

Hospital Discharge Checklist

Use with your hospital team before you leave. Check each item once it is done.

NAME / PERSON THIS SHEET IS FOR

HOSPITAL

DISCHARGE DATE

1 Know your status and your rights

My hospital status was: ☐ Inpatient (admitted) ☐ Observation (outpatient) ☐ Not sure, I asked

☐ I asked the team to tell me in writing whether I was admitted as an inpatient or kept under observation.²

☐ Medicare: I received the **Important Message from Medicare** (IM) and know the number to call for a fast appeal if I think I am leaving too soon. The deadline is the day I am scheduled to leave.³

☐ Medicare, observation: if I was under observation for more than 24 hours, I received the **Medicare Outpatient Observation Notice** (MOON).²

TRU-TIP • Ask the status question early

Observation can look exactly like being admitted: same bed, same nurses. But it is billed as outpatient care. That can change what you owe, and under Original Medicare it does not count toward the 3 inpatient days needed before Medicare covers a skilled nursing or rehab stay. Ask on day one, not the day you leave.

Medicare Advantage plans may have different rules, so ask your plan.²

2 Confirm the plan before you go

☐ I have written instructions I can read and understand.¹

☐ I know which symptoms mean call the team, get urgent care, or call 911.¹

☐ I know which test results are still pending and who will call me.¹

☐ My follow-up is confirmed with a date and time, not just “recommended.”¹

☐ Transport, food, stairs, personal care, and home help were discussed.¹

☐ I explained the plan back in my own words, and the nurse agreed.

☐ Care tasks (wound, injections, devices) were shown to me or my helper, and we practiced.¹

☐ I asked that my discharge summary be sent to my primary care provider.

☐ My prescriptions are filled before I get home, or I know exactly where to pick them up.

TRU-TIP • Have a name ready for the two big questions

Before you leave, staff will ask: “Who is driving you home?” and “Who is staying with you?” Answering “I will be fine” can be treated as a safety concern. Line up a named person and a backup before discharge day.⁴

3 Medicine changes: start, stop, change

Medicine and strength	Start / stop / change	Sent to which pharmacy	Covered? Prior auth checked?

TRU-TIP • Fix prescription problems before you leave

If a new medicine needs prior authorization or is not on your plan's drug list, solving it while you are still in the hospital usually takes hours. After discharge it can take days, and you may go without. Ask: “Has this been checked with my insurance?” Ask whether the hospital has a bedside or outpatient pharmacy that can fill it before you go, and whether a short bridge supply is possible.

4 Follow-up appointments

Who / specialty	Date and time	Phone	Booked by (me / hospital)

5 Home services and equipment

Service or equipment (home health, oxygen, walker...)	Company	Phone	Start / delivery date

TRU-TIP • Make sure it actually shows up

Ask for the name and phone number of the home health agency and equipment company, and confirm they received the orders. Equipment you need on day one, like oxygen or a walker, should be delivered or scheduled before you leave the hospital.

6 Pending results

Test or result	Who will review it	How and when I will hear

7 Who to call

QUESTIONS AFTER DISCHARGE: NAME / 24-HOUR PHONE

PRIMARY CARE PROVIDER / PHONE

PHARMACY / PHONE

RIDE HOME: PERSON OR SERVICE / PHONE / PICKUP TIME

8 Still unresolved

MEDICINE, RESULT, EQUIPMENT, OR HELP I STILL NEED, AND WHO IS HANDLING IT

Want to go further? Aging Alone and the SynquUp™ Emergency Life Binder by Chuck Kinney help you plan the whole picture, not just one hospital stay. Free tools: chuckkinney.com/free