

Appendix H

72-HOUR TRANSITION CHECKLIST



Use this checklist to guide the first 72 hours after hospital discharge.

Patient Name: _____

Discharge Date: _____

BEFORE DISCHARGE:

- Received written discharge instructions**
- Received updated medication list**
- Understand what changed during hospitalization**
- Prescriptions sent to the pharmacy**
- Understand warning signs to watch for**
- Follow-up appointments are scheduled, or you know when to schedule**
- Home health/therapy referrals made**
- Medical equipment ordered**
- Contact information for questions**
- All questions answered**

DISCHARGE DAY:

- Safe transportation home arranged**
- Prescriptions picked up Home prepared (bed made,**
- Pathways clear, supplies ready)**

FIRST 24 HOURS AT HOME:

Immediate (first few hours): _____

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Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”

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- Loved one settled comfortably (bed or chair)**
- Light meal/snack and fluids offered**
- Discharge paperwork unpacked and reviewed**
- Medication list updated in Command Center**
- Discontinued medications removed from pill organizer**
- New medications set up**
- First medication doses given on time**
- Activity and diet instructions reviewed**
- Follow-up appointments confirmed or scheduled**
- Home health agency contacted (if applicable)**
- Safety check completed (environment safe, phone accessible)**

Throughout first 24 hours:

- Close monitoring for warning signs**
- Medications given on schedule and documented**
- Fluids offered frequently**
- Small, easy meals are offered**
- Assistance with toileting and personal care**
- Rest encouraged**
- Care log started**

HOURS 24-48 (DAY 2):

- Continued close monitoring**
- Medication routine established and documented**
- Activity encouraged (as permitted—sitting up, short walks)**
- Nutrition and hydration encouraged and tracked**

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- Personal care and wound care (if applicable) provided**
- Follow-up appointments confirmed on the calendar**
- Heard from the home health agency or called them**
- Discharge instructions reviewed again**
- Family updated**
- Self-care for caregiver (rest, food, support)**

HOURS 48-72 (DAY 3):

- Continued routine care and monitoring**
- First home health nurse visit (often around day 3)**
- Questions asked and clarifications received**
- Assessment: Is loved one improving, stable, or declining?**
- Assessment: Are there new concerns?**
- Adjustments made to care plan if needed**
- Preparation for follow-up doctor appointment (list of questions started)**
- Long-term recovery plan considered**

CALL THE DOCTOR OR 911 IF

- Any red flags or warning signs occur (see Chapter 7 or discharge instructions)**
- Unable to follow discharge instructions**
- Questions or concerns**

NOTES AND OBSERVATIONS (FIRST 72 HOURS):

Date of first follow-up appointment: _____