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Preparing the patient for discharge

Start to prepare the patient for return home (discharge) as soon as possible.



The purpose of discharge planning

You need to plan the patient's discharge. The aims are:

- increase the patient's and family's understanding of the health problems and possible complications and restrictions the patient will have at home
- develop the patient's and family's ability to care for the patient's needs and provide a safe environment for the patient at home
- make sure that any referrals needed for further care are properly made.

To begin planning for discharge, look at the problems the patient will have and the care he or she will need. Sometimes people are discharged very quickly from the hospital and still need a lot of care at home. For example, the patient may have a surgical wound that needs to be cared for. Sometimes the patient or family members can take care of everything if they have proper instruction and supplies. At other times the patient will need a nurse to come in and give care at home.

Your preparation of the patient and family will depend on what problems you expect the patient to have at home. Sometimes patients leave the hospital with no problems and no need for further care. In this case, simply make sure that the patient and family understand the possibility of further problems. Tell them what to look for and what to do if there are problems.

In most cases, the patient will need care once he or she leaves the hospital. Talk to the patient as early as possible to find out whether there is someone at home to help. Find out who that person is. Once you know something about the patient's

arrangements for care at home, you need to teach the patient and the caregivers what to do at home.

Discharge planning should involve both the patient and the family member or other person who will be taking care of the patient.



Prepare the patient to go home

Ask the patient to have the primary caregiver at home come into the hospital so that you can talk to them together.

Teach the patient and family member about how to handle the care at home. Make sure the patient and family understand what the problems are. Tell them what is likely to happen and when they can expect full recovery. Tell them how to recognize possible problems, and what to do if they see these signs.

Tell the patient and family what the patient can and cannot do.

For example, the patient may be on bed rest for three days, or may need to get up every day and walk a few steps. The patient may need to take only a partial bath until bandages are removed. He or she may need to raise a leg or arm for a period of time. The patient may only be able to eat soft food for a few days.

Discuss with the patient and family what they may need to do to make the home safer and easier for the patient. If the patient sleeps far from the bathroom or latrine and is not yet able to walk well, the patient may need to keep a container at the bedside until he or she can walk easily. If the patient will be unsteady, he or she may need a cane.

Tell the patient and family about the medications the patient will need to take. Make sure that they understand when to take them and how much to take. Make sure that the patient and family understand how long to take the medications. Sometimes patients stop taking their medicines when they feel better if they do not understand that they must continue them. Sometimes patients do not know that they will need to have a prescription for more supplies of medicine. Explain to the patient and family if the medicines need to be taken with food, or need to be taken an hour before meals.

Discuss the need for adequate fluids and a nutritious diet. If the patient is still on fluids only, tell the family when and how to move onto soft foods and a normal diet. Tell the patient and family that the signs of drinking enough fluids are moist (not dry) lips and tongue, regular urination and urine that is clear, not cloudy.

It is particularly important to give the patient and family clear instructions for dealing with the patient's pain. Try to help the patient to work out a medication schedule that will not require getting up in the night. Pain is less if medications are given regularly, on schedule. Make sure that the patient understands that he or she should continue using the medicine until the pain has really stopped. Explain that pain is controlled better if medications are taken before pain becomes severe.

Give the patient the materials or equipment he or she will need or give instructions about how to get what is needed. Tell the patient clearly what to do. Give instructions in writing as well, as it is easy to forget details, especially if the patient is upset. Teach the patient or family member how to do any needed procedures. Check that they understand by asking them to show you how to do the procedure. This is called a return demonstration.

If the patient will be on bed rest, teach the family how to position the patient in bed, turn him or her, and help the patient move from the bed to a chair. Family members often do not know how vitally important it is to turn the patient regularly, to help him or her to get out of bed and into a chair, and then help with walking if the patient is ready. Tell the family that proper positioning and turning will make the patient much more comfortable and will prevent bedsores. Also, if the family understand how to move the patient without harming him or her, they will be more confident in giving care.

Family caregivers can learn to give care by helping you with the activities, then doing them while you watch.

Talk carefully to the patient and family about home remedies and traditional healers. It is important to know whether the patient is being treated by a traditional healer or being given home remedies. Do not criticize the family for using traditional healing methods if these are not harmful to the patient. Many traditional healing methods are effective. For example, if the patient catches a cold, herbal teas work as well as strong medicines or cough syrups. Encourage the family to tell you or the doctor if the patient has a serious health problem.

If the patient needs follow-up care at home, make the referral before the patient leaves the hospital. In small communities the nurse who cared for the patient in hospital may be the nurse who gives home care. But it is usually a community health nurse who provides home care. It is important for the hospital nurse to refer patients to the community health nurse soon after the patient comes into hospital. It is very helpful if the community health nurse can meet the patient and family before the patient is discharged. Tell the patient how to contact the nurse in case the nurse does not come or if there is any confusion about time and place.

Find out about the social services available in the community and refer the patient when necessary.



Basic principles of good patient teaching

When preparing the patient and family for discharge, always follow the basic principles of good patient teaching:

- Schedule the teaching when the patient will be alert and interested in learning.
- Start with the thing that the patient is most concerned about.
- If you have a number of things to tell the patient, always begin with the simplest information. Next give the patient the more complicated information.
- Use clear, ordinary words, not medical words.
- Stop if the patient looks puzzled and ask if he or she understands.
- If necessary, say the information again, or say it in different words until you are sure that he or she understands you.
- Encourage the patient to comment and ask questions, and to show you what he or she knows.
- Ask for return demonstrations of procedures the patient will need to carry out. If procedures involve personal areas of the body, it may be helpful to ask a nurse of the same sex as the patient to show him or her how to do them.
- Encourage the family members to ask questions. Make sure that they understand what will need to be done.
- Use pictures in your teaching and give simple handouts in the patient's language.

- Give clear answers to questions and give as much comfort and reassurance as possible, without saying something which is not true.



When the patient leaves the hospital

- When the patient is leaving the hospital, again go over the information you have given earlier and the doctor's orders for medications, treatments, or special equipment.
- Go over the referral appointments so that the patient is clear about what to do.
- Make sure the patient and family understand the patient's limitations, how long these will go on, how to recognize warning signs and symptoms, and the actions they should take to help the patient's recovery as much as possible.
- Encourage the patient and family to come back to the hospital if his or her condition is not improving or is getting worse.
- When the patient has recovered, encourage a return to normal life and responsibilities.