GOING FROM HOSPITAL TO INPATIENT REHAB CAREGIVER CHECKLIST

We encourage you to be prepared for a quick move from the hospital to rehab, Below is a checklist to help keep you organized, and make the transition as smooth as possible.

HOSPITAL CASE MANGER NAME & CONTACT INFORMATION:	REHAB CASE MANGER NAME & CONTACT INFORMATION:

TRANSFER OF INFORMATION

Your hospital case manager will inform the rehab facility of what treatment has been given, what medication has been prescribed, and what other factors that are unique to the patient's care.

- ☐ Confirm with Hospital Case Manager this information has been sent
- ☐ Confirm with Rehab Case Manager this information has been received
- ☐ Confirm with Rehab Case Manager the medication is available
  (Especially important for weekend or late day discharges)

CLOTHING

- ☐ Ensure your loved one has loose, comfortable clothing and sturdy shoes (if standing) to participate in PT or OT therapy sessions.

INITIAL ASSESSMENT

At the start of rehab the staff will assess your loved one to determine the therapy and care needed.

- ☐ Confirm the Initial Assessment has been completed 1-2 days after arrival

REHAB BEGINS/ CARE PLAN TEAM MEETINGS

The amount of time spent in rehab is unique to the patient. The rehab staff will continue to assess your family member to determine the care needed. The rehab staff will have regular meetings to discuss your family member's treatments and needs.

- ☐ Check in on the status of regular care team meetings

PREPARING FOR DISCHARGE

It is very exciting to think about bringing your family member home, but there are circumstances where this may not be what's best for you and your loved one. For help with resources and determining if an assisted living facility is more appropriate for your family member, please call Sunways Senior Living Concierge at 941-867-0908.

PLANNING FOR REHAB DISCHARGE CHECKLIST

We encourage you to be prepared to ensure a successful discharge from rehab. It's never too early to start preparing.

REHAB CASE MANGER NAME & CONTACT INFORMATION:	POTENTIAL DISCHARGE DATE

DISCHARGE OPTIONS

Your loved one should not leave a discharge facility until there is an adequate care plan in place. Discuss with your care management team which option is best for your family.

- ☐ Discharge to home/ no services needed
- ☐ Discharge to home with help from a family caregiver
- ☐ Discharge to home with help from a home care agency
- ☐ Discharge to a community care setting like an assisted living facility. This can be done on a month to month basis.

FACTORS IMPACTING DISCHARGE OPTIONS

- ☐ Can the patient climb stairs?
- ☐ Is a wheelchair or hospital bed necessary?
- ☐ Is the patients on a lot of medication? Is medication management necessary?
- ☐ Is the patient able to self feed?
- ☐ Is the patient's caregiver able to physically, emotionally, and mentally support the patient at home?

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