

DISCHARGE CHART CHECKLIST

CHART ITEMS	YES/INITIALS	*NO	N/A
CHART HAS BEEN THINNED - dates _____, _____ _____, _____			
MEDICATION ADMINISTRATION RECORD (for all dates of hospital stay- including day of discharge, arranged chronologically)			
TELEMETRY RECORDS (if applicable)			
MEDICATION RECONCILIATION FORM COMPLETE (Admission and Discharge – MUST be signed by physician and nurse)			
DISCHARGE INSTRUCTIONS (MUST be signed by nurse)			
CHART IS ARRANGED IN CHRONOLOGICAL ORDER (Progress Notes and Physician Orders)			
LABELS ON ALL PAGES (ensure only paperwork for this specific patient account present. NOTE: do not remove old records or those from another hospital)			

***COPY THIS FORM WITH LABEL ON IT AND GIVE COPY TO DIRECTOR IF DOCUMENTATION MISSING.**

PERSON COMPLETING FORM (print name) _____ Initials _____

PERSON COMPLETING FORM (print name) _____ Initials _____

Patient Label

08/07 Version of Form

**For Quality Management purposes only.
This is not part of the permanent medical record.**