



AFTERCARE POSITIVE PATIENT OUTCOME CHECKLIST

ON SCENE	YES	NO	N/A
1. Has patient been given specific discharge instructions? COMMENTS:			
2. Are all medications and/or equipment accompanied with patient? COMMENTS:			
3. Has patient and crew received all appropriate discharge paperwork? COMMENTS:			
4. Was the doctors contact information given to the patient? COMMENTS:			
5. Has the patient and/or family been given details of plan of aftercare? COMMENTS:			
6. Is the patient and/or family aware of pre-arranged destination? COMMENTS:			
7. Is the patient competent to make decisions for themselves? COMMENTS:			
8. If NO, is family and/or power of attorney present? COMMENTS:			
9. Has sending RN called report to receiving facility? COMMENTS:			
AT DESTINATION	YES	NO	N/A
10. Do the patients living arrangements support their current condition? COMMENTS:			
11. Does the patient or caregiver have all medications assessable? COMMENTS:			
12. Does the patent or caregiver know how to properly administer medications? COMMENTS:			
13. Are the patients' medications current and not expired? COMMENTS:			
14. Has a medication list been established? (including dose and frequency) COMMENTS:			
15. Are there any trip, slip and/or fall hazards? COMMENTS:			
16. Are there any temperature extremes at current location? COMMENTS:			
17. If YES, are there functioning air conditioning and/or heater COMMENTS:			
18. Are there apparent functioning utilities? (water, gas , electricity) COMMENTS:			

AT DESTINATION (contd.)	YES	NO	N/A
19. Does the patient have easy access to a telephone? COMMENTS:			
20. Does the patient have easy access to a current contact list? COMMENTS:			
21. Does the patient know who to call for medical advice? COMMENTS:			
22. Does the patient or caregiver understand discharge instructions? COMMENTS:			
23. Are the patient or caregiver aware of upcoming appointments? COMMENTS:			
24. Does the patient have an operating scale to weigh themselves? (CHF) COMMENTS:			
25. Do the patient or caregiver know how to operate all required medical equipment? COMMENTS:			
26. Do you feel based on the resources and conditions set upon this patient, that there is a high potential for improvement in patient's current condition? COMMENTS:			
27. Has sending RN called report to receiving facility? COMMENTS:			

ADDITIONAL COMMENTS:

DATE OF SERVICE: _____ / _____ / _____ INCIDENT NUMBER: _____

PATIENT FOLLOW-UP (FOR ADMINISTRATIVE USE ONLY)

FOLLOW UP: YES / NO

FOLLOW UP PLAN:

DATE OF SERVICE: _____ / _____ / _____

OUTCOME:
