CARE4 MODULE NAME: PCS
Discharge Inpatient

Overview – This document will outline how to discharge an inpatient. The discharge process is a multidisciplinary process, and all members of the team will populate the discharge plan.

Documenting Discharge Information

- Open the PCS Status Board, find your patient
- If the discharge order has been written you will see a DC in the TR/DC column
- From PCS Status Board, select "Open Chart"
- Select "Discharge Plan" from EMR menu on the right
- Once ordered by the discharging physician, the discharge order will appear

Discharge Orders New Edit ▶	Discharge (Order); Ordered 28/06/2021

- The discharge assessment must be completed prior to discharge
- The applicable discharge assessment for the patient population will automatically default
- It can be accessed via "Interventions" [Interventions Add Remove Doc View] on the discharge plan OR can be completed via the worklist
- Any additional patient instructions can be entered as required; accessed via "Instructions" [Instructions Edit ⬇] | No driving x2 weeks. To follow up with family GP before resuming.
- Select the appropriate "Patient Disposition"

Printing the Discharge Packet

- Select the "Print Packet" footer button
- Can preview prior to printing to review if desired
- See **External Transfer Reports tip sheet** for instructions how to print off information to give to transport personnel, or a receiving facility if patient being transferred to another facility

Note – Discharge prescriptions will be completed and printed by the prescriber.

Once printed and signed, the discharge prescription and accompanying home medication list should be faxed to the appropriate community pharmacy or given to patient where site policy allows.

> **DO NOT** enter the Discharge Date/Time until the patient is actually discharged. This will discharge the patient from the system.