

Remote Discharge Checklist

Please complete each section when completing IFU referral form



1	Details of patient		
2	Contact numbers		
3	Accurate fluid balance - at least 2 days with specific details	a. Stoma/gastrostomy out put	
		b. Urine	
		c. NG output or vomiting	
		d. IV fluid volume per day (including PN + IV medication)	
4	Oral intake	a. Yes	
		b. No	
		c. Little or only fluids (in order to predict expected losses of fluid and sodium)	
5	Enteral intake	NG/NJ/PEG/PEG-J/surg Jej/Distal tube	
6	CVC access details	a. Type of device	
		b. Double lumen	yes no
		c. When placed	
		d. CXR taken	
7	PN script		
8	Blood results including any micro-nutrients (recent)	a. U&Es	d. LFTs
		b. FBC, Clotting	e. CRP, Mg++, cCa, Zn, CO2, Phosphate
		c. Gluc	f. Vit D/A/E, Se, Cu, iron studies
8	Diabetic	yes	no
9	Anticoagulated	yes	no
10	Destination at discharge	a. Home	
		b. Other	
11	Patient or relative able to train for CVC care?	yes	no