Discharge process

Assessment of competences for ANP / ACP / SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Discharge process | | | | |
| 1 | Contributes to the clinical decision making process for discharge in conjunction with the multidisciplinary team |  |  |  |
| 2 | Can complete the discharge letter (IT system or paper version) |  |  |  |
| 3 | Prescribes/checks the correct medication for discharge |  |  |  |
| 4 | Communicates effectively with the multidisciplinary team to ensure patient is safely discharged |  |  |  |
| 5 | Communicates effectively with the patient and relatives to ensure safe discharge |  |  |  |
| 6 | Ensures that the correct follow up is arranged and the patient/relatives have knowledge and understanding of this |  |  |  |
| 7 | Ensures all documentation is correctly completed in accordance with trust policy and practitioner’s professional body |  |  |  |
| **Assessor’s comments** – Demonstrates the correct process, content and an understanding of the importance of details recorded/communicated: | | | | |
|  | | | | |
| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |