

**DECISION MAKING TOOL FOR ACCEPTING AN INDIVIDUAL WHEN DISCHARGED**

**FROM A HOSPITAL OR EMERGENCY ROOM**

This checklist is intended to be used by intellectual disabilities residential staff as a decision making tool regarding accepting the discharge of an individual with intellectual disabilities and also taking an individual back to their residence after an emergency room visit.

Patient Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Proposed Date/Time of Discharge: \_\_\_\_\_

**ACTIVITY**

- Individual's mobility level has not changed from pre-hospitalization  
If changed: \_\_\_\_\_
- Provisions can be established to accommodate individual's mobility level (e.g., walker, wheelchair, bedside commode, ramp, or relocation to first floor of home)

**EQUIPMENT**

- Individual's equipment can be available and staff can be trained (e.g., braces or splints, feeding tube equipment, oxygen, or walker)

**MEDICATIONS**

- Individual's medications are clearly understood and can be made available

**PAIN MANAGEMENT**

- Individual is verbal and can communicate pain
- Individual is nonverbal and a non-verbal pain assessment tool is available
- Individual's pain medications are clearly understood and can be made available

**DIETARY**

- Individual's diet will change from pre-hospitalization  
If changed: \_\_\_\_\_
- Provisions can be made for diet instructions

**SPECIAL INSTRUCTIONS**

- Individual's special instructions such as warning signs of relapse, what to do, and who to contact, are clearly identified  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY**

- Individual's safety considerations are identified and can be secured

**HOME HEALTH**

- Individual does not need home health services

If yes: \_\_\_\_\_  
\_\_\_\_\_

- Individual's home health agency/service has been contacted and a visit is scheduled

**FOLLOW-UP**

- Individual's Primary Care Physician's name, phone number, and instructions for follow-up are documented
- Individual's follow-up lab work, x-rays, and/or specialized tests are documented and understood

**HEALTH CARE QUALITY UNIT (HCQU)**

HCQU contacted for Technical Assistance at (717)835-2270.

- Prior to discharge
- After discharge
- No need to contact

Completed by: \_\_\_\_\_ Provider Agency: \_\_\_\_\_

Date: \_\_\_\_\_