



Nursing Service Guidelines Inpatient Behavioral Health

Title: Discharge Procedures

Responsibility: Department Directors/Lead Nurses/Detox Floor Nurses/Designees

Purpose of Guidelines: To assure continuity of patient care

Procedure:

1. During the first days of hospitalization:

- The family therapist will coordinate and implement referrals to appropriate community agencies for aftercare services.
- The family therapist will fax all required information to the agencies (after obtaining a release of information)
- The family therapist will fill out and fax all pre- authorizations as needed for medications (suboxone, vivitrol, etc.)

2. After a discharge order is written:

- MD, family therapist will enter all discharge instructions in the EMR.
- Document all appointments, follow-up care, medications. Review with the patient, obtain signature and provide copy of after-visit summary (AVS) to the patient.
- Return all belongings from the secured storage locker, check patient room and ensure all belongings returned. Patient signs belonging sheet.
- Call in prescriptions to the pharmacy or provide meds thru I-med program
- Detox staff must accompany the patient to the hospital exit.

3. After patient leaves the hospital:

- Discharge patient from the EMR
- Disassemble the medical record, paper clip forms and place in bin (be sure all sheets are labeled and all worksheets are removed)

4. For any patient belongings left on the unit after discharge:

- Place items in a patient belongings bag
- Staple a face-sheet to the bag. Call the patient and let them know about belongings and write on face-sheet info that you spoke to them and date, etc.
- Place bag inside appropriate labeled bin in intake room until patient picks up.
- Also refer to hospital policy #3364-100-50-25

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Reviewed by Policy & Standard Committee: