SLP Itemized Pre-Discharge Check List

Patient Name: _____

Primary ST:_____

Prior to initiating discharge, all applicable items must be completed with the patient and caregiver (if one will be utilized) with adequate/safe demonstration returned. The Rehab Dept supervisor must review this list prior to initiating discharge.

ALL ST d/c's: Date when completed

___Functional test

    ___ Self-assessment

    ___Swallow assessment

    ___Cognitive assessment

    ___Communication assessment

___Perform a more difficult test if plateau occurs with current test

___Patients goals and concerns identified and documented in their own words

___Concerns about safe discharge elicited, documented, addressed and resolved

___Home safety issues/concerns were identified and resolved

___Pt/CG has good understanding of medical diagnosis and how it impacts them in the home environment

___Pt/CG has a good understanding of precautions

___Home ex program completed

Dysphagia Check off as completed

___Modified diet textures are prepared by pt or caregiver

___Demonstration of thickening process to correct consistency

___Pt/CG demonstrates awareness of appropriate food choices and diet based on health parameters

___ oral hygiene

___ adaptive equipment

Cognitive-Communication Check off as complete

___Emergency preparedness responses are appropriate

___Environmental controls are used appropriately

___Medication management is demonstrated by pt or caregiver

___Patient/CG demonstrates ability to identify appropriate parameters of prn medications, has adequate cognition to asses need for a prn medication

___Home safety assessment discussed with pt/CG and SLP goals for HSA were reviewed with pt/CG

Reading, Writing, Number Concepts Check off

___Understands signs (poison symbol, stop sign, price tags, speed limit)

___Able to follow written instructions

___Understands basic written instructions

___Able to fill out short forms (name/address/DOB)

___Makes basic money transactions

___Implementation of cog/com aids (life alert, memory book, communication book, clear speech strategies)

> **Reason for Planned D/C:**
>
> _____ All goals have been achieved or max potential has been met.