

Discharge Standard

- As soon as a patient has been declared fit for discharge the aim is for the patient to be on the ward within four hours of this decision. *If not this constitutes a delayed discharge.*
- Discharge planning to start as early as possible. Patients who will potentially be fit for discharge the following day to be identified on the evening ward round by the night Registrar and Nurse in Charge.
- **Identify which invasive lines can be removed after morning bloods have been taken.** This should be done in discussion with the bedside nurse. Could the patient be given top-up Magnesium or Phosphate overnight? **Ensure patient has peripheral access before central line removed.**
- Bedside nurse to assess the nursing interventions required by the patient. For example stop continuous monitoring, reduce frequency of observations, and remove invasive lines (as appropriate.) Start recording observations on nEWS chart from midnight. Frequency as per escalation criteria.
- **All nursing discharge documentation to be completed by 8am.** This includes, nursing Discharge Summary, nEWS observation chart, fluid balance chart, wound chart, moving and handling and pressure area care charts and any other documentation e.g. Tracheostomy ICP.
- Nurse in charge /liaison nurse / night shift nurse in charge to write on white board in the main unit all patients to be discharged the following day.
- Liaison nurse to contact bed manager and request beds for the patients ready for discharge, this should be done by 08.30am
- **Bedside nurse to check patient blood results before ward round specifically potassium, magnesium and phosphate. Prompt medical staff to prescribe replacements, bearing in mind this could take 2 to 4 hours.**
- Bedside nurse to liaise with the doctor who is clerking the patient to ensure the doctor has completed the discharge summary and ward drug chart.
- Liaison nurse communicate with the bedside nurse and nurse in charge once a ward bed has been allocated. This should also be written on the white board in the main unit.
- Plan agreed with liaison nurse as to time of discharge and bed availability from ward. Some ward staff will visit patient on unit prior to discharge. Any delays to be communicated to liaison nurse or nurse in charge.
- Book porter (the online system is fastest) involve admin staff to request portering services. Remember, it is not always necessary for a patient to go the ward on a bed; if appropriate the patient can be pushed to the ward on a wheelchair.
- If discharge takes place after 22:00 and before 06:00 complete datix.