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SCOPE

This policy has hospital-wide application.

PURPOSE

To outline the guidelines to be followed by Hospital personnel in the discharge of a patient.

POLICY

The nurse on the nursing unit shall be responsible for coordinating all activities concerned with the discharge of a patient.

A.   Discharge of Inpatients

1.   In preparation for discharge, continuing care needs are assessed and referrals for such care are documented in the patient's medical record. [See Discharge Planning, WAH.5921.]
2.   At the time of discharge, the nurse responsible for the patient will review the patient's current status and the most recent nursing assessment documented, and update as appropriate. The plan of care will reflect progress made toward goals.
3.   The reason for discharge will be documented on the Discharge Instruction form and/or discharge summary.
4.   The physician will complete Sections 1 and 4 of the Discharge Instruction form and dictate or write a discharge summary.
5.   To ensure continuity of care, discharge instructions and pertinent copies of the medical record will be provided to the patient or care provider as detailed below.

a. Patients discharged home: The nurse responsible for the patient's care shall ensure completion of the Discharge Instructions form. The instructions provided will include information on medications, allergies, wound care, conditions to report to the physician, follow up care, diet, activity restrictions, and community resources or referrals and any other arranged assistance. The nurse will document understanding of the instructions provided.
b. Patients discharged home with home health services: The home health liaison reviews the patient's medical records prior to discharge in preparation for home assistance. The Discharge Instructions form is completed as outlined above. Pertinent copies of the medical record are provided to external health care providers.
c. Patients discharged/transferred to another acute or non-acute care facility: The Discharge Instructions and pertinent copies of the medical record are provided to the receiving facility. A copy of the physician's transfer summary is provided. For patients going to another acute care facility, report is telephoned to the receiving facility prior to transfer. [See Patient Transfer, External, WAH.5777.]
d. Patients requesting an electronic copy of their discharge instructions will be registered for myAdventistHealthCare, AHC's patient portal, for retrieval of their discharge instructions from home.

6.   The patient or person responsible for the patient shall go to the Admitting Office and satisfy any financial obligations or meet with a financial counselor to construct a payment plan.

7.   Partially used medications may be sent home with the patient in accordance with Policy WAH.5015.

8. Pediatric patients may only be discharged if accompanied by their parent or guardian unless otherwise specified in writing by the parent or guardian. The parent or guardian must specify by name the responsible adult who will accompany the patient, and notify the intended adult to be prepared to provide appropriate identification (e.g. driver's license). The nurse will require the adult to provide proof of identification prior to discharging the pediatric patient. In such cases as this, pediatric patients may be discharged to the responsible designated adult.

B. Discharge of Outpatients Post Procedure

1. The discharge of outpatients who have had a procedure performed under spinal or general anesthesia, or moderate sedation, will be in accordance with the standards outlined in this policy. These standards do not apply to procedures performed under local anesthesia.

2. Patients will be advised pre-procedure of any discharge requirements, including the need to arrange for appropriate transportation and be accompanied by a responsible adult. The mode of transportation may be private or public.

3. The following discharge criteria apply:

   a. Patients must demonstrate an Aldrete score of 9 or greater; an Aldrete score of 8 or lower requires that an anesthesiologist or other physician accept responsibility for discharge. [See PACU policy 401 for explanation of score.]
   b. Patients must also demonstrate: (SSU Criteria)
      1) stable vital signs,
      2) return to preoperative state of alertness and orientation,
      3) absence of respiratory distress,
      4) presence of swallow, cough and gag reflexes,
      5) return to preop state of ability to ambulate, (exclusion: procedure on extremity)
      6) minimal or absent nausea, vomiting and dizziness.

4. It is the responsibility of the Physician or Anesthesiologist to discharge a patient from the outpatient setting. The discharge may be by physician order or protocol.

5. If it is determined post-procedure that the patient did not make prior arrangements or the arrangements made for accompaniment by a responsible adult are not forthcoming, and the patient meets discharge criteria and is competent:
   a. The patient may go home by taxi or other similar mode either with an adult escort who is able to see the patient into their residence or the driver agrees to observe the patient successfully enter their residence.

6. In the event a patient does not meet discharge criteria but is insisting on leaving the hospital, the physician or anesthesiologist will assess the patient and determine the competency of the patient and risk of leaving against medical advice. If the patient is incompetent, the patient should be detained. If the patient is deemed competent, and elects to disregard the counsel of the hospital and go home contrary to medical advice, such information shall be documented on the patient's chart in accordance with the Discharge Against Medical Advice policy (WAH.5592).

Reference: