



Petal & Paper

YOUR FREE PRINTABLE

Hospital discharge planning checklist



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D I S C H A R G E P L A N N I N G

discharge checklist

Patient name · _____ **Ward:** ____ **Date:** ____

Discharge summary received · ☐ **Copy for GP:** ☐ **Date sent to GP:** ____

Medications · **Changes:** ____ **Prescriptions given:** ☐ **Instructions:** ☐

Wound / dressing care · **Instructions:** ____ **Nurse visit booked:** ☐

Follow-up appointments · **Outpatient:** ____ **With:** ____ **Date:** ____

Red flag symptoms (return to A&E if) ·

Home support arranged · **District nurse:** ☐ **Carer:** ☐ **Family:** ☐

A S K E V E R Y T H I N G B E F O R E Y O U L E A V E —
I T ' S E A S I E R T H A N C A L L I N G L A T E R

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