CRITERIA LED DISCHARGE

PART A: MEDICAL REVIEW (to be completed by Consultant/Medical Fellow)

Estimated Date of Discharge (EDD) on admission

Diagnosis: ____________________________

☐ I agree for this patient to be discharged once the milestones in part B and C are met.

☐ Do not discharge without medical team review (add reason):

☐ Patient informed and consented to Criteria Led Discharge

Name: ____________________________ Signature: ____________________________

Time/date: ____________________________

PART B: PATIENT DISCHARGE CRITERIA (to be completed by interdisciplinary team)

<table>
<thead>
<tr>
<th>IDT agreed specific milestones</th>
<th>Comments</th>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-set criteria 1.</td>
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<tr>
<td>2. Pre-set criteria 2.</td>
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<td>3. Pre-set criteria 3.</td>
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<td>4. Pre-set criteria 4.</td>
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<td>5. Referrals made (Y, in progress - IP, not needed - NA) and completed (C)</td>
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</table>

Responsible person: CLD competent staff member

PART C: REVOKE MEDICAL APPROVAL

I revoke medical approval for CLD (add reason & draw two oblique lines on form):

Name: ____________________________ Signature: ____________________________ Date: ____________________________

PART D: PATIENT CRITERIA

All observations Between the Flags within the last 24 hours or within the documented Altered Calling Criteria for this patient

Transfer of care: nursing discharge checklist completed

Patient not discharged using CLD protocol (add reason & draw two oblique lines on form):

Name: ____________________________ Designation: ____________________________

Signature: ____________________________ Date/time: ____________________________