

## THE CLEVELAND CLINIC FOUNDATION DISCHARGE PLANNING RECORD

Plan	Team Members (include beeper #)	Homegoing Equipment/Supplies	Has @ home	Ordered	Patient Education (Initiated in hospital)
<p>Anticipated date of discharge: _____</p> <p>To:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Home</li> <li><input type="checkbox"/> Home Care</li> <li><input type="checkbox"/> Rehab</li> <li><input type="checkbox"/> SNF</li> <li><input type="checkbox"/> Intermediate care</li> <li><input type="checkbox"/> Hospital transfer</li> <li><input type="checkbox"/> Subacute Services</li> <li><input type="checkbox"/> Other</li> </ul> <p>APEX FORM COMPLETED AS APPROPRIATE</p> <p>_____ (date/initials of ASC)</p> <p>Person assisting with care at home _____</p>	<p>Clinical Resource Manager: _____ Physical Therapist: _____</p> <p>Social Worker: _____ Occupational Therapist: _____</p> <p>Alternate Site Coordinator(s): _____ Respiratory Therapist: _____</p> <p>_____ Speech Therapist: _____</p> <p>_____ Other: _____</p> <p>Nutrition Service: _____</p> <p>Pastoral Care: _____</p>	<p>Wheelchair</p> <p>Bedside Commode</p> <p>Walker</p> <p>Crutches</p> <p>Hospital Bed</p> <p>Dressing Supplies</p> <p>BP kit</p> <p>Pharmacy Supplies</p> <p>Ventilator</p> <p>Oxygen</p> <p>Other:</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> Discharge needs</li> <li><input type="checkbox"/> Nutrition</li> <li><input type="checkbox"/> Diet _____</li> </ul>

**OUTSTANDING ISSUES:**


4/1/97 STROKE ©, The Cleveland Clinic Foundation, 1997.  
This is a general guideline to assist in the management of patients.  
This guideline is not designated to replace clinical judgment or individual patient needs.