## Discharge and going home

Plan and organize the discharge from the hospital early – if possible already when being hospitalised. This way, you can avoid unpleasant waiting times or delays.

<b>Behavior after hospital discharge</b> Should I refrain from certain activities (e. g. driving a car, lifting, drinking alcohol)?
Do I have to change my diet?
Which emergency situations can occur and how should I then behave?
Is my medication plan updated?
Organisational matters Prescription for the medication
Appointment for follow-up exam at the hospital
Appointment for follow-up exam at the family doctor
Certificate for incapacity to work
Discharge report to family doctor, copy to me
Appointments for therapies (e.g. physiotherapy or occupational therapy)

	Means of transport to therapy and follow-up appointments
	Clarify the assumption of costs for therapies and transport
	Medical aids (e.g. rollator, walking sticks) Prescription for medical aids
	Rent or buy medical aids?
	Clarify the assumption of costs
	Support services for home Spitex organisation
	Organisation of domestic help, meal service, or similar
	Clarify the assumption of costs
Transfer to a rehabilitation clinic  As a rule, the patient enters the rehabilitation clinic from the acute care hospital without a previous stay at home. Suitable clothing for rehabilitation (e.g. non-slip shoes, tracksuit, bathing utensils)?	
	Which rehabilitation clinic is suitable for my illness?
	Which health improvements can I achieve?
	For what duration did my health insurance provide a cost-approval?
	Time of the transfer to the rehabilitation clinic
	Transport to the rehabilitation clinic

Transfer to a nursing home (transitional care)		
	Scheduled duration of stay	
	Choice of nursing home	
	Cost assumption, personal participation in costs for room and board and support	
	Costs for services (e.g. laundry service or travel services)	
	Who organises transport to the nursing home?	
M	ly notes	

