

Patient Discharge Vital Signs & Focused RN Assessment Standard Work

Last updated: 1/26/18	Owner: PNSO Clinical Practice Cmte	Performed By: RN staff
Version: 3.0	Revised by: Acute Care Practice Committee	Trigger: Day of Patient Discharge

Scope : All patient discharges from adult and pediatric acute care

#	Work Performed by	Major Step	Details	Importance
1	RN	Verify discharge order and planned time of discharge	Verify: <ul style="list-style-type: none"> Order in EPIC Facility & complex discharges with Case Manager Discharge to home with patient and family; include means of transportation 	Use appropriate root sources to obtain correct information, reduces waste from potential misinformation
2	RN	Use anticipated discharge time to determine time for final focused assessment	<ul style="list-style-type: none"> Schedule discharge focused assessment and vital signs to occur \leq 60 minutes prior to physical discharge (Check for need to remove IVs) Communicate time to PCA 	<ul style="list-style-type: none"> Acute changes require LIP assessment to verify that this is a safe discharge Allows time to gather patients belongings and plan care
3	RN	Delegate obtaining vital signs to PCT or PCA. Complete focused discharge assessment	<ul style="list-style-type: none"> Assess vital signs including pain assessment Focused assessment includes: Level of consciousness, level of assistance needed with mobility and any specifics related to primary diagnosis/reason for Hospitalization RN documents focused assessment completed by select field in Epic on Discharge Checklist 	<ul style="list-style-type: none"> Abnormal VS are an early indication of acute change and requires RN action RN DOES NOT complete additional head to toe assessment using flowsheet
4	RN	Abnormal findings must be reported to resident/LIP	Report any concerning findings in form of SBAR.	Requires second tier decision making for determination of "safe discharge"
5	RN	Call report to receiving facility	<ul style="list-style-type: none"> Confirm they are expecting patient and have bed Use IDEAL format include all elements of discharge assessment/VS. Tell facility estimated time of discharge 	<ul style="list-style-type: none"> Calling report prior to patient leaving unit reduces potential miscommunication errors r/t facility readiness to receive. Receiving nurse will have current state of patient's condition to identify future changes in status
6	RN	Complete EPIC RN discharge checklist	<ul style="list-style-type: none"> Review AVS & P/F education Check for belongings Check for prescriptions & home going supplies Complete discharge checklist Order wheelchair if needed 	Adherence to associated standard work
7	RN and Transport team	Transport safety check	Enter room with transporters to give bedside report for facility transfers	<ul style="list-style-type: none"> Provides a shared understanding of baseline assessment Consistent assessment