

HOSPITAL DISCHARGE PLANNING

Family members should be aware that Discharge Planning for a patient with schizophrenia is an integral part of psychiatric nursing care. Discharge planning should begin as soon as possible after someone has been admitted to hospital.

A patient's discharge plan may involve a number of people. Overall coordination of the plan, however, should be the responsibility of one person – a designated nurse, case manager, team leader, social worker, or other team member – depending on the hospital's patient care system. It is important to find out who this "person in charge" is.

The "**Discharge Checklist**" (see over) should be used by family members as a notation guideline to ensure that the six main areas essential to a good discharge plan are covered. These are:

- **Medication** – Medication information can be listed on the form as soon as it is known. Medication education should also be documented, along with instructions about dosage, times and any special instructions – such as the need to take the drugs with food or milk. This information is generally given by doctors or registered nurses, but the importance of compliance can be emphasized by any and all caregivers, as discontinuing antipsychotic medications is a frequent cause of relapse and rehospitalization.
- **Residence** – Appropriate residence planning can help give patients with schizophrenia the basic support they need to remain in the community and to avoid the revolving-door syndrome of recurrent hospital admissions. Some boarding homes provide medication supervision while others do not. Group homes may expect clients to be able to be responsible for their own medication.
- **Follow-up Community Care** – Continuity of care and medication monitoring are necessary for all people with schizophrenia. In addition to an appointment with a private or team psychiatrist, some patients may require referrals to day programs, support groups, or alcohol and drug abuse programs.
- **Activities of Daily Living** – Most people with schizophrenia must relearn social skills. These and other basic life skills retraining are important aspects of recovery for people with schizophrenia. All psychosocial rehabilitation options should be noted on the discharge planning sheet.
- **Follow-up Physical Health Care** – Despite the fact that they see doctors more frequently, physical illness is higher among psychiatric patients than in the general population. Psychiatric symptoms can cause patients to neglect physical health problems, so follow-up care in the community is important to promote health maintenance and prevention...including dental care and eye care.
- **Education, Financial Assistance, and Other Needs** – Before leaving hospital, patients must have good basic education about symptom-recognition, birth control options, and prevention of AIDS and other sexually transmitted diseases. Many people will require assistance obtaining transportation to and from aftercare appointments. Some will need help applying for financial assistance and/or GAIN handicap benefits. Necessary arrangements should be called to the attention of appropriate team members, case managers, or community liaison workers.

**HOSPITAL DISCHARGE
✓ CHECKLIST**

MEDICATION

___ Medication supply/prescription _____
___ Number of days medication supplied for _____
___ Medication education – drug dosage, time, how to take _____
___ Special instructions _____

RESIDENCE

___ Boarding home _____	Group home _____
___ Hotel _____	Nursing home _____
___ Family residence _____	Residential care facility _____
___ Own home/lives alone _____	Other _____

FOLLOW-UP MENTAL HEALTH CARE

___ Mental health team _____
___ Psychiatrist/therapist _____
___ Nurse specialist/visiting nurse _____
___ Psychiatric social worker _____
___ Community support group _____
___ Day care program referral _____

ACTIVITIES OF DAILY LIVING

___ Hygiene instructions _____
___ Activity, rest _____
___ Activities requiring assistance _____
___ Safety instructions _____
___ Work, school, skills training _____

SPECIAL NEEDS

___ STD and AIDS prevention education _____
___ Symptom recognition education _____
___ Transportation needs _____
___ Financial assistance _____

ADDITIONAL COMMENTS

