MANFRED SAUER CARE
NHS Prescription Dispensing Services

Discharge checklist

Place Patient ID sticker here

Referring ward/department	
Patient's consultant	
Speciality	
Reason for insertion of nephrostomy	
Planned date of removal or exchange	
Does the patient have capacity?	☐ Yes ☐ No
Does the patient speak English?	☐ Yes ☐ No

Actions	(Please tick as appropriate)	Reasons	Initials
Care of nephrostomy booklet given	☐ Yes ☐ No		
Nephrostomy passport given	☐ Yes ☐ No		
Nephrostomy care explained to the patient and/or carer, family member	☐ Yes ☐ No		
Referred to home delivery company	☐ Yes ☐ No		
Aware of how to re-order supplies	☐ Yes ☐ No		
Referral to DN and/or practice nurse for weekly bag/dressing changes	☐ Yes ☐ No		
Hospital to Home pack given	☐ Yes ☐ No		
Initial supply of dressings and security device given	☐ Yes ☐ No		
Patient given contact details for specialist team for advice and in case of an emergency	☐ Yes ☐ No		

Other notes/comments:

Nurse signature:			
Print name:			
Designation:		Date:	

(This form to be scanned onto patient record and sent with any onward referral i.e. District Nurse.)