

The 3 Steps Every Adult Child Needs Before an Aging Parent Is Sent Home

Step 1: Clearly State Your Safety Concerns (And Ask That They Are Documented)

The moment discharge is being discussed, don't stay silent if you believe your parent is not safe to return home.

Clearly explain your concerns and ask the care team to document them in the medical record.

The Doctor Script:

"Doctor, I have concerns about my parent being discharged home safely today. Based on their history of falls, changes in cognition, and the fact that they are not able to safely stand, walk, or manage at home right now, I am worried this discharge plan may not be safe.

I would like my concerns documented in the medical chart, and I am requesting that the team review whether additional evaluation or support is needed before discharge."

Step 2: Request a Physical Therapy (PT) or Occupational Therapy (OT) Evaluation

One of the biggest things families don't realize:

A person can have normal scans and still not be safe to go home.

Emergency departments often focus on urgent medical problems — lab results, imaging, and whether a person needs immediate medical treatment.

But another important question is:

Can your parent actually function safely at home?

Ask whether a PT or OT evaluation is appropriate before discharge.

The PT/OT Request Script:

"Before my parent is discharged, I would like to request a physical therapy or occupational therapy evaluation to assess their current ability to safely stand, transfer, walk, and manage basic activities based on how they are functioning today."

"If they are not able to safely move independently, I would like that documented and discussed as part of the discharge plan."

Why this matters:

A documented mobility assessment can help the medical team understand risks that may not be obvious from tests alone and can guide the next safest step.

Step 3: Ask for Additional Hospital Support

If you still have concerns, ask to speak with the appropriate hospital resources.

This may include:

- Case Management
- Social Work
- Patient Advocacy
- The Charge Nurse
- The Administrator on Duty (AOD) or House Supervisor, especially after hours

The Patient Advocate Script:

"I am advocating for my parent because I have concerns about whether this discharge plan is safe. My parent has a history of falls and is currently struggling with mobility. I would like assistance reviewing options and making sure the appropriate resources are involved before we leave."

What If It's 10 PM?

Late-night discharges can create extra challenges.

The goal is not to create conflict — the goal is to make sure your parent's safety concerns are heard.

The 3 Late-Night Strategy Shifts

1. Ask for the Administrator on Duty or House Supervisor

Script:

"I understand some departments may not be available tonight. Could you please connect me with the House Supervisor or Administrator on Duty so we can review the safest plan?"

2. If PT Is Not Available, Explain the Concern

Script:

"I understand therapy may not be available at this hour. My concern is that we have not been able to confirm whether my parent can safely move around and manage at home tonight. I would like to discuss what options are available until that evaluation can happen."

3. Address Transportation and Home Safety

Before leaving, consider:

- Can they safely get into the home?
- Are stairs involved?
- Is someone available overnight?
- Do they have needed equipment?
- Is there a realistic plan if they fall again?

Late-Night Script for the ER Doctor:

“I understand the testing is reassuring, and I appreciate your care. My concern is not only the medical results — it is whether my parent can safely function at home tonight. I would like to discuss what support or evaluation is needed before discharge.”

Late-Night Script for the Charge Nurse:

“I understand the department is busy. I am asking for help because I have safety concerns about my parent leaving right now. Could we involve the appropriate supervisor or care team member to review the discharge plan?”

The Golden Rule of ER Advocacy

Stay calm. Stay respectful. Stay specific.

Use clear phrases like:

- “I have safety concerns.”
- “I would like this documented.”
- “Can we review the discharge plan?”
- “What support is available?”

Your role is not to fight the hospital.

Your role is to make sure your parent’s real-life abilities and needs are part of the conversation.

Important Disclaimer

This guide is for educational and informational purposes only and is not medical advice, legal advice, or a substitute for guidance from qualified healthcare professionals, attorneys, hospital representatives, or patient advocates.

Every hospital, medical situation, and discharge decision is different. Patient rights, Medicare rules, and hospital procedures can vary depending on the circumstances, location, and level of care needed.

The scripts and strategies in this guide are intended to help families communicate concerns clearly, ask informed questions, and advocate for a safe plan. They do not guarantee admission, a specific treatment outcome, or a particular hospital decision.

If you believe a discharge plan may be unsafe, communicate your concerns calmly, request that they be documented, ask for appropriate hospital resources, and seek professional guidance when needed.