AKERSHUS UNIVERSITY HOSPITAL

Your pre-discharge checklist

The checklist should help you be well prepared to be discharged from the hospital. Review the checklist and questions before talking to the doctor or nurse who is discharging you. Ask them for written information if you need it.

Complications

1. Have you received information about complications that may arise?	
☐	yes
☐	no – *request information from the doctor*
2. Have you received information about what to do if you develop complications or become acutely ill?	
☐	yes
☐	no – *request information from the doctor*
3. Have you been informed that you should wear compression stockings?	
☐	yes – *clarify with the doctor or nurse how long you should use them*
☐	no
☐	not applicable

Activity and restrictions

4. Have you received information about when you can drive again?	
☐	yes
☐	no – *clarify with a doctor or nurse*
5. Have you been told about the importance of being active and when you can start exercising?	
☐	yes
☐	no – *clarify with a doctor or nurse*
6. Have you received information about activity restrictions?	
☐	yes
☐	no – *clarify with a doctor or nurse*
7. Have you received information about when you can shower again?	
☐	yes
☐	no – *clarify with a doctor or nurse*

Medications and painkillers

8. Are you going to start new medications?	
☐	no – *go to point 13*
☐	yes – *use the checklist points below and ask for a review with a doctor*
9. Have you received information about possible side effects of the new medications?	
☐	yes
☐	no – *clarify with a doctor*
10. Have you received information about who to contact if you experience side effects?	
☐	yes
☐	no – *clarify with a doctor*
11. Are there any medications or foods you can't eat with your new medications?	
☐	yes – *clarify with a doctor, note down names*
☐	nei
12. Have you received a copy of your new medication list?	
☐	yes
☐	no – *ask for a copy from a doctor*
13. Have you stopped taking medications prior to the surgery (such as blood thinners, blood pressure medications)?	
☐	yes – *clarify with a doctor when you should start taking the medication again*
☐	no
14. Do you need a prescription for painkillers?	
☐	yes – *ask for a doctor for a prescription*
☐	no
15. Have you received information about how to use painkillers and how to stop taking them?	
☐	yes
☐	no – *ask for information from a doctor or nurse*
16. Have you been given information about what to do if the recommended dose of painkillers does not work?	
☐	yes
☐	no – *ask for information from a doctor or nurse*

17. Have you been told that you may get constipation or an upset stomach from the medications and what you can do to avoid discomfort?	
☐	yes
☐	no – *ask for information from a doctor or nurse*

Plan for further follow-up

18. Have you received information about wound care, dressing changes, stitch removal and who can help you with this?	
☐	yes
☐	no – *clarify with a doctor or nurse*
19. Are you malnourished or at risk of becoming malnourished?	
☐	yes – *ask your doctor or nurse for information about what you should do*
☐	no
20. Should you have a check-up or be referred to other specialists?	
☐	yes – *ask a doctor or nurse about the date or when you can expect an appointment*
☐	no
21. Do you know who to contact after discharge if you need to make appointments or have questions?	
☐	yes
☐	no – *clarify with a doctor or nurse*
22. Has the doctor issued you a medical certificate?	
☐	yes
☐	no – *clarify with a doctor or nurse*
☐	not applicable