

SECTION 3

Going into hospital

When someone you care for goes into hospital, a **Discharge Plan** will be put in place.

WHAT IS A DISCHARGE PLAN?

As soon as people are admitted to hospital a process of planning should begin to find out what services and support they may need when they leave. By the time they leave hospital a clear discharge plan should be in place. This planning process should ensure that when people leave hospital they and, with their permission (*or when appropriate*) you as their carer, know about the following:

1. Their Medical Condition

This should include information on treatment, medication and future medical appointments. It should also include the names of the person's GP, Consultant and named nurse.

2. Services and support

This should include information on the services that have been agreed and that will be in place for the person returning home, for example, home help and community nurse. Contact numbers are available at the end of the folder.

HOW IS A DISCHARGE PLANNED?

If the person needs to be cared for and supported for the first time or if their care and support needs have changed, it is important to make sure the right support and services are put in place. The patient and, with their permission you as their carer, should be involved in decisions and choices about their care. If services are already in place for the person, the main issues for discharge planning are to make sure that services and support will continue as before.

The following key people are usually involved in the discharge planning process:

1. Named Nurse

They are the main contact person while the patient is in hospital, overseeing the care provided and plans made for leaving hospital.

2. The Consultant

They decide what medical care should be provided and decide when the patient is well enough to leave hospital.

3. Pharmacist

They provide the medication required for the patient and information on how and when it should be taken.

3. Co-ordinator for Carers

There is a co-ordinator for carers available at the hospital who can assist in:

- ❖ assessing and meeting the individual needs of carers;
- ❖ involving carers in discharge planning; and
- ❖ highlighting and signposting carer organisations in the community.

Listed below are some of the other people who may be involved when requested and when necessary:

- ❖ Hospital Social Worker
- ❖ Occupational Therapist
- ❖ Physiotherapist
- ❖ Speech and Language Therapist
- ❖ Dietician
- ❖ Community Psychiatric Nurse.

CHECKLIST

Here is a checklist to make sure you have all the information you need.

❖ **Does the person I am caring for have a copy of the discharge letter/plan?**

If not, speak to the named nurse or the hospital social worker if they are already involved.

❖ **Does the person I am caring for and, with their consent, do I, as their carer, have information on the services they will receive on leaving hospital?**

If not, speak to the named nurse or hospital social worker.

❖ **The person you care for may have to pay towards the services provided. Has this been discussed?**

If not, speak to the hospital social worker about a financial assessment. Your local Carers Centre or Citizens Advice Bureau can also offer support.