

□ Discharge Checklist

Initial when completed:

\_\_\_\_\_ Discharge order is written.

\_\_\_\_\_ Medications have been reviewed by nurse.

\_\_\_\_\_ Patient has prescriptions.

\_\_\_\_\_ Patient has been informed by nurse of any restrictions of activity or diet.

\_\_\_\_\_ Patient has a scheduled follow up appointment.

\_\_\_\_\_ Checked room for any belongings not removed by family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date