

# Discharge Planning Checklist



## CATASTROPHIC INJURIES

REFER ONLINE: [www.pmsionline.com](http://www.pmsionline.com)      PHONE: 877.ASK.PMSI      FAX: 800.774.4111

Patient:	SS#:	Claim#:
Address:	City:	State:    Zip:    Ph:
Height:	Weight:	Institution:
DOI:	Dx:	Discharge Date:
Case Manager:	Ph:	Fax:
Discharge Planner:	Ph:	Fax:
PMSI Rep:	PMSI Rep Ext:	

SUPPLIES	MONTHLY QUANTITY	SUPPLIES	MONTHLY QUANTITY
<b>Cathing Supplies</b>		<b>Aids to Daily Living</b>	
Catheters: intermittent/Foley		Reacher	
Lubricant		Dressing stick	
Underpads		Inspection mirror	
Gloves: sterile/non sterile		<b>Nursing, Home Care and Therapies</b>	
Drainage bag		RN    LPN    CNA    HHA    IV Therapy	
Leg bag		Home PT    Home OT    RT    SLP	
Foley cath holder		Outpatient PT    Outpatient OT	
External catheter		<b>Mobility Aids</b>	
Extension tubing		Wheelchair: manual/power/customized	
Sheath holder		Wheelchair cushion	
Skin prep		Push gloves	
Briefs		Lifts: manual/electric/track systems	
Cleanser/deodorizer		<b>Bed/Bath</b>	
<b>Bowel Care</b>		Beds: regular/electric/semi-electric	
Underpads		Mattresses: regular/low air loss	
Gloves		Transfer bench/shower seat	
Lube		Elevated toilet seat	
Washcloths: wet/dry		Handheld shower/rolling shower chair	
<b>Monitoring</b>		Wash mitts	
Thermometer		3-in-1 commode	
Blood pressure cuff		<b>Medical Transport</b>	
<b>Dressing Supplies</b>		Stretcher	
Gauze: sterile/non-sterile		Medical van	
Gloves: sterile/non-sterile		Taxi	
Wound dressing/gel		Air ambulance	
Tape: cloth/paper		<b>Modifications</b>	
Saline		Home	
Syringes		Vehicle/van	

Auth. Dr:	Address:			
City:	State:	Zip:	Ph:	Fax:
Employer/Location:				
Carrier:	Carrier Code:		Ph:	
Adjuster:			Ph:	Fax:
Billing Address:	City:		State:	Zip:
Ship-to Address:	City:		State:	Zip:
Ship-to Phone:	Date Needed:			
Authorized By:	Title:		Ph:	Date: