

# Rapid Deteriorating Patient Discharge Checklist



York Teaching Hospital  
NHS Foundation Trust

TO BE COMPLETED BY WARD NURSE PRIOR  
TO DISCHARGE

<b>Patients Name</b> <b>NHS / Unit Number</b> <b>Home Address</b> <i>[affix a patient label]</i> <b>Telephone Number</b>		<b>Patients Preferred Contact:</b> ..... <b>Informed <input type="checkbox"/></b> <b>Fast track funding leaflet given to patient/contact Given <input type="checkbox"/></b>		
Checklist	Yes	No	NA	Comments
<b>DNACPR</b> completed and recorded in medical notes. <b>DNACPR</b> form given to patient / relative / ambulance driver Referral to		x	x	
<b>If already on 4 Anticipatory Drugs &amp; syringe driver</b> A new drug / syringe driver chart to be written to go with the patient on discharge & the current chart filed in notes once discharged			x	
<b>If not on 4 Anticipatory Drugs</b> they should be prescribed on EDN as a TTO and on <i>Anticipatory Drugs &amp; Syringe Driver chart</i> (Analgesia, sedation, respiratory secretions, antiemetic) <b>Every patient should go with enough TTO's to last until GP can take over prescribing</b>			x	
<b>If the patient is going home</b> , 4 Anticipatory medications explained to relative, including safe disposal.		x	x	
<i>Anticipatory Drugs &amp; Syringe Driver Chart</i> given on discharge to patient / relative / ambulance driver		x	x	
<b>If on a Syringe driver</b> changed prior to discharge				
<b>Fast Track Care Package Approved:</b> <b>e.g. Care package, nursing home placement.</b>				
<b>Equipment</b> is in place at home e.g. Hospital Bed				
<b>Oxygen</b> is in place at home (if required)				
<b>Ambulance</b> is booked				
<b>Referred to DISTRICT NURSE if going home or a residential home is ESSENTIAL.</b>				
Please consider an appropriate referral for patients palliative care needs to: <b>COMMUNITY PALLIATIVE CARE SERVICES:</b> e.g. PalCall, Community Macmillan, Hospice@Home				Services you have referred: ..... ..... .....