OPA HOME CARE
Extraordinary Home Care

Discharge Day

A hospital is built to stabilize a crisis and arrange a safe handoff. Discharge is the edge of what it was ever built to cover. Everything after the door is yours, and it starts faster than most families expect.

BEFORE YOU LEAVE THE ROOM

1. What changed, medically, that was not true before this admission?

2. What are we watching for in the first forty-eight hours, and what means call somebody?

3. Which medications are new, which stopped, and which changed dose? Ask for the list to be read aloud against the one you brought.

4. What does this discharge plan assume we already have at home?

5. Who do we call if something goes wrong tonight, and is that number staffed?

6. What follow-up is scheduled, and who made the appointment?

BEFORE THE CAR PULLS IN

- ☐ Prescriptions filled, not just written. Check that the pharmacy has them.
- ☐ A bed on the ground floor if stairs are now a problem.
- ☐ Someone present for the first night, by name.
- ☐ Food in the house that matches any new restriction.
- ☐ Equipment delivered and someone who knows how to use it.
- ☐ A clear path from the car to the bed, with nothing to trip on.

THE FIRST FORTY-EIGHT HOURS

This is the window where families are most tired and most alone. Write down what you see, not what you conclude from it.

Day and time	What we saw	What we did	Who we told

TALK TO AN ATTORNEY ABOUT THIS

If the person coming home cannot make their own medical or financial decisions, and no power of attorney exists, this is the moment that becomes urgent. A hospital social worker can tell you what the facility requires. Only an attorney can tell you what your state requires, and guardianship, if it becomes necessary, takes weeks rather than days.

WHAT IS STILL UNANSWERED