POST-DISCHARGE VISIT CHECKLIST

Client Name: _____

Date: _____

Hospital Discharge Date: _____

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1. General Status

☐ Alert & oriented

☐ Complaints: _____

☐ Pain level: _____

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2. Vitals

☐ BP: _____

☐ HR: _____

☐ O2: _____

☐ Temp: _____

☐ Weight: _____

3. Medication Review

☐ Discharge meds present

☐ Patient understands meds

☐ Duplicates identified

☐ Missed meds discussed

Notes: _____

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4. Discharge Instructions

☐ Reviewed with patient

☐ Follow-up appointments scheduled

☐ Red flags explained

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5. Safety Check

☐ Fall risks present

☐ Bathroom safety

☐ Lighting adequate

☐ Mobility issues

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6. Education Provided

☐ Medication

☐ Warning signs

☐ When to call MD/911

7. RN Notes

8. Follow-Up Plan

☐ No follow-up needed

☐ PRN

☐ Schedule next visit