Assisting Hands® Home Care

φιλότιμο
philotimo — honorable, heartfelt care

Safe Discharge Planning Guide

Assisting Hands of Melrose Park · (630) 230-6099

Name: _____ **DOB:** _____ **Discharge Date:** _____

Phone: _____ **Facility:** _____

Primary Provider: _____

MY #1 GOAL COMING HOME

Example: "Walk to the bathroom with my walker by 2 weeks."

My goal:

_____

_____

Why this matters to me:

_____

How I will know I am doing better:

_____

_____

_____

MY CARE TEAM (name / role / phone)

	Name	Role	Phone
1			
2			
3			

SERVICES / EQUIPMENT NEEDED

- ☐ **Non-medical care:** Assisting Hands Home Care
- ☐ Medical home health: _____
- ☐ Therapy (PT / OT / Speech)
- ☐ Medical equipment: _____
- ☐ Pharmacy: _____

WARNING SIGNS TO WATCH FOR

Call your contact if any of these happen:

- _____
- _____
- _____

If condition worsens, call:

_____

Their phone: _____

MY NEXT APPOINTMENTS

	Provider	Date / Time	Phone
1			
2			
3			

MEDICATIONS

New / changed med: _____

New / changed med: _____

Pick-up / delivery plan:

_____

Reminder plan: _____

MOBILITY & DAILY CARE

- ☐ Walks independently
- ☐ Walker / cane
- ☐ Needs transfer help

Diet instructions:

_____

Personal care needs:

- ☐ Bathing ☐ Dressing ☐ Meals ☐ Transferring
- ☐ Med reminders ☐ Errands ☐ Groceries ☐ Appointments

Patient / Responsible Party: _____ **Date:** _____

Primary contact (name / relation / phone): _____

Care coordinator / RN: _____ **Phone:** _____

Love · Attention · Generosity