



Nursing / Care Home Discharge Checklist

Emergency Department
Royal Infirmary of Edinburgh

Patient Name

D.O.B

Address

CHI

Date of attendance:

Time of attendance:

1. Observations prior to discharge

BP / HR RR O2 Sats % Temp BM
GCS (E V M)

2. Provisional Diagnosis:

3. Treatment Given in ED:

4. New medication(s) commenced? Yes / No

- Details, inc. duration advised:

5. Changes advised to regular medications? Yes / No

- Details:

6. OT / Mobility assessment performed? Yes / No

- Details of new issues:

7. Is GP follow-up recommended for this attendance? Yes / No

- If yes, when?

8. Copy of EPR sent back to Nursing / Care Home? Yes / No

- (in sealed envelope to Charge Nurse)

9. Adult safeguarding / vulnerable adult concerns? Yes / No

- (Consider informing SW and/or GP)

Discussed with Senior Doctor:

Name:

Grade:

Time:

Person completing form

Name:

Grade:

Signature:

Date:

Time: