Discharge Checklist for the Dialysis Patient

Use this checklist on each patient recently discharged from the hospital. The checklist should be used with EACH hospital discharge (some patients may have multiple). Both the patient and/or caregiver and facility staff should review and sign this checklist. A copy should be given to the patient for their record.

Dialysis:

- ☐ Review any new changes to dialysis orders and confirm changes with facility nephrologist.
- ☐ Review weight changes since discharge. Obtain physician order and adjust target weight as necessary.
- ☐ Review most recent lab work.
- ☐ Review recent changes to daily fluid allowance.

Medications:

- ☐ Review medication list given to the patient with discharge summary and compare with current list at the facility.
- ☐ Update changes to medications in facility record, if applicable.
- ☐ Review full list of medications with the patient and confirm his or her understanding of how and when to take them.
- ☐ Make sure new prescriptions have been picked up from the pharmacy.
- ☐ Confirm that the patient is aware of potential side effects of the medication and when he or she should call a doctor.

Dietary:

- ☐ Educate patient on any new dietary changes.
- ☐ Consult with dietician if needed.

General:

- ☐ Confirm that the patient has necessary equipment (home o2, walker, cane, wheelchair, etc.).
- ☐ Confirm the availability of a caregiver, if needed.
- ☐ Make sure that the patient has a list of important phone numbers (PCP, dialysis facility, local hospital, etc).

Follow Up Appointments:

- ☐ Review follow up appointment(s) with patient.
- ☐ Confirm that the patient has adequate transportation to appointment(s). If not, refer the patient to a social worker for assistance.

New Diagnoses (section to be completed if patient has been given a new diagnosis since hospital admission):

- ☐ Confirm that the patient is aware of new diagnosis and has been given an opportunity to ask questions.

Additional notes for follow up:

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Patient/Caregiver Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

Quality Insights Renal Network 5

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