**Postdischarge Followup Phone Call Documentation Form**

Patient name: ________________________________________________________________

Caregiver(s) name(s): __________________________________________________________

Relationship to patient: _______________________________________________________

Notes: _______________________________________________________________________

Discharge date: _______________________________________________________________

Principal discharge diagnosis: _________________________________________________

Interpreter needed? Y N Language/Dialect: __________________________________________

Prior to phone call:

Review:

- Health history
- Medicine lists for consistency
- Medicine list for appropriate dosing, drug-drug and drug-food interactions, and major side effects
- Contact sheet
- DE notes
- Discharge summary and AHCP

Call Completed: Y N

With whom (patient, caregiver, both): ____________________________________________

Number of hours between discharge and phone call: ________________________________

Consultations (if any) made prior to phone call:

- [ ] None
- [ ] Called MD
- [ ] Called DE
- [ ] Called outpatient pharmacy
- [ ] Other: ___________________________________________________________________

If any consultations, note to whom you spoke, regarding what, and with what outcome:

______________________________________________________________________________

______________________________________________________________________________
# Phone Call Attempts

**Patient/Proxy**

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<tr>
<th>Phone Call #1: Date &amp; Time:________</th>
<th>Reached: Yes/No</th>
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<td>If No (circle one): ans. machine/no answer/not home/declined/busy/rescheduled/other:</td>
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**Alternate Contact 1**

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**Alternate Contact 2**

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A. Diagnosis and Health Status
Ask patient about his or her diagnosis and comorbidities

- Patient confirmed understanding
- Further instruction was needed

If primary condition has worsened:

What, if any, actions had the patient taken?

- Returned to see his/her clinician (name): ________________________________
- Called/contacted his/her clinician (name): _______________________________
- Gone to the ER/urgent care (specify): __________________________________
- Gone to another hospital/MD (name): _________________________________
- Spoken with visiting nurse (name): _________________________________
- Other: ___________________________________________________________
- What, if any, recommendations, teaching, or interventions did you provide?

If new problem since discharge:

Had the patient:

- Contacted or seen clinician? (name): ________________________________
- Gone to the ER/urgent care? (specify): ______________________________
- Gone to another hospital/MD? (name): ______________________________
- Spoken with visiting nurse? (name): _______________________________
- Other?: __________________________________________________________

Following the conversation about the current state of the patient’s medical status:

What recommendations did you make?

- Advised to call clinician (name): ________________________________
- Advised to go to the ED
- Advised to call DE (name): ______________________________
- Advised to call specialist physician (name): _______________________________
- Other: __________________________________________________________

What followup actions did you take?

- Called clinician and called patient/caregiver back
- Called DE and called patient/caregiver back
- Other:
B. Medicines
Document any medicines patient is taking that are NOT on AHCP and discharge summary:
___________________________________________________________________________

Document problems with medicines that are on the AHCP and discharge summary (e.g., has not obtained, is not taking correctly, has concerns, including side effects):

**Medicine 1:** ________________________________________________________________

Problem: ___________________________________________________________________

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

What recommendation did you make to the patient/caregiver?

- No change needed in discharge plan as it relates to the drug therapy
- Educated patient/caregiver on proper administration, what to do about side effects, etc.
- Advised to call PCP
- Advised to go to the ED
- Advised to call DE
- Advised to call specialist physician
- Other: _______________________________________________________________

What followup action did you take?

- Called hospital physician and called patient/caregiver back
- Called DE and called patient/caregiver back
- Called outpatient pharmacy and called patient/caregiver back
- Other: _______________________________________________________________

**Medicine 2:** ________________________________________________________________

Problem: ___________________________________________________________________

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

What recommendation did you make to the patient/caregiver?

- No change needed in discharge plan as it relates to the drug therapy
- Educated patient/caregiver on proper administration, what to do about side effects, etc.
- Advised to call PCP
What followup action did you take?

- Called hospital physician and called patient/caregiver back
- Called DE and called patient/caregiver back
- Called outpatient pharmacy and called patient/caregiver back
- Other: ________________________________

**Medicine 3:**

Problem: ________________________________

- Intentional nonadherence
- Inadvertent nonadherence
- System/provider error

What recommendation did you make to the patient/caregiver?

- No change needed in discharge plan as it relates to the drug therapy
- Educated patient/caregiver on proper administration, what to do about side effects, etc.
- Advised to call PCP
- Advised to go to the ED
- Advised to call DE
- Advised to call specialist physician
- Other: ________________________________

What followup action did you take?

- Called hospital physician and called patient/caregiver back
- Called DE and called patient/caregiver back
- Called outpatient pharmacy and called patient/caregiver back
- Other: ________________________________
C. Clarification of Appointments
Potential barriers to attendance identified: □ Y □ N
List: ____________________________________________________________

Potential solutions/resources identified: □ Y □ N
List: ____________________________________________________________

Alternative plan made: □ Y □ N Details: _______________________________________
Clinician/DE informed: □ Y □ N Details: _______________________________________

D. Coordination of Postdischarge Home Services (if applicable)
Document any postdischarge services that need to be checked on and who will be doing that (caller/patient/caregiver).

E. Problems
Did patient/caregiver know what constituted an emergency and what to do if a nonemergent problem arose?
□ Yes □ No
If no, document source of confusion:

F. Additional Notes

G. Time
Time for reviewing information prior to phone call: ________________________________
Time for missed calls/attempts: ________________________________________________
Time for initial phone call: ____________________________________________________
Time for talking to other health care providers: ___________________________________
Time for followup/subsequent phone calls to patient: _____________________________
Time for speaking with family or caregivers: _____________________________________
Total time spent: ____________________________________________________________

Caller’s Signature: ____________________________________________________________