input type="checkbox"/> Use simplest ventilation settings, if possible		
	<input type="checkbox"/> Use a trach tube that is appropriate for the patient's comfort/goals		
	<input type="checkbox"/> Ensure schedule is established for other therapies		

	Tasks	Initials of HCP	Date Completed
	<input type="checkbox"/> Suctioning		
	<input type="checkbox"/> Tracheostomy mask		
	<input type="checkbox"/> Breath stacking		
	<input type="checkbox"/> In-Exsufflator		
	<input type="checkbox"/> Speaking valve		
	<input type="checkbox"/> Other: _____		
Caregiver and Family Education	<input type="checkbox"/> Caregiver education is complete (See <i>My Education Checklist and Learning Log</i>)		
	<input type="checkbox"/> Plan for caregivers to do more independent care (including walks off the unit and trial car rides)		
	<input type="checkbox"/> CPR Certification		
	<input type="checkbox"/> Care by parent completed (at least 24 hours unassisted) using own home equipment.		
	<input type="checkbox"/> Tour of ICU/NICU Education of community caregivers (including Daycare or School).		
	<input type="checkbox"/> Family/Caregiver visit to current home ventilated patient		
	<input type="checkbox"/> Ensure the home care company has provided all the necessary equipment and training in the use of equipment provided to the family, i.e. compressor, cardiorespiratory monitor, suction unit and their accessories		
Documents	<input type="checkbox"/> Discuss ADP funding		
	<input type="checkbox"/> Complete ADP applications (contact ADP if help is required)		
	<input type="checkbox"/> Equipment from the Ventilator Equipment Pool; Ventilators, Oximeters, Bilevel devices. Contact VEP for estimated delivery time; often takes 2-4 weeks		
	<input type="checkbox"/> For other related respiratory supplies, contact the vendor of client's choice		
	<input type="checkbox"/> Complete Assistance for Children with Severe Disability (ACSD) application with physician letter, if appropriate		
	<input type="checkbox"/> Complete HOP form with qualifying oximetry strip, if appropriate		

	Tasks	Initials of HCP	Date Completed
	<input type="checkbox"/> Insurance contacted		
	<input type="checkbox"/> Contact Ontario Disability Support Program (ODSP) or other funding agency for battery to be mounted on wheelchair, if appropriate		
	<input type="checkbox"/> Family to contact private insurance, if appropriate		
	<input type="checkbox"/> Social worker to assist in securing additional funds		
	<input type="checkbox"/> Phone contact list for family/caregivers		
	<input type="checkbox"/> "Who to call and when" list to family/caregivers		
	<input type="checkbox"/> Ensure family/caregivers have teaching material, manuals needed		
	<input type="checkbox"/> Letters given to family to provide to police, ambulance, hydro, and telephone facilities (to alert community providers)		
	<input type="checkbox"/> Application for Accessible Parking Permit		
	<input type="checkbox"/> Discharge summary		
	<input type="checkbox"/> Rehab reports and referrals; including respite care		
	<input type="checkbox"/> Prescriptions provided and medications ordered		
Equipment Needs	<input type="checkbox"/> Confirm delivery date of equipment		
	<input type="checkbox"/> Car seat test done		
	<input type="checkbox"/> Specialty seating and mobility devices set up		
	<input type="checkbox"/> Equipment set up on wheelchair or stroller		
	<input type="checkbox"/> For patients that are off their ventilators for short periods or all day, a trach hood and appropriate humidity set ups are also required		
	<input type="checkbox"/> Contact OT for assistance in mounting ventilator on wheelchair		
Follow-up	<input type="checkbox"/> Community paediatrician identified and patient summary delivered		
	<input type="checkbox"/> Follow-up appointments made		

	Tasks	Initials of HCP	Date Completed
Home and Community	<input type="checkbox"/> Home ready including electrical needs		
	<input type="checkbox"/> Emergency action plan has been devised		
	<input type="checkbox"/> Enhanced respite funding (CCAC)		
	<input type="checkbox"/> Letter to police, fire, ambulance, hydro, and telephone facilities		
	<input type="checkbox"/> Arrangements made with pharmacy		
	<input type="checkbox"/> Calendar of appointments		
	<input type="checkbox"/> Contact List: "Who to call and when" list to family/caregiver		

Healthcare Provider (HCP) Name/Designation	Signature	Initials