

McLaren Print System Order

Order No: 9531
 Order Date: 2015-03-03
 User: Robin Lutz
 Phone: 342-2616

Ship Location: 9 south McLaren Flint
 401 S. Ballenger Hwy.
 Flint, MI 48433

Forms

Quantity: 500
 Paragon Dept No: 20410
 Dept Name: PCU
 Company Number: 60

Order Total Price: 0.00

Item Number: 17795
 Item Description: Unit Clerk Discharge Checklist Worksheet
 Revision Date: 11/2014
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Flint
 FLINT, MI
 Unit Clerk Discharge Checklist Worksheet

Take in order of Break Down	Present Yes	Not Applicable
Transfer		
Discharge Instructions		
1. Patient Discharge Instructions		
2. Patient Discharge Medication List <small>(Copy of form given to patient with boxes checked and signatures)</small>		
Notified discharge nurse _____ if missing _____ (initials)		
Discharge Instructions PDE Nursing Home		
1. Discharge by Transfer Form		
Notified discharge nurse _____ if missing _____ (initials)		
Instructions PDE Hospital-to-Hospital Transfer		
1. Transfer Consent Form		
Notified discharge nurse _____ if missing _____ (initials)		
Legal documents		
Physician Orders		
Progress Notes		
MAP		
CRG		
ECHO (Required for Heart Failure, Atrial patients) [CORE MEASURE REQUIREMENT]		
OR		
Consent		
Handwritten (and other documents)		
Patient Belongings Inventory Form - Signed Off		

****Elements that require sign-off by Medical Records & Nursing Unit Personnel before chart leaves the unit.**

Unit _____ Unit Clerk Signature _____ Date/Time _____
 Manager / RN Signature _____ Date/Time _____

Medical Records		
Nurse Manager Notified/Chart Elements Missing <input type="checkbox"/> Discharge missing <input type="checkbox"/> Discharge not completed <input type="checkbox"/> Checklist not complete/signed	Signature _____	Date/Time _____

THIS FORM AFTER DISCHARGE
 IS A PERMANENT PART OF
 THE MEDICAL RECORD

