**Ideal Discharge for the Elderly Patient: A Hospitalist checklist**

<table>
<thead>
<tr>
<th>Checklist Element</th>
<th>Particulars</th>
<th>Must Keep</th>
<th>Optional</th>
</tr>
</thead>
</table>
| Medication Education | • Written schedule of medication  
• Include Purpose (reason) and (if apt) Cautions(s) for each medication  
• Clinical Pharmacist involvement (especially if cognitive impairment, or ≥ 3 Medication changes) | x         | x        |
| Cognition         | Rather than a Folstein score, some description mention of mental capacity such as:  
• Lucid (full capacity for understanding and executive function, such as being able to follow instructions)  
• Forgetful (some senescence or impairment of memory)  
• Dementia (or "Brain Failure" - incapable of reliable recall and/or executive function) | x         | x        |
| Discharge Summary | Needs to be written with the receiving caregiver in mind, including:  
• Presenting problem(s) that precipitated hospitalization  
• Primary and secondary diagnoses  
• Key findings and test results  
• Brief hospital course  
• Discharge Med Reconciliation (see above)  
• Condition at discharge (including functional status and cognitive status, if relevant)  
• Discharge Destination (and rationale if not obvious) | x         | x        |

Cognitive status
| Patient Instructions | • Any anticipated problems and suggested interventions.  
• Follow-up appointments with suggested management plan  
• Pending labs or tests  
• Recommendations of any sub-specialty consultants  
• Documentation of patient education and confirmation of patient understanding through teach-back | x | X |
|----------------------|---------------------------------------------------------------|---|---|
| Patient Instructions | ε Provide instructions written at 6th grade level  
ε Any anticipated problems(s) and suggested intervention(s)  
ε 24/7 call-back number  
ε Teach-back to confirm patient understanding | X | X |
| Hazardous Medications (Forster et al) | Plans for proximate follow-up (about one week) tests and/or visits for patients taking (new or changed):  
ε Warfarin  
ε Electrolyte-disturbing medications (diuretics)  
ε CV drugs  
ε Corticosteroids, or Hypoglycemic agents  
ε Narcotic analgesics | x | Med specific management |
| Providers | Identify referring and receiving providers  
• Record in summary  
• Contact them and communicate immediate follow-up issues | X | X |
<p>| Follow-up Plan: | 2 weeks generally, or sooner if hazardous medication or fragile clinical condition. Include any testing and/or provider visit appointments | X | x |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>x</td>
</tr>
<tr>
<td>Address</td>
<td>x</td>
</tr>
<tr>
<td>Phone number</td>
<td>x</td>
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<tr>
<td>Visit purpose or Responsible person to whom a pending test will be sent.</td>
<td>x</td>
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</tbody>
</table>

**Medication List:**
- Pruned
- Reconciled
- Explained

<table>
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<tr>
<th>NO TEARS Tool</th>
<th>x</th>
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</table>
| Indication(s) required for Continuing Care (Nursing Home, etc).
  - Designate:
  - "Meds you should no longer take" (R.Resar MD-IHI)
  - New Meds
  - Modified Meds
  - Unchanged Meds | x |

**Code Status**
Code status (and any other pertinent end-of-life issue stipulations) discussed with patient and included in the Summary. Including at least one of the following designations:
- Full code (unrestricted full therapy)
- DNR (Do not resuscitate)
- Hospice-type care, or "Comfort measures only"

**Disease-specific Checklist**
Disease specific checklist targeting evidence-based practice
- Pneumonia (immunizations, smoking cessation)
- Heart failure (LVEF, ACEI or ARB, Patient instructions, smoking cessation, discharge weight)
- Myocardial infarction (ASA, beta-blocker, ACEI, smoking cessation)