

CRITERIA LED DISCHARGE (CLD)

SURNAME :	_____	NHI	_____
FIRST	_____		
DATE OF	____/____/____	SEX	_____
Please attach patient label here			

Section 1: SMO OR DELEGATED AUTHORITY TO COMPLETE

Diagnosis / reason for admission:

Expected Discharge Date:

Section 2: CRITERIA TO BE MET PRIOR TO DISCHARGE

1. PEWS 3 or less at time of discharge
2. Eating and drinking *state if specific amount*
3. Passing urine *state if specific amount*
4. Pain managed and plan in place
5. *Additional criteria as required*
6. *Additional criteria as required*
7. *Additional criteria as required*
8. *Additional criteria as required*

I agree for this child to be discharged by a CLD validated staff member providing the criteria in section 2 and 3 are met.

Date:

SMO or Delegated
Authority Signature:

Section 3: CLD VALIDATED STAFF MEMBER TO COMPLETE:

Complete if criteria are met: <i>If 'no' answered, refer to SMO or delegated authority</i>	CRITERIA met from section 2?	Yes:	No:	NA
Discharge Summary received by family/ carer				
Prescription given to family / carer and explanation given				
Family have ability to return or seek assistance if deterioration occurs (phone and access to transport)				
Family /carer education, and /or pamphlet given and understand post discharge care				
Family feel confident to manage at home				
Referrals made to <i>write person / department</i>				
Follow up <i>write person / department</i>				
Discharge checklist complete				
Write additional comments				
I confirm that the criteria in section 2 and 3 have been met and patient discharged:				
Name and Designation:	Signature:	Date& Time:		

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Section 4: VARIANCE TO CRITERIA LED DISCHARGE:		
Child discharged without meeting criteria in section 2.		Yes <input type="checkbox"/> (tick box)
Reason include person / designation who discharged the child home		
Name and Designation:	Signature:	Date/ Time:
Child not to be discharged using CLD as no longer applicable. To be discharged by medical review:		Yes <input type="checkbox"/> (tick box)
Reason include children who meet the criteria in section 2 or 3 but are not discharged home		
Name and Designation:	Signature:	Date/ Time:
Any additional comments :		Yes <input type="checkbox"/> (tick box)
Reason include person / designation who discharged the child home		
Name and Designation:	Signature:	Date/ Time: