





caring supporting improving together

Full Name:		
Address:		
HCR	Addr ess ogr aph	

DOB: ___/ ___/

Patient Discharged Directly Home from CHI at Crumlin							
Patient Name							
Date of planned Discharge		Actual Discharg Date			ge		
CHECKLIST FOR DISCHARGE HOME		Please tick				Comment	
		Yes	No	N/A			
Nurse in Charge has informed Emma Greg CHD Co- Ordinator or Clark Clinic if discharged home at weekend							
Car diac CNS dis charge advice given to parents							
Wound care advice given by Cardiothor acic Team							
Copy of Discharge letter given to parents							
Copy of discharge letter sent to patients GP							
Prescription and phar macy advice given to parents and if applicable medications dispensed for patient							
The following documents to be uploaded to <u>childrens.heartcentre@olchc.ie</u> and the emailed to <u>emma.greg@belfasttrust.hscni.net</u> by Nurse or Ward Clerk							
* Dis charge letter (Echo Report to be included) or							
*Copy of Car diac Catheter is ation report							
*Copy of PEWs Chart							
*Copy of Prescription	on						
Arrangements will be made by Belfast Team for post procedure follow up							
Please advise parents prior to leaving CHI at G umlin that if they have any concerns they can contact the Cardiac CNSp							
Cather ine Faulkner Phone - 078 104 32732							
Rebecca Reid	becca Reid Phone - 077 107 09321						
Clar k Clinic	Phone - 029 861 50306						
Nursing Student Name (print Name):							