CarePath
ADVOCATE

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Hospital Discharge Checklist for Families

Discharge is where families fall through the cracks. Print this, bring it to the hospital, and work down it. You are allowed to slow the conversation down and ask questions until the answers make sense.

Part 1. Before you leave the hospital

THE THREE QUESTIONS THAT MATTER MOST

- [ ] **What changed, and what warning signs do we watch for?**
  Ask what was treated, what's different now, and exactly which symptoms mean call the doctor — and which mean go back to the emergency department. Write it down, or ask permission to record it.
- [ ] **What follow-up appointments are needed, and who schedules them?**
  "Follow up in two weeks" is a suggestion, not an appointment. Ask whether the hospital is booking it before you leave. If not — who do you call, and by when?
- [ ] **What medications changed, and why?**
  Get a complete current list. What's new, what stopped, what doses changed. This is where the most dangerous mix-ups happen.

- [ ] **Ask for a copy of the discharge summary and instructions.**
  You're entitled to them. Confirm the primary care doctor will receive them too — don't assume.
- [ ] **Pin down home services and equipment.**
  Home health, therapy, oxygen, a walker, a hospital bed — get the agency name and phone number. "Someone will contact you" is where these arrangements go to die.
- [ ] **Find out who to call at 2 AM.**
  Ask for the after-hours nurse line for anything worrying that isn't a 911 emergency. Put it on the refrigerator.

Part 2. The first 72 hours at home

- [ ] **Day one — reconcile every medication.**
  Sit down with the discharge list and every pill bottle in the house. Physically set aside anything stopped or replaced so it can't be taken by mistake. If the bottles don't match the list, call today — not next week.
- [ ] **Confirm the follow-up appointments are real.**
  On the calendar, transportation arranged, and with the right specialist.
- [ ] **Check in daily and watch the warning signs.**
  Eating, drinking, sleeping, moving at least as well as at discharge? New confusion, dizziness, swelling, or trouble breathing means a call to the doctor. When in doubt, call.
- [ ] **Verify home health actually shows up.**
  No call by the end of the first business day? Call the agency, then the hospital's discharge planning department.

- [ ] **Look at the home with fresh eyes.**
  Throw rugs, dim stairways, a bathroom without grab bars. People come home weaker than they realize, and falls undo everything.

- [ ] **Set up the patient portal.**
  Results, visit notes, and messages flow through it. If the technology is a barrier, that's a solvable problem.

WRITE THESE DOWN BEFORE YOU LEAVE

After-hours nurse line _____

Primary care office _____

Pharmacy _____

Home health agency _____

Next appointment — who & when _____

When it may be worth bringing in a patient advocate. Plenty of families manage a discharge beautifully alone. Consider help when:

- You live out of state and can't be at the bedside
- Several specialists don't seem to be talking to each other
- The medication list is long and keeps changing
- Your parent has already bounced back to the hospital once
- You're exhausted, and can't be the daughter or son *and* the care coordinator at the same time

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Questions about a discharge coming up?

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The first consultation is free. Se habla español.