



**Appendix 11: Discharge Planning Checklist incorporating Covid 19 Guidance V.4**

Unit Name: \_\_\_\_\_ Service User Name: \_\_\_\_\_  
 Hospital Name: \_\_\_\_\_ Date admitted to hospital: \_\_\_\_\_ Date discharged from hospital: \_\_\_\_\_

**Service Users who are currently being discharged from hospital may be required to isolate in a single room, maintain restricted movement with contact/ droplet precautions for 14 days – if this is not possible discuss with your service manager immediately and contact CNSp Acute Hospital Liaison (CNSp AHL) to advise**

**Covid 19 Discharge Planning – Sections 1 & 2 must be reviewed prior to confirming discharge with the hospital in question**

Section 1 – Covid 19 Discharge Checklist/ Risk Assessment		
This MUST be completed with ward CNM/ staff nurse prior to confirming discharge of a service user		
(Informed by – HSPC guidelines and updated in the event of changes to the National Guidance)		
Does the service user/ patient have (Circle relevant response)		Signature and date of Completion
Name of nurse/ doctor:		
1. Has the Service User <ul style="list-style-type: none"> <li>• Recovered from Covid 19 in the last 6 months? (following 14 days isolation with last 5 days fever free)</li> <li>• been free from Covid 19 symptoms? (Cough, fever etc)</li> </ul>	YES or NO	If <u>Yes</u> confirm discharge with hospital and proceed to Section 2 of Discharge Checklist  If <u>No</u> Request medical review and see checklist below
2. Has the service user been fully vaccinated*?	YES or NO	
3. Is Covid 19 test within 3 days of planned discharge? (May not be required if admission between 12 hours – 3days)	YES or NO	
4. Do you have result of the test?  Date Taken: _____ Result: _____	YES or NO	
5. Is the service user free from Covid 19 symptoms? (Cough, fever etc)	YES or NO	
<b>Confirmed Covid 19 Positive Swab</b> with no known cases in the residential care facility	<b>See Section 2</b> - Any discharge planning must be reviewed by PIC with CNSp AHL and/ or Service Manager and/ or NMOC and/ or CNSp IPC (+/- Alternative Accommodation Forum)	

<b>Section 2 - Covid 19 Infection Prevention and Control Measures for Hospital Discharges</b>	
<b>Transfer of Patients post Covid 19 Recovery in last 6 month</b>	<ul style="list-style-type: none"> <li>• <b>Confirm date of diagnosis and recovery within previous 6 months</b></li> <li>• <b>Confirm no current Covid 19 symptoms</b></li> <li>• Service user is no longer considered infectious to others can return to unit under current public health guidelines (social distancing/ hand hygiene etc)</li> </ul>
<b>Transfer of Patients post Covid 19 Recovery in Hospital - Diagnosed Positive in hospital with discharge following 14 days isolation (with last 5 days fever free)</b>	<ul style="list-style-type: none"> <li>• Discharge <u>should only be confirmed</u> following consultation by PIC with CNSp AHL and/ or Service Manager and/ or NMOC and/ or CNSp IPC</li> <li>• Request copy of Clinical Discharge Summary               <ul style="list-style-type: none"> <li>○ Should include date and results of Covid 19 tests</li> <li>○ Date of Onset of any symptoms of Covid</li> <li>○ Details of any follow up or monitoring requirements</li> </ul> </li> <li>• Service user is no longer considered infectious to others can return to unit under current public health guidelines (social distancing/ hand hygiene etc)</li> <li>• Contact Covid 19 phone line to make them aware discharge</li> </ul>
<b>Transfer of person who have been fully vaccinated*</b>	<ul style="list-style-type: none"> <li>• Request copy of Clinical Discharge Summary which <u>should include date and results of Covid 19 test</u></li> <li>• There will be no requirement for transmission isolation restrictions post discharge if not detected result.</li> <li>• <b>If result returns as positive – see below.</b></li> </ul>
<b>Transfer of service user with no diagnosis or clinical suspicion of COVID 19 from acute hospital</b>	<ul style="list-style-type: none"> <li>• Request copy of Clinical Discharge Summary which <u>should include date and results of Covid 19 tests</u></li> <li>• Unit should maintain log of known Covid 19 tests/ results completed in hospital</li> <li>• <b>Service user should remain in single room, maintaining restricted movement with contact and droplet precautions for 14 days</b></li> <li>• <b>Service user should be monitored for onset of new symptoms consistent with Covid 19</b></li> <li>• Testing between days 5-7 post discharge maybe required if               <ul style="list-style-type: none"> <li>○ it is known that service user was admitted to a COVID ward</li> <li>○ Admission is over 12 hours and less than 3 days in duration.</li> </ul> </li> <li>• Contact Covid 19 phone line to make them aware of the discharge into isolation</li> <li>• Contact PPE phone line to place request for suitable PPE</li> <li>• Review and complete Risk Assessment– “Post Hospital discharge Covid 19 Isolation”</li> </ul>
<b>Person who has a confirmed positive Covid 19 swab</b>	<ul style="list-style-type: none"> <li>• Discharge <u>should only be confirmed</u> following consultation/ assessment by PIC with CNSp AHL and/ or Service Manager and/ or NMOC and/ or CNSp IPC (+/- Alternative Accommodation Forum)</li> <li>• Review must be undertaken re:               <ul style="list-style-type: none"> <li>○ any other known cases of Covid 19 in residential unit</li> <li>○ is the service user clinically fit for discharge</li> <li>○ does the unit/ service have appropriate isolation requirements available</li> <li>○ does transfer represent most appropriate place of care (e.g. need for behavioural/ emotional/ coping supports/ palliative care needs)</li> </ul> </li> <li>• If transfer is deemed appropriate – service user must be isolated up to day 14 on return to the relevant unit and once the last 5 days are fever free they are no longer infectious.</li> <li>• Request copy of Clinical Discharge Summary which must include               <ul style="list-style-type: none"> <li>○ Date and results of Covid 19 tests</li> <li>○ Date of Onset of any symptoms of Covid</li> <li>○ Details of any follow up or monitoring requirements</li> </ul> </li> </ul>

**Sections 1&2/ Covid 19 Risk Assessment Sign Off: \_\_\_\_\_ Date: \_\_\_\_\_**

**Section 3 – This Discharge checklist should be commenced prior to discharge as a guide for steps to take during the discharge transition period (During Covid 19 period – Sections 1&2 must be completed first)**

This Discharge Planning Checklist is a guide to supporting staff in planning towards a Service User being discharged from hospital and is being readmitted into the residential centre.

Please complete all relevant sections. If a section is not relevant please indicate as N/A (non applicable).

Each section must have an entry and the PIC must review within 1 week of Service User's discharge.

Once all items are completed this form should be filed with Patient discharge summary, Nursing transfer letter, copy of discharge prescription and any other relevant documents in Service User's Green file.

<b>Discharge Planning Checklist</b>	<b>Date</b>	<b>Comments</b>	<b>Signature of staff when completed</b>
Discharge date confirmed (Where possible this should confirmed 24hours prior to discharge)			
Handover received from CNM/ Nurse in charge of ward (this could be via St. Michael's House CNSp AHL-ID)			
Service User has been informed of discharge			
Service User's family been informed of discharge			
Transport for Service User transition from hospital confirmed			
<b>Items to be received from the ward on discharge (request day prior to discharge if possible)</b>	If not received please liaise with CNSp AHL and/ or ward.		
Copy of Clinical Discharge Summary <ul style="list-style-type: none"> <li>Should include date and results of Covid 19 tests</li> <li>Date of Onset of any symptoms of Covid</li> <li>Details of any follow up or monitoring requirements</li> </ul>			
Nursing Transfer Letter			
Any updated medication prescriptions			
Any follow up OPD or blood test dates			
Guidelines/ letters from MDT for any updated management (i.e. physio exercises, FEDs guidelines)			
Review of Nursing Transfer Letter (Note any queries/ discrepancies e.g. are there a record of last BM? Follow up by calling the relevant ward and document)			
Review of Patient Discharge Summary (Note any follow up on any queries/ discrepancies)			
<b>Discharge Medication Reconciliation (HIQA 2015)</b>			
Updated prescription received and changes to any medication noted (including antibiotics)			
Is there a record of when medication last given in hospital/ next due (i.e. PRN medications)			
Have there been changes to anti-coagulant/ warfarin or			

insulin medication/ dosages? (These come on separate prescription forms) <b>Request most recent blood levels prior to discharge</b>			
Update of MAS – 'Review of Medication Form' completed and sent to medical secretary			
Copy of updated prescription sent to pharmacy to order medication			
New medication or updated medication ordered from pharmacy			
Any other medication changes/ history to note			
OPD/ Bloods/future tests appointment noted in the diary			
Complete full body check on day of readmission			
Document and follow up any areas of concern			
As relevant Fire Evacuation plan reviewed, updated and finalise – as relevant notify Fire Prevention Officer			
Review of Service User's assessment of need (in consultation with relevant people) Possible change areas <ul style="list-style-type: none"> <li>• Mobility, Feeding, eating, drinking, nutrition,</li> <li>• New or changing diagnosis,</li> <li>• Additional equipment/ environmental needs e.g. bed review/ hoist,</li> <li>• Support needs at night and during the day</li> </ul> Relevant Support Plans developed or updated			
Are there St. Michael's House Clinical Support guidelines updates/ reviews required? Tick and date			
Physiotherapy – referral sent			
Speech and Language Therapy – referral sent			
Occupational Therapy – referral sent			
Psychiatry– referral sent			
Dietitian – referral sent			
Other (e.g. Social Work, Psychology, CNSp/ Bed review)			
Service Manager/ NMOC/ CNSp AHL-ID informed of readmission to residential centre			
Copy of Patient Discharge Summary sent to CNSp Acute Hospital Liaison Nurse – Intellectual Disability			

**PIC/ SCL / CNM2 Review and Sign Off:** \_\_\_\_\_

**Date of review and Sign Off:** \_\_\_\_\_