

## Discharge criteria summary

Discharge Criteria Summary	Questions to consider
Patient/Family's willingness to go home	Does the family want to care for the child at home? (If not, why not?)
	Is the family willing and available to learn the care?
Child's medical stability	Is the child medically stable?
	What are the discharge goals?
Caregiver's skills and competencies in the care	Can the family provide the child's care?
	Can the family demonstrate
	<ul> <li>Competency in care?</li> <li>Proper use of assistive technology</li> <li>Recognize changes in their child's general state and take the appropriate actions?</li> <li>Does the caregiver know their child's medications and why they are prescribed?</li> <li>Does the caregiver know how and when to administer medication?</li> </ul>
	Did the family complete an independent 24-48 hours over-night stay prior to discharge during which they were responsible for all aspects of their child's care?
	Did the family have trial passes outside the hospital and at home?
	Are there language barriers?
	What is the literacy level of the main caregivers?
Equipment and Supplies	What equipment and supplies are needed to provide the care at home?
	<ul> <li>How will equipment be obtained?</li> <li>How will equipment costs be covered?</li> <li>How and when to order supplies</li> <li>Who should be contacted in case of equipment failure?</li> </ul>
Medications	Has the prescriber ordered the medications in as simplified a form as is safely possible (6 mg vs 6.15 mg, for example) or specified the dilutions so that the doses are easily measurable? Do this with a pharmacist to ensure medication stability at recommended concentrations).
	Is medication administration timed in a way that matches the child and family's usual routines? Is sleep disrupted as little as possible by medication administration?
	Where will the medications be filled? Does the family know how to refill prescriptions?
	Were the medications reviewed before discharge? Have unnecessary or ineffective medications been discontinued?
	Continued on next page

Discharge Criteria Summary	Questions to consider
Medications Continued from above	Is the parent able to administer the medications accurately and reliably?
	Does the child take the medications reliably?
	Where will the medications be stored at home?
	Do the parents know the names, doses and indication for each medication that the child requires?
	Does the parent have a written list of medications that is readily accessible (for example, in the care organizer, a photo of the list on a cellphone, etc).
Home Environment	Is the care environment safe, accessible and adequate to meet the care needs of the child?
	What adaptations or adaptive equipment are needed in the home to facilitate access, care and safe handling of the child in the home?
	Will the family have to move?
	Does the family have access to a functional telephone?
Social resources	What are the family's emotional, cultural, religious or extended family and social supports?
Community Resources	Does the child have a family physician/pediatrician in the community?
	Does the family have access to respite services?
	Does the family need professional support in the home (what type and number of hours/week)? When will home services begin?
Financial Resources	Does one parent (or both) have to stop working to care for the child at home?
	What financial assistance is available? Have applications for provincial and federal subsidies been completed and submitted?
Transportation	Does the family have appropriate transportation?
	Was the medical stability of the child in the car seat evaluated? Will the child require an adapted car seat?
	Does the family car need to be adapted to facilitate access and safe transportation of the child and equipment? Will the child require adapted transportation, specialized taxi or transportation services?
	Does the child need someone other than the driver in the car during transportation?
	How will the child safely move between locations?

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Questions to consider
Can the family and the healthcare team communicate respectfully and effectively?
Has a plan been elaborated to ensure effective communication between the family and care providers?
Does the family know who to call when problems arise at home? Does the family have 24/7 telephone access to a healthcare provider who is familiar with their child and/or has access to the child's medical summary and care plans?
Does the family have a copy of the up-to-date medical summary and care plans? What is the follow-up plan?