

(SAMPLE) DISCHARGE AUDIT

Patient: _____

Discharge Record Complete:

Discharge Date: _____

Verified by: _____

Audited by: _____

Date: _____

ELEMENT	DONE	NOT DONE	COMMENTS
Physician's Discharge Summary (Signed by IDT representative and physician)			
Final Licensed Nurses Progress Note (Signed by nurse completing and physician)			
Face Sheet			
Identification Sheet Including Discharge Date and Discharge Diagnosis			
Transfer Form (Admit & Discharge) Name, Address-Disposition			
Notice of Transfer/Discharge			
Mortician's Receipt			
Bed Hold Notice			
PASARR			
Consent for Tx/Pt Rights (Original)			
Advance Directive			
Preferred Intensity of Treatment			
Durable Power of Attorney/New Health Care Decision Power of Attorney			
MDS Assessment			
RAP Notes			
Resident Care Conference Records			
Assessments a) Licensed Nurses Admission Assessment b) Bowel & Bladder Training Records c) Restraint Assessments d) Psychotropic Medication Assessment e) Self-Administration of Medication f) Other nursing assessments			
Patient Care Plan a) Resident Care Plan b) Short Term Care Plan			
History and Physical a) History and Physical b) Mental Capacity Record c) Acute Hospital History and Physical			
Physician Orders a) From Admit to Discharge b) Verification of Informed Consents			

c) Discontinued Order/Order to Release to Mortuary			
Consults a) Dental b) Eye c) Podiatry d) Other consults			
Drug Regimen Review			
Medicare Certification /Recertification			
Weight Record			
Physician Progress Notes			
Psych a) Monthly Behavioral Summaries b) Psychiatry Consult c) Treatment Notes d) Psychological Consult e) Treatment Notes			
Licensed Nurses Notes a) From Admit to Discharge b) Discharge Notes c) Family Notification d) Weekly Summaries			
Daily CNA/ADL Notes			
Medication & Treatment Records a) From Admit to Discharge			
Medication/Pain Assessment			
Treatment Records			
Wound records			
IV Records			
Intake & Output Records			
Diabetic Records			
Narcotic Records			
Dialysis Communication Records			
Lab and Special Reports a) Lab reports b) X-Ray reports c) T.B. Screening d) EKGs			
Rehab Services Eval & Notes (discharge note also complete) a) Physical Therapy b) Occupational Therapy c) Speech Therapy d) Respiratory Therapy e) Rehab Screen f) Joint Mobility Assessment			

g) RNA documentation			
Social Services			
a) Psychosocial Evaluation			
b) Progress Notes			
c) Discharge Planning			
Activities			
a) Activity Plan			
b) Progress Notes			
Dietary			
a) Nutritional Assessment			
b) Progress Notes			
c) Weight Variance Assessment/Intervention			
d) Food Preference Record			
Residents Clothing and Inventory List			
Room change forms			
Other consents and/or releases			

PLEISS CASEY SITAR & ROSS