Urgent Discharge: Nursing Screening Tool

To make inpatient beds and staff available for new admissions in the event of a disaster, complete this form for each likely candidate for Urgent Discharge. Once the priority group is determined, place the number in the box to the right, place the form on the front of the patient’s chart and inform the charge RN of the results.

Patient Name: ____________________________
Hospital number: _________________________
Service: ________________________________
Attending: ______________________________
Reason for current hospitalization: ______________________________________________
___________________________________________________ _________________________
Current Unit, Room, Bed: ____________________ RN name, phone: ______________________
Contact person for patient: ______________________________
Phone number for contact or patient home phone: ______________________

First Tier - Does this patient already have discharge orders written?  YES  NO
If Yes: Stop here - Patient is in the First Priority Group for urgent discharge. Write 1 in the Priority Group box at the top of this sheet.
If No: Continue to Second Tier questions below.

Second Tier - Answer Yes/No to all questions in grid below

<table>
<thead>
<tr>
<th></th>
<th>Discharge is likely in the next 24 hours</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Discharge is likely in the next 24 hours</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B</td>
<td>Vital signs are stable or baseline for patient</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>C</td>
<td>Patient is ambulatory</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>D</td>
<td>Patient is independent with ADLs</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>E</td>
<td>Medication regimen is stable (no PRN medications patient is unable to manage at home)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>F</td>
<td>Nursing staff have no significant concerns with discharging the patient</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>G</td>
<td>Discharge destination is less than 1 hour from hospital</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If Yes to ALL questions above: Stop here - Patient is in the Second Priority Group for urgent discharge. Write 2 in the Priority Group box at the top of this sheet.
If No to ANY questions: Continue to Third Tier questions on reverse.

  ➔  ➔ turn page over ➔  ➔
Third Tier

If Yes to ALL questions in Second Tier except NO to question G (discharge destination is more than 1 hour from hospital): Stop here - Patient is in the Third Priority Group for urgent discharge. Turn page over and write 3 in the Priority Group box at the top.

If No to ANY other question in Second Tier: Continue to Fourth Tier questions below.

Fourth Tier

Part A:
Did patient have a pre-hospital environment that included a wheelchair for non-ambulatory patients OR stable IV drips? YES NO

If Yes: Continue to Fourth Tier Part B below.

If No (pre-hospital environment did not include a wheelchair or IV drips) and these are currently required for patient care and mobility: Stop here - Patient DOES NOT qualify for urgent discharge. Turn page over and write NO in the Priority Group box at the top.

If patient does not require IV drips or wheelchair use following discharge, continue to Fourth Tier Part B below.

Part B:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver is currently at hospital or can be reached by phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver is currently able to assume care of patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes to ALL Part B questions above: Stop here - Patient is in the Fourth Priority Group for urgent discharge. Turn page over and write 4 in the Priority Group box at the top.

If No to ANY Part B questions above: Stop here - Patient DOES NOT qualify for urgent discharge. Turn page over and write NO in the Priority Group box at the top. Give form to your charge RN.

Nursing staff have the following reservations about discharging this patient: