

Discharge from a psychiatric unit

Introduction

Discharge planning for any patient begins upon admission to ensure that patient education occurs throughout the patient's hospitalization and that ordered therapies, including medications, are in place before discharge.⁴ Although a psychiatrist orders the discharge, the nurse on the unit may be involved in obtaining the patient's signature on the discharge paperwork. Alternatively, the patient may be sent to the business office to take care of the discharge, depending on facility policy.

Discharge should always be discussed with the patient before the actual day of discharge because the patient will need to make arrangements and other hospital staff may be needed to provide assistance to the patient. The patient may also want time to say good-bye to the staff and other patients, if he desires.

Equipment

- Discharge form
- Written instructions for the patient to follow after discharge

Implementation

1. Review the doctor's order to discharge the patient.
2. Confirm the patient's identity using two patient identifiers according to your facility's policy.²
3. Notify the patient about the discharge date *to make certain he's aware of the pending discharge and the time available to make arrangements.*⁵
4. Ask the patient if he wants to notify family members or anyone else of his pending discharge. In many instances, the patient will contact the individuals himself, but if he's unable to do so, the hospital social worker may be able to provide assistance if such assistance is desired by the patient.
5. Help the patient make arrangements for discharge from the hospital, including transportation. Refer the patient to a facility social worker as needed.
6. Review the names of all of the patient's medications as well as their purposes, times and dosages, and any possible adverse reactions. In some units, the patient will be given medications (usually a 30 day supply) from the hospital pharmacy. In others, the patient will be given prescriptions to be filled in a community pharmacy.³
7. Write out any discharge instructions and discuss them with the patient. Include instructions for diet, physical restrictions, medications, and follow-up appointments.
8. Discuss the discharge form with the patient.
9. Witness the patient sign the discharge form, if appropriate, and give him a copy. Alternatively, send him or a surrogate to the hospital's business office to sign the discharge form according to facility policy.

10. Obtain any secured possessions and have them ready for the patient to collect and inspect before leaving the unit.
11. Help the patient pack his belongings if needed.
12. Provide time for the patient to say good-bye to the staff and patients, if he so desires.
13. Assist the patient with taking his belongings to the hospital entrance.
14. Document the procedure.

Special Considerations

- If the patient doesn't have transportation from the hospital and can't make arrangements for transportation, contact the hospital social worker and request assistance on behalf of the patient. Some patients, especially those in community or state hospitals, may not have money for transportation and don't have a place to live after discharge.
- If the patient alleges any item from his secured personal possessions has been lost or damaged, contact your supervisor as soon as possible. Document the patient's statements. Ideally, these issues should be resolved or thoroughly documented and investigated by staff before the patient leaves the unit.
- Occasionally, a patient will decide to leave the unit despite the advice of the psychiatrist. If this situation occurs, notify the patient's psychiatrist immediately. (See the "Discharge against medical advice, psychiatric unit" procedure.)

Nursing alert: If the patient has been involuntarily admitted to the psychiatric unit, he may not be discharged against medical advice. The nurse should inform the patient that if he leaves the unit against medical advice, the police and his psychiatrist will be notified and he will be brought back to the hospital. ♦

Patient Teaching

Patient teaching is an ongoing part of the discharge planning that begins upon admission.⁴ Review special limitations on physical activity or diet restrictions as well as his medication regimen. Provide written instructions so the patient can refer to the information he was taught as needed.

At discharge, the patient should be familiar with his medications and their desired actions, dosages, schedule of administration, and possible adverse effects. He should also have an understanding of other aspects of treatment, such as how to manage anger in a positive way, how to relax so sleep medications are unnecessary, and what foods to eat or avoid. Any learning deficits should be remedied at the time of teaching or as soon as possible.

Be aware that some psychiatrists will schedule appointments with their patients whereas others will recommend follow-up treatment with a clinician in the community. Make sure to review with the patient how his care will be continued.⁶

Documentation

Document in the patient's medical record all services provided in preparations for discharge, including any help provided in contacting family members or other staff. Record patient teaching and written instructions provided as well as the patient's understanding of the information. Document all forms you or the patient signed or witnessed. Include information about any medications that were given to the patient.⁷

References

1. Dixon, L. et al. "Use of a Critical Time Intervention to Promote Continuity of Care after Psychiatric Inpatient Hospitalization," *Psychiatric Services* 60(4):451-58, April 2009.
2. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.08.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard PC.04.01.03. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
5. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard PC.04.01.05. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
6. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard PC.04.02.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
7. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.02.04.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
8. Varcarolis, E.M., et al. *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*, 5th ed. St. Louis: Saunders, 2006.

Discharge from a psychiatric unit

1. Review the doctor's order.
2. Confirm the patient's identity.
3. Notify the patient about the discharge date.
4. Ask the patient if he wants to notify family members or anyone else of his pending discharge.
5. Help the patient make arrangements for discharge from the hospital.
6. Review the patient's medications.
7. Write out any discharge instructions and discuss them with the patient.
8. Discuss the discharge form with the patient.
9. Witness the patient sign the discharge form, if appropriate, and give him a copy. Alternatively, send him or a surrogate to the hospital's business office.
10. Obtain any secured possessions and have them ready for the patient to collect and inspect before leaving the unit.
11. Provide time for the patient to say good-bye to the staff and patients.
12. Assist the patient with taking his belongings to the hospital entrance.
13. Document the procedure.