Urgent Discharge: Nursing Screening Tool

<table>
<tr><td>Priority Group for Urgent Discharge:</td></tr>
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To make inpatient beds and staff available for new admissions in the event of a disaster, complete this form for <u>each likely candidate</u> 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:_____

Patient Sticker Here

Reason for current hospitalization: _____

_____

Current Unit, Room, Bed:_____   **RN name, phone:**_____

Contact person for patient:_____

Phone number for contact or patient home phone:_____

<u>First Tier</u> **- 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.*

<u>Second Tier</u> **- Answer Yes/No to all questions in grid below**

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

   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 → →

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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:

Caregiver is currently at hospital or can be reached by phone	YES	NO
Caregiver is currently able to assume care of patient	YES	NO

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: