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__________________________________________________________
___Hotel_______________________________
___Family residence______________________
___Own home/lives alone____________________
___Group home__________________________
___Nursing home________________________
___Residential care facility___________________
___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
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________