



Name: \_\_\_\_\_ DOB (YY/MM/DD): \_\_\_\_\_ MRN: \_\_\_\_\_

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**DISCHARGE PLANNING TOOL FOR CHILDREN WITH MEDICAL COMPLEXITY**

**Medical Stability**

**Care Needs Identified**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Discharge Criteria (reviewed with caregivers)**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Caregivers willing and available to learn the care.

**Responsible**

**Done**  
YY/MM/DD

**Caregiver's Skills and Competencies:  YES  N/A**

- Caregivers have demonstrated capacity to provide care safely.
- Caregivers able to recognize changes in status and take appropriate action.
- Trial 24-48 hours overnight care in hospital (when recommended).
- Emergency care plans established and reviewed (seizures, adrenal insufficiency etc...).
- CPR teaching (if applicable).  Other: \_\_\_\_\_

**Equipment and Supplies:  YES  N/A**

- Necessary equipment/supplies identified, ordered, and in place by time of discharge.
- Feeding equipment  Suctioning equipment  Oxygen  Monitor  Other: \_\_\_\_\_
- Teaching of equipment completed, and caregivers have demonstrated their capacity to safely use equipment.
- \*Refer to [www.complexcareathomeforchildren.com](http://www.complexcareathomeforchildren.com) for teaching guides for home care supplies and techniques.
- Trouble-shooting plan for equipment-related issues reviewed (emergency contact, replacement, etc.).

**Medications:  YES  N/A**

- Medications reviewed and a home friendly schedule is in place.
- Caregivers able to safely prepare medications and understand dosing and concentration (i.e., mg and mL), reviewed with bedside nurse and pharmacist.
- Copy of prescriptions given to caregivers \* Caregivers instructed to keep an up-to-date list of medications.

**Nutrition/Feeds:  YES  N/A**

- Feeding schedule simplified as much as possible: home/school-friendly schedule.
- Teaching done for preparation of formula (if applicable).
- Copy of prescriptions given to caregivers.

**Home Environment:  YES  N/A**

- Home environment is safe, accessible, and appropriate to meet child's care needs.
- Caregivers have access to a functional telephone.

**Social/Community/Financial Support:  YES  N/A**

- Social work consult done (if applicable).
- Community respite/homecare services request completed (if applicable).
- \*If homecare services, training of designated caregivers completed; date of start of services determined.
- Family caregiver benefit and federal tax credit applications completed (if applicable).
- Provincial supplement for special needs children application completed (if applicable).

**Transportation:  YES  N/A**

- Transportation needs addressed (i.e., adapted car/specialized transportation) and medical stability of child verified (i.e., adapted car seat, supervision during transport) for both scheduled and urgent visits.
- Travel kit established for transport (if applicable).

**Communication Plans/Accessibility:  YES  N/A**

- Robust communication established with family (adapted to literacy/language).
- Emergency contacts reviewed with caregivers (i.e., who and when to call).
- Follow-up plan and appointments reviewed with caregivers; recommend calendar to keep track.
- Copy of medical summary and care plans reviewed and given to caregivers and key healthcare partners.

**At the Time of Discharge**

- Child is at his/her baseline of health as defined by discharge criteria.
- No major changes in the child's care needs in the days prior to discharge.
- Child is comfortable, in no acute distress.
- Child tolerates adequate nutrition and hydration and can tolerate medications as prescribed.
- Medications,  Feeding Formula,  Equipment and supplies... available in the home.