

Hospital-to-Home Discharge: 72-Hour Checklist

For discharge planners, case managers, and families.

Most readmissions happen because the first 72 hours at home weren't set up right. Work through this list before discharge, then again at 24, 48, and 72 hours after.

BEFORE DISCHARGE (DAY OF)

- Home care agency confirmed, first visit scheduled in writing
- Medication reconciliation done with the discharging RN — written list goes home with the patient
- Equipment delivered or scheduled (walker, commode, hospital bed, O2)
- Follow-up appointment with primary doctor scheduled within 7 days
- Family or caregiver identified as the daily point of contact
- Transportation home arranged (with someone who can help getting inside)

FIRST 24 HOURS AT HOME

- Home care caregiver completed the first visit
- All new prescriptions filled and in the home
- Patient demonstrated taking the right meds at the right time
- Clear path from bed to bathroom — no rugs, cords, or clutter
- Phone within reach of the bed and the favorite chair
- Emergency numbers posted on the fridge

48 HOURS

- Pain controlled with the current plan (rate 0–10 documented)
- Eating and drinking near baseline
- Bowel and bladder pattern noted — no new issues
- No new shortness of breath, chest pain, swelling, or confusion
- Caregiver confident with transfers and toileting

72 HOURS

- Follow-up appointment confirmed (transportation arranged)
- Home care schedule confirmed for the next 2 weeks
- Family knows who to call after hours (agency line, not the ER)
- Any concerns reported to primary doctor before the weekend

CALL US INSTEAD OF THE ER IF YOU SEE

- Increasing confusion or sudden change in alertness

