

Chapter 20

Discharge, Transfer, and Postmortem Procedures

Discharge Planning

- A centralized, coordinated, multidisciplinary process that ensures that the patient has a plan for continuing care after leaving the hospital.
- Begins the moment a patient enters the hospital.
- Patient Care Conference includes the doctors, nurses, case manager or social worker, and other caregivers involved.

Discharge of a Patient

- Doctor's discharge order requires prompt attention of HUC.
- Five types of discharges:
 1. Home
 2. Another facility
 3. Home with assistance
 4. AMA
 5. Expiration

Routine Discharge Procedure

- Read entire order, look for any undone orders
- Check for any Rx left in chart by doc
- Notify patient's nurse
- Enter "pending discharge" in computer, or phone message.
- Nurse or HUC explain procedure for discharge
- Notify other departments, dietary
- Arrange appointments ordered by doc
- Arrange transportation home & to discharge area
- Prepare credit slips for meds/equipment return
- Enter name on admission/discharge/transfer sheet
- Delete pts name on unit census, and TPR sheet
- Notify environmental services to clean area
- Prepare chart for Health Records Dept, follow policy or discharge checklist (Fig 20-4) pg 400

Discharge to Another Facility

- Notify case management
- Case manager will arrange transportation
- Complete continuing care form or transfer form (Fig 20-5 pg. 402)
- Photocopy patient chart forms as indicated in the doctor's orders.
- Distribute continuing care forms in sealed envelopes to ambulance driver or family who will deliver the envelope to the nurse at the next care facility.

Discharge Home With Assistance

- Notify case manager who will arrange for equipment, etc.
- Prepare continuing care form.
- Obtain release of information signature from patient.
- Photocopy forms as indicated in doctor's orders.
- Distribute forms as required
- Now perform routine discharge steps.

Discharge Against Medical Advice

- If 2 doctors can't certify that patient poses threat to self or others, pt can't be restrained from leaving
- Doctor writes discharge order, documents AMA.
- Have patient or representative sign release form, and 2 witnesses from hospital staff (pg 403)

Discharge of the Deceased Patient

- HUC may call religious counselor, kardex it.
- Doctor or 2 nurses must pronounce death.
- Family must sign Authorization For Removal of Remains.
- Nurse may be required by law to ask family about organ donation
- Consent to harvest organs, organ procurement, or Authorization For Disposition Of Body Or Parts Thereof (pg 406)
- Doc/family may request, family must consent
- Coroner's case from sudden, violent, unexplained, or <24hrs after hospitalization.
- Signature of next of kin not required in coroner's cases.

Transfer

- Change of condition, private room, infection control, roommate incompatibilities.
- Notify nurse caring for patient
- Notify admitting to obtain new room
- Communicate new unit and room to nurse
- Notify receiving unit of the transfer
- Record transfer on unit census sheet
- Send all thinned or old records xrays to unit
- Send MAR, chart, Kardex, Nurse will carry meds.
- Notify other departments including dietary
- Notify all doctors, and information desk
- Write room change on TPR and diet sheet
- Notify environmental services to clean
- Bring back an empty chart in exchange

Summary

The Health Unit Coordinator's tasks for discharge and transfer procedures are many.

You may want to use a check off list, to be sure that you do not forget any details.
