

Name:  
D.O.B:  
NHS Number:  
Trust ID:

## Discharge Checklist for a Dying Person going HOME for end of life care (also applies to residential care home)

### Criteria for use

Patient is recognised to be in the last days to two weeks of life.  
The patient wishes to die at home  
The family / carers support the patient's preference  
This document is to be used in addition to purple discharge planning booklet  
Keep the patient and relatives up to date with plans and document any progress or changes.  
If discharge is cancelled, all stakeholders must be updated and planned visits cancelled

- All Patients:**  Refer urgently to discharge coordinator, OT and social worker  
 Refer to BSUH palliative care team (Ext. 3021)

### Professionals involved in arranging discharge

Name	Professional role	Initials	Signature

Any information sent by fax must be followed up with a phone call to ensure it has been received by the appropriate person / team.

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# Discharge Checklist for a Dying Person

## Ward Doctors

(For additional guidance see Microguide)

- Order **continuous** oxygen using HOOF if required  
\_\_\_\_\_
- **Telephone GP** - inform of discharge for end of life care, request home visit within 24 hours of discharge  
\_\_\_\_\_
- Complete TTOs to include anticipatory injectable medications\*  
\_\_\_\_\_
- Complete the **'Instructions for the use of Injectable Medicines' chart**  
\_\_\_\_\_
- Ensure there is a **valid** DNACPR form (active RED copy goes with patient)  
\_\_\_\_\_
- Send DNACPR and **'Instructions for the use of Injectable Medicines' chart** to GP  
\_\_\_\_\_
- If this patient does not wish to have future hospital admissions, ask the GP, CPCT or SPCT to add this patient to the IBIS database to inform the ambulance service  
\_\_\_\_\_

## Occupational Therapists & Discharge Co-ordinators

- DISCO to confirm if eligible for NHS CHC funding.  
\_\_\_\_\_
- DISCO to complete NHS funded CHC Fast Track application  
\_\_\_\_\_
- OT to assess and arrange equipment needs for home and recommend POC arrangements  
\_\_\_\_\_
- OT & DISCO to discuss discharge with family  
\_\_\_\_\_
- Complete contact info sheet for patient/family  
\_\_\_\_\_

## Palliative Care Team

- Refer to community palliative care team if required  
\_\_\_\_\_
  - Refer to hospice at home if required  
\_\_\_\_\_
  - Provide 'Going home near end of life' leaflet  
\_\_\_\_\_
- \*Palliative care team can advise on appropriate medication and completion of **'Instructions for the use of Injectable Medicines' chart**. Additional information available on the Palliative Care Team web page
- OOH = palliative care out of hours handover form**
- POC = Package of care**

## Ward Nursing Team

- Inform pharmacist of the need for anticipatory injectable medication TTOs and priority for dispensing  
\_\_\_\_\_
  - Request pharmacist complete a **MEDICATION RECORD CARD** for patient and educate patient and family about all medication  
\_\_\_\_\_
  - Refer to community nurses and request night sitting if appropriate  
\_\_\_\_\_
  - Book ambulance  
\_\_\_\_\_
- Send a copy of DNACPR, OOH and **Instructions for the use of Injectable Medicines' chart** to community nurses  
\_\_\_\_\_

### On day of discharge, ward nurses

- Ensure doctor has reviewed patient and deemed fit for transfer within 2 hours of discharge (if any change in clinical state, request further assessment)  
\_\_\_\_\_
- Ensure syringe pump (if being used) is renewed prior to discharge, cover box is **unlocked** and ensure there is a plan for returning syringe pump to hospital  
\_\_\_\_\_
- Ensure TTOs and **original 'Instructions for Injectable medicines'** go with patient  
\_\_\_\_\_
- Ensure **ACTIVE RED DNACPR** form goes with patient  
\_\_\_\_\_
- Ensure contact information sheet goes with patient  
\_\_\_\_\_
- Send discharge summary to community palliative care team  
\_\_\_\_\_
- After discharge, call GP, community nursing team, community palliative care team and family to confirm patient has left the ward  
\_\_\_\_\_

Please tick box   
initial and date  
each task as  
completed

e.g. JM 10/6/11

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## Discharge Checklist for a dying person contact information sheet

**To be completed by discharge coordinator and/or ward nurses and given to patient/family at discharge**

Address for discharge:

Patient telephone number:

Nominated NOK (and relationship):

NOK address:

NOK telephone number:

Agency (not all will be applicable)	Location	Contact number
GP		
Out of hours GP		
Community nurses		
Out of hours community nurses		
Hospice at home (If in place)		
Community Palliative Care Team		
Care agency		

**Once completed, please leave a copy in the health records with other discharge planning documents**