



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.