



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

After your lung surgery

Discharge checklist



This checklist helps you return home safely after surgery. You can tick each box to show you are ready to go home, and write down information you need to remember.

Your nurse will help you fill in the checklist on the day you leave hospital.

Name: _____

Date of discharge: _____

My follow-up appointment will be on (date): _____

at (hospital): _____

My stitches need to be removed on (date): _____

(please delete if stitches do not need removing)

Complete on the day you leave hospital	Patient or carer ✓	Nurse signature
I have a copy of my discharge summary to give to my GP, and a copy for my own information		
I have all my medication, including new medication, and I understand how to take them		
My wound has been checked by a nurse		
I have no cannulas (plastic tubes) left in my arms		
I have no adhesive marks left on my skin (ECG stickers etc).		
I do/do not need to see a practice nurse to take my stitches out		

Complete on the day you leave hospital	Patient or carer ✓	Nurse signature
If I need my stitches taken out: <ul style="list-style-type: none"> • I will make an appointment with my practice nurse 		
<ul style="list-style-type: none"> • I have a letter for the practice/district nurse and a contact number 		
I can pass urine freely and my bowels are working		
I can get around the ward independently		
I feel comfortable and my pain is controlled		
I am able to eat and drink		
I have a discharge time and my transport home is organised		
I am able to look after myself when I get home, or I have carers who will help me		
I have copies of these patient information booklets: <ul style="list-style-type: none"> • After your lung surgery 		
<ul style="list-style-type: none"> • Managing your pain at home after lung surgery 		
<ul style="list-style-type: none"> • Hygiene and wound care for heart and lung operation patients 		

Useful contacts

Ward name: _____

Consultant: _____

Ward telephone: _____

Out of hours telephone: _____

Your nurse will complete the information below:

Discharging nurse: please add patient label, photocopy checklist and place copy in the patient's medical record.

Nurse signature: _____

Print name: _____

Date: _____

Affix patient
label here

