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**LSBU**



Burdett Trust  
for Nursing

# **Burdett nursing discharge planner**

**This book is about**

**This booklet must be completed with the  
person whose discharge is being planned.**



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For further guidance please refer to the manual that accompanies this tool.

## Section 1: All about me

Co-create a pen portrait with the person that describes them best. This might include things about personality, likes and dislikes, hopes and dreams, things they enjoy doing, and should include valuable information about their cultural, ethnic, spiritual and religious self.

### Pen portrait

### Identification/personal information

NHS number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

GP: \_\_\_\_\_

Family and carers: \_\_\_\_\_

Nearest relative (under the Mental Health Act): \_\_\_\_\_

Statutory agencies involved:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Legal status

\_\_\_\_\_ is currently detained under section \_\_\_\_\_ Mental Health Act, which expires on \_\_\_\_\_.

## Section 17 leave

Consent to treatment T2  T3  expires: \_\_\_\_\_

Legal status on discharge: \_\_\_\_\_

Mental Capacity Act status: \_\_\_\_\_

Deprivation of Liberty Standards/Liberty Protection Safeguards: \_\_\_\_\_

Approved clinician/Responsible clinician (inpatient and on transfer): \_\_\_\_\_

## NHS England 12-point discharge plan checklist

Designated clinical officer/NHS E Team:			
Originating clinical commissioning group:			
REF:			
Stage	Named responsibility	Deadline date	Date completed
(1) In active treatment, commence discharge planning			
(2) Identified ready for discharge – specification outline required			
(3) Capacity assessment required			
(4) Risk assessment required			

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(5) Specification complete
(6) Procurement process required
(7) Placement and provider identified
(8) Funding request required
(9) Legal requirement application in Progress: (Deprivation of Liberty Standards, Code of Practice, Mental Health Tribunal, Mental Health Act, Best Interests, etc)
(10) Awaiting outcome of legal process
(11) Transition planned and underway
(12) Patient is discharged
Date of discharge:

## Section 2: Pre-admission

In this section provide details about reason for admission, presentation on admission and aims of admission

### Reason for admission

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Goals and aims of admission

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Why I was admitted and what my goals are

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Section 3: Pre-discharge

In this section, provide details of care and treatment on the ward and progress towards aims of admission and discharge (current care and support plans).

### What am I working on during this admission and how is it going?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Current care, treatment and support plans

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Section 4: Transition

In this section, please provide details about preparing for discharge. This can include functional and adaptive skills, developing a placement profile and the person's wish list for a home, staying connected with others and starting a new life in the community.

### Reasonable adjustments

Any reasonable adjustments that have been helpful or necessary for the person here.

- \_\_\_\_\_

### Relationships with others

How I will stay connected with friends after discharge?

- \_\_\_\_\_

What are the things I can do to make new friends after discharge?

- \_\_\_\_\_

How I will let my family and friends know about my discharge and stay connected?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

When I leave hospital, I would like to try new things. Here is a list of hobbies, college, volunteering, work and interests, amongst others that I would like to find out more about:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Advocacy

Do you have or would like to have an advocate?

- \_\_\_\_\_



### Communication

My style of communication is:

- \_\_\_\_\_

Adaptations that help me to enhance communication and understanding (include enhanced and augmentative communication techniques):

- \_\_\_\_\_

### Health and well-being

In this section, please indicate the mental and physical health and well-being of the person. A recent Annual Health Check or Health Action Plan can be uploaded into this section.

These are the things I like to do or want to try that keep me physically and mentally well:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Mental health

I have the following mental health needs:

- \_\_\_\_\_

Diagnosis/es:

- \_\_\_\_\_

Signs I am well:

- ☺ \_\_\_\_\_
- ☺ \_\_\_\_\_
- ☺ \_\_\_\_\_

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Signs I am becoming unwell:



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What do I do if I am becoming unwell or am in crisis?

- 

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## Physical health

I have the following physical health needs:

- 

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Diagnosis/es:

- 

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Signs I am well:

- 

---

- 

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- 

---

Signs I am becoming physically unwell:

- 

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- 

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- \_\_\_\_\_
- \_\_\_\_\_

What do I do if I am becoming unwell or am in crisis?

- \_\_\_\_\_

This is my medication:

- \_\_\_\_\_

The support I need to take and manage my medication:

- \_\_\_\_\_

## **STOMP medication review**

Reason for prescribing:

- \_\_\_\_\_

Rationalisation (why it is prescribed and how we know that it is working):

- \_\_\_\_\_

Optimisation (lowest dose for greatest effect, reducing polypharmacy, least restrictive):

- \_\_\_\_\_

Date of next review:

- \_\_\_\_\_

## **Finances and benefits**

I receive the following benefits:

- \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_

People who help to manage my affairs including Power of Attorney (PoA):

- \_\_\_\_\_

### **Behaviours of concern and risk**

I have behaviours that I need support with. These are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My behaviour can sometimes affect others or stop me from enjoying the things around me or having new opportunities. Below is a list of these and my support plans (upload or insert current behaviour support plans):

### **Behaviours that have got me in trouble with the police**

My behaviour has gotten me into trouble with the police before. Below is a summary and my current support and situation. This includes legal requirements: license conditions (probation); Community Orders; Sex Offender Register or any other legal conditions).

Summary:

- \_\_\_\_\_

Legal requirements:

- \_\_\_\_\_

### **Risk management**

This is my risk assessment. This is not to stop me from doing things but to help me work towards doing more things safely and give me more opportunities and a better quality of life.

My risk assessment – risks to and from others

This could include situations where I may be vulnerable from other people or myself, or where others may be affected or put at risk by my behaviour.

- \_\_\_\_\_

### Proactive risk management

Protective factors and my coping strategies:

- \_\_\_\_\_

Triggers/and early warning signs:

- \_\_\_\_\_

### Reactive risk management

Support – what to do and when:

- \_\_\_\_\_

Mental Health Act/Mental Capacity Act/Deprivation of Liberty Standards & Liberty Protection Standards and decision-making during admission and on discharge:

- \_\_\_\_\_

To manage my risk staff complete risk assessment and management plans. The most recent copy can be uploaded here:

### Living skills

This section provides information about activities of daily living and instrumental activities of daily living (based on the Roper-Logan-Tierney Model of Nursing text).

Below is a list of how I do things, what support I currently have and need.

### Activities of daily living

Maintaining a safe environment:

- \_\_\_\_\_

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Communication:

- \_\_\_\_\_

Breathing:

- \_\_\_\_\_

Eating/drinking:

- \_\_\_\_\_

Elimination:

- \_\_\_\_\_

Washing and dressing:

- \_\_\_\_\_

Controlling temperature:

- \_\_\_\_\_

Mobilisation:

- \_\_\_\_\_

Working and playing:

- \_\_\_\_\_

Expressing sexuality:

- \_\_\_\_\_

Sleeping:

- \_\_\_\_\_

Death and dying:

- \_\_\_\_\_

**Instrumental activities of daily living**

Companionship and mental support:

- \_\_\_\_\_

Transportation and shopping:

- \_\_\_\_\_

Preparing meals:

- \_\_\_\_\_

Managing a person's household:

- \_\_\_\_\_

Managing medications:

- \_\_\_\_\_

Communicating with others:

- \_\_\_\_\_

Managing finances:

- \_\_\_\_\_

My daily routine:

- \_\_\_\_\_

## Being more independent – getting ready for discharge

I would like to develop or improve on the following skills (for example, cooking, gardening, budgeting):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

These are areas of support I would like more help with. Some people think that I can do them well, but I do need support:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Insert functional skills or adaptive functioning assessment here.

## Moving on into the community (transition)

Placement profile can be inserted here.

This section tells you about my wishes for moving on and where I would like to live. My placement profile can be uploaded into this section.

My hopes and dreams for and after discharge:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Where I would like to live, who I would like to live with and the staff that I need to support me:

- \_\_\_\_\_



- \_\_\_\_\_
- \_\_\_\_\_

These are some of the changes to my life that will happen when I leave hospital and how I plan to deal with them:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My worries and concerns about leaving hospital and how you can support me:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Moving on: transferring to a new ward or hospital (transition)**

This is to be used if the individual is having another hospital placement or move to a different ward prior to moving back to the community.

Placement profile can be inserted here.

This section tells you about my wishes for moving on and what I would like to happen next. My discharge summary and/or placement profile can be uploaded into this section.

My hopes and dreams for and after transfer:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The support that I need to transfer safely and with fewer worries:

- \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_

These are some of the changes to my life that will happen when I leave and how I plan to deal with them:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

My worries and concerns about leaving and how you can support me:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **My new hospital or ward**

Hospital and ward name:

- \_\_\_\_\_

My nursing team:

- \_\_\_\_\_

My new consultant psychiatrist and multidisciplinary team:

- \_\_\_\_\_

**My transition or transfer plan**

**Section 5: Community living**

After discharge – planning and community team.

**Where I am going to live and the details of my new home**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**My community teams**

These are the addresses and contact details for the community health and social care teams that will be supporting me after discharge:

- \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_

### **My reviews and appointments**

These are the dates and times of my reviews in the community:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **Before I am discharged – the ‘handover plan’**

This is my plan for meeting new staff and residents in my new home:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This is my plan for visiting placements and sleepovers:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Add in-reach and shadowing arrangements if applicable:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This is my plan for saying goodbye to the ward and staff, moving on and staying in touch with friends that I have made:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Discharge standards checklist

Discharge standards		
A set of standards to support good discharge – every person admitted to hospital will have:		
	Standard	How will it be measured?
1	A named hospital discharge facilitator from the hospital.	This person is named on my admission document.
2	A named community CPA care co-ordinator.	This person is named on my admission and discharge documents.
3	A named social worker.	This person is named on my admission and discharge documents.
4	A discharge plan that is easy to understand, and involvement in decisions about discharge with the right support.	Copy of discharge plan and involvement evidenced by provider.
5	Support to stay in touch with my family and my community.	Provider surveys of views of family and individual of their experience undertaken proactively.
6	A named advocate who is independent of the people who provide care.	This person is named on my discharge plan.
7	Full and regular reviews of my medication to make sure they are not taking medication that is not effective and appropriate.	Medication reviews will be shown on my discharge documents, letters to or from my GP, responsible clinician and community team.
8	Meetings to plan for the future that involve the person and family/those who know them best.	Meeting notes showing inclusion and how views are taken into account.

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9	Proactive support from the responsible clinician (RC) who will offer advice and guidance to the discharge facilitator and the multidisciplinary team (MDT). The RC will be active in liaising with the Ministry of Justice and will support the future community package. The RC will make sure actions from Care and Treatment reviews are carried out and there is a plan in place to transfer responsibility to a community doctor who will provide future health care.	Feedback to the family and individual from the RC on progress (letters).
10	Plans put in place that take account of the person's future life in the community and that include positive risk taking.	Care plans reflected graduated risk.

### Saying 'goodbye' and planning my leaving party

In this section you can write about saying goodbye and what you would like to happen at your discharge or transfer party

- \_\_\_\_\_

This project and related resources have been funded by The Burdett Trust for Nursing