# British Columbia Schizophrenia Society

## HOSPITAL DISCHARGE PLANNING

# √CHECKLIST

**MEDICATION**

___Medication supply/prescription________________________________________
___Number of days medication supplied for_________________________________
___Medication education—drug dosage, time, how to take______________________
___Special instructions____________________________________________________

**RESIDENCE**

___Boarding home_____________________
___Hotel____________________________
___Family residence___________________
___Own home/lives alone_______________
Group home_________________________
Nursing home_______________________
Residential care facility_______________
Other______________________________

**FOLLOW-UP MENTAL HEALTH CARE**

___Mental health team_____________________________________________________
___Psychiatrist/therapist___________________________________________________
___Psychiatric social worker_________________________________________________
___Community support group_________________________________________________
___Day program referral_____________________________________________________
___Dual diagnosis* program _________________________________________________

**ACTIVITIES OF DAILY LIVING**

___Hygiene instructions_____________________________________________________
___Activity, rest__________________________________________________________
___Activities requiring assistance____________________________________________
___Safety instructions______________________________________________________
___Work, school, skills training_______________________________________________
___Planned recreation ______________________________________________________

**FOLLOW-UP MEDICAL CARE**

___Appointment with GP or specialist__________________________________________
___Visiting nurse/practitioner_________________________________________________
___Medical clinic appointment_________________________________________________
___Diet/fluid instructions____________________________________________________
___Dental Care, Eye Care____________________________________________________
___Special instructions_______________________________________________________

**SPECIAL NEEDS**

___STD and AIDS prevention education_________________________________________
___Symptom recognition education_____________________________________________
___Transportation needs, bus pass_____________________________________________
___Financial assistance, disability benefits_____________________________________

**ADDITIONAL COMMENTS:**___________________________________________________

___________________________________________________________________________

- Fact sheet adapted from "A Discharge Checklist", *Journal of Psychosocial Nursing,* 1995

* Dual Diagnosis = alcohol/drug abuse + mental illness

# HOSPITAL DISCHARGE PLANNING

**Family members should be aware that Discharge Planning for a patient with schizophrenia is an integral part of psychiatric nursing care.** ***Discharge planning should begin as soon as possible after someone has been admitted to hospital.***

A patient's discharge plan may involve a number of people. Overall *coordination* of the plan, however, should be the responsibility of one person—a designated nurse, case manager, team leader, social worker, or other team member—depending on the hospital's patient care system. It is important to find out who this "person in charge" is.

The **"Discharge Checklist"** (*see over*) can be used by professionals and family members as a notation guideline to ensure that the six main areas essential to a good discharge plan are covered:

## 1. Medication

Medication information can be listed on the form as soon as it is known. Medication education should also be documented, along with instructions about dosage, times and any special instructions—such as the need to take the drugs with food or milk. This information is generally given by doctors or registered nurses, but the importance of compliance can be emphasized by any and all caregivers, as discontinuing antipsychotic medications is a frequent cause of relapse and rehospitalization.

## 2. Residence

Appropriate residence planning can help give patients with schizophrenia the basic support they need to remain in the community and to avoid the revolving-door syndrome of recurrent hospital admissions. Some boarding homes provide medication supervision while others do not. Group homes may expect clients to be able to be responsible for their own medication.

## 3. Follow-up Community Care

Continuity of care and medication monitoring are necessary for all people with schizophrenia. In addition to an appointment with a private or team psychiatrist, patients may require referrals to rehabilitation programs, support groups, or alcohol and drug (*dual diagnosis*) programs.

## 4. Activities of Daily Living

Many people with schizophrenia have serious cognitive deficits that affect their ability to function alone. These can include problems with short-term memory, planning, prioritizing, organization and decision-making. Basic life skills activities and cognitive remedial therapy can be helpful. *Cognitive functioning should be assessed and all psychosocial rehabilitation options noted on the Discharge Planning sheet.*

## 5. Follow-up Physical Health Care

Despite the fact that they see doctors more frequently, physical illness is higher among psychiatric patients than in the general population. Psychiatric symptoms can cause patients to neglect physical health problems, so follow-up care in the community is important for health maintenance and prevention... including dental care and eye care.

## 6. Education, Financial Assistance, Other Needs

Before leaving hospital, patients must have good, basic education about recognizing symptoms, birth control options, and prevention of AIDS and other sexually transmitted diseases. Many people will require assistance obtaining transportation to and from aftercare appointments. Some will need help applying for financial assistance and/or disability benefits. Necessary arrangements should be called to the attention of appropriate team members, case managers, or community liaison workers.



(SEE √**CHECKLIST**, OVER)