

St. Johns Discharge Checklist

Full Name: Address: Addressograph
Address
HCR

	Deta	ails			Yes	No	N/A	Date	Signature	Grade	NMBI
Nutrition	Dietician involved (insert name)										
	Diet / feeding plan discussed										
	Supplements / feeds given										
	Prescription for supplements										
	given										
	Follow-up arranged										
	Pump training given										
Transport	home	Parent booked transport for									
	next admission	Parent booked transport for next admission									
	Dated o		bloods								
	1 - Post-Chen	no									
	2 - Pre-Chem	0									
ests	Location - Sh	ared C	are Ce	ntre							
Blood Tests	Location - CH	II at Cr	umlin								
	Dates docum	Dates documented in HODU									
	Diary	•									
	Dates docum	ented	in Wa	rd							
	Diary						Tocto	Dua mlagga tight	data		
		Yes	No		Date		rests	Due please tick/ Signature		Grade	NMBI
	GFR	765	710		Dute			Signature		<u> </u>	Minus
	Ultrasound										
	Ultrasound CT Scan										
ions	CT Scan MIBG										
igations	CT Scan MIBG MRI										
estigations	CT Scan MIBG MRI X-Ray										
s Investigations	CT Scan MIBG MRI X-Ray Echo										
ests Investigations	CT Scan MIBG MRI X-Ray										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other Other Other										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other Other Other										
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other Other Other Other Other	must	ring Be	ed Man	nager /	' Shift	Leader	to confirm bed	I availability the day	before admission	
Tests Investigations	CT Scan MIBG MRI X-Ray Echo Bone Scan Other Other Other Other Other	must					Leader	to confirm bed		T	r
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	Details	Yes	No	N/A	Date	Signature	Grade
Medication	Prescription for medication required						
	Pharmacy supplies required						
	Hi-Tech prescription required						
	Advise on medication required						
	1st Admission only - Script faxed to CNSp						
	1st Admission only - Script given to parent						
	Other details						
	Other details						
	Training received						
tor	Hi-Tech prescription written						
Fac	Prescription for Ametop written						
Granulocyte Colony-Stimulating Factor	Training given						
lati	Supplies given						
<u>ië</u>	To be administered by Parent						
/-St	To be administered by PHN						
on)	To be administered by FTNV To be administered by Shared Care Centre						
3	Date to commence						
yte							
0	Date to stop Special instructions						
aun	Other details						
Gre	Other details						
	Chemotherapy to be collected						
	Next chemotherapy cycle due date						
	In CHI at Crumlin						
	In Shared Care Centre						
	If due day 8 chemotherapy - date						
ab	Location - CHI at Crumlin HODU						
Chemotherapy	Location - Shared Care Centre						
not	Dates documented in HODU Diary						
hen	If due 'Day 15' chemotherapy - date						
S	Location - CHI at Crumlin						
	Location - HODU						
	Location - Share Care Centre						
	Dates documented in HODU diary						
	Other details						
	Other details						
	Discharge letter (SHO) fax to local area (by						
2	Ward Clerk)						
Letters etc	Nurse transfer letter sent (only if direct transfer to another inpatient centre)						
	Passport updated with blood results						
Le	Other details						
	Other details						
	Training received by CNSn						
	Training received by CNSp Prescription given for supplies						
ter	Supplies organised by CNSp						
Hickman Catheter	Dressing / flushing to be performed by						
E Car	Other details						
	Other details Other details						
	and wearing						1