

# PREPARING TO GO HOME CHECKLIST

## A GUIDE FOR PARENTS AND CAREGIVERS

FOLLOWING ARE SOME TIPS TO HELP YOU GET READY FOR DISCHARGE DAY,  
THE DAY YOUR CHILD WILL BE GOING HOME FROM THE HOSPITAL.

SOME OF THESE ITEMS CAN BE TAKEN CARE OF IN THE DAYS AND WEEKS BEFORE YOUR CHILD GOES HOME,  
AND SOME HAPPEN ON DISCHARGE DAY.

PLEASE LOOK THESE OVER AND LET YOUR NURSE KNOW IF YOU HAVE ANY QUESTIONS,  
WE ARE HERE TO HELP MAKE SURE YOUR TRANSITION TO HOME GOES AS SMOOTHLY AS POSSIBLE!

### ITEMS I CAN DO AND LEARN AHEAD OF TIME:

N/A

- MY NURSE HAS REVIEWED THE DISCHARGE PLAN WITH ME
- I HAVE LEARNED HOW TO DO THE FOLLOWING TO CARE FOR MY CHILD AT HOME:  
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- I HAVE ASKED FOR AN INTERPRETER FOR DISCHARGE TEACHING
- I HAVE ASKED A FAMILY MEMBER OR FRIEND TO BE WITH ME DURING DISCHARGE TEACHING IF THAT WILL HELP ME
- I KNOW HOW TO GIVE THE MEDICATIONS
- I HAVE RECEIVED ALL PRINTED MATERIALS AND INSTRUCTIONS I NEED
- I HAVE CLOTHES TO BRING MY CHILD HOME IN
- MY HOME CARE COMPANY (TO DELIVER MEDICAL SUPPLIES/EQUIPMENT) IS \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_
- I KNOW WHAT SYMPTOMS TO WATCH FOR IN MY CHILD AT HOME, AND WHEN TO CALL OR BRING HIM/HER IN TO SEE THE DOCTOR

**ITEMS TO DO THE DAY BEFORE DISCHARGE:**

N/A

- I HAVE RECEIVED A NOTE TO RETURN TO SCHOOL AND/OR WORK
- I HAVE PICKED UP MY MEDICATIONS FOR HOME. PLEASE NOTE THAT THE HOSPITAL'S OUTPATIENT PHARMACY HOURS ARE:  
MONDAY- FRIDAY, 9:00 AM- 6:00 PM
- I HAVE MADE PLANS FOR A RIDE HOME FROM THE HOSPITAL. PLEASE NOTE THAT OUR VALET PARKING HOURS ARE  
MONDAY-FRIDAY, 8:00 AM- 6:00 PM [AFTER THESE HOURS, YOU CAN GET YOUR CAR KEYS FROM THE INFORMATION DESK AT THE HOSPITAL ENTRANCE.](#)

**ITEMS TO DO ON THE DAY OF DISCHARGE:**

N/A

- I KNOW WHERE MY FOLLOW UP APPOINTMENTS ARE AND WHO THEY ARE WITH: \_\_\_\_\_
- MY CLINIC CONTACT NUMBER IS \_\_\_\_\_
- MY THINGS ARE PACKED AND READY TO GO (INCLUDING BREAST MILK, FOOD, AND MEDICATIONS BROUGHT FROM HOME)
- I KNOW WHO TO CALL IF I HAVE QUESTIONS AT HOME, INCLUDING DURING THE NIGHT AND ON WEEKENDS.  
PHONE NUMBERS: \_\_\_\_\_
- I KNOW WHEN MY CHILD RECEIVED HIS LAST DOSE OF MEDICINE(S) AND WHEN HE/SHE WILL NEED THE NEXT DOSE:  
LAST DOSE: \_\_\_\_\_ NEXT DOSE: \_\_\_\_\_