Inpatient Potential Discharge Assessment Profile (IPDAP-1) Form 1 Med/Surg

Hospital Name:_____

Unit Name: _____

Patient information

Bed number: _____

MRN: _____ (for possible future reference)

Sex: ☐Female ☐Male

Age:_____

Primary diagnosis (Check the one that most specifically describes reason for patient stay.)

☐Surgical
☐Cardiology
☐Respiratory
☐Neurology
☐Oncology
☐Orthopedics
☐Psychiatric
☐Spine
☐Chemical Dependency
☐OB/ Gyn
☐Transplant
☐Hospice or Palliative Care
☐Trauma
☐Infectious Diseases, incl. TB
☐Other (specify):
_____

Is this patient Homeless? ☐ No ☐ Yes ☐ Unknown

Confidentiality: All data collected will be kept confidential and presented in aggregate form. Please do not include patient name on this form.

Hospital Name:_____ **IMPORTANT – Answer ALL Questions**

Is lab work or lab work results required before discharged?		☐Yes ☐No ☐Unknown
Is an imaging study or radiology results required before discharged? (e.g. CT, echocardiogram, X-rays, etc.)		☐Yes ☐No ☐Unknown
Are meds from pharmacy needed before discharge?		☐Yes ☐No ☐Unknown
Are discharge orders currently written OR is a completed *intend to discharge* form in the patient's chart? IF No, Is the patient's attending physician available to write the discharge order at this moment?		☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown
Are prescriptions for after care available now?		☐Yes ☐No ☐Unknown
Is a specialist consult required prior to discharging this patient?		☐Yes ☐No ☐Unknown
Does patient education require greater resources in time beyond the typical discharge instructions? (e.g. diabetes care)		☐Yes ☐No ☐Unknown
Does this patient have a functional disability (e.g. wheelchair bound, vision or hearing impairment) that requires special arrangements on discharge?		☐Yes ☐No ☐Unknown
Is patient clothing available now?		☐Yes ☐No ☐Unknown
Is there a language barrier that would require an interpreter?		☐Yes ☐No ☐Unknown
The transportation required for this patient to leave the hospital is: IF family/ friend picking up, has that person already been notified? IF ambulance, have arrangements already been made?		☐pt can leave on their own ☐pt needs assistance of family/friend ☐pt requires ambulance ☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown
Is this patient being transferred to a care facility upon discharge? If YES, type of facility?		☐Yes ☐No ☐Unknown IF YES only: ☐Nursing home/ LTCF ☐Physical Rehab facility ☐Halfway house ☐Substance Abuse Rehab ☐ Shelter bed ☐ Hospice bed ☐Other, specify _____
Is Home Health Care/ Visiting Nurse Service needed for this patient?		☐Yes ☐No ☐Unknown

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