

# OPAT Discharge Checklist



Task		Responsible Party	Completed
D/C	Discharge order placed (circle):    Before 12:00         After 12:00		
	Drug is available at SNF for first dose.		
Catheter Care	Line is in place (date inserted): _____		
	Tip is confirmed.		
	Catheter care orders obtained.		
	Catheter care orders in discharge summary.		
	Last catheter dressing change: _____		
Therapy	Last IV antibiotic dose given: _____		
	Next IV antibiotic dose due: _____		
	Final ID recommendations in place.		
	ID recommendations confirmed if signed off >72 hours prior to discharge (including discussion of medication dosing).		
	ID clinic is informed.		
	Primary care provider identified.		
	Primary care provider is informed.		
Education	Patient education material provided.		
	Patient education checklist completed.		
	Patient and caregiver perform teachback #1.		
	Patient and caregiver perform teachback #2.		
Labs	Lab orders placed.		
	Date of next lab: _____		
	Weekly Lab Orders Confirmed with SNF or home health.		
	Fax number for lab results: _____		
	Phone number for follow-up: _____		
	Contact for lab results: Care coordinator _____		
	Contact for lab results and other concerns: Physician _____		
Follow-up Items	Follow-up appointment scheduled.		
	Follow-up confirmed with SNF or family.		
	Transportation arranged.		
	OPAT sign out with facility.		
	Wound care orders in place.		
	Facility able to carry out wound care.		
	Follow up imaging orders in place.		
	SNF in agreement to transport patient for imaging.		
Special Needs	Translator: _____   N/A		
	Cognitive impairment: decision maker _____   N/A		
	Diabetes: _____   N/A		
	Injection drug use: _____   N/A		

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	Cystic fibrosis case manager: _____   N/A		
	Transplant care coordinator: _____   N/A		
	Oncology contact: _____   N/A		