Discharge Transportation Planning Worksheet

Use this worksheet during the discharge planning meeting. Check off each question as you ask it. Write down the answers. Do not leave the hospital without this information.

PATIENT NAME _____ HOSPITAL _____ DATE _____

1 Mobility and Transfers

☐ **Can they walk at all?**
☐ Yes ☐ No ☐ Only with assistance

☐ **How far can they walk?**
☐ A few steps only ☐ Down a hallway ☐ Around the house ☐ Longer distances

☐ **Can they transfer from bed to chair on their own?**
☐ Independently ☐ With one person helping ☐ With two people helping ☐ Cannot do this

☐ **Can they get up and down stairs?**
☐ Independently ☐ With a rail or help ☐ Cannot do stairs

☐ **Can they go up and down the steps with a railing and without a railing? How many stairs without risk for fall and exhaustion?**
☐ With a railing only ☐ With and without a railing ☐ Neither ☐ Not tested

Number of stairs before fall risk or exhaustion: _____

☐ **Can they stand for transfers, such as wheelchair to car seat?**
☐ Yes, briefly ☐ Yes, several minutes ☐ Cannot stand

☐ **Can they stand and transfer in and out of the passenger seat of the car they will need to use?**
☐ Yes ☐ Yes, with help ☐ No ☐ Not tested

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2 Sitting Tolerance and Comfort

☐ **Can they sit in a regular car seat without pain or medical complications?**
☐ Yes ☐ No

If no, why: _____

☐ **Do they need a reclining seat or special positioning?**

☐ Yes ☐ No

Type needed: _____

☐ **Do they need a cushion or padding because of pressure wounds or skin breakdown?**

☐ Yes ☐ No

☐ **How long can they sit before they need to lie down or exhaustion?**

☐ Under 15 minutes ☐ 15 to 30 minutes ☐ 30 to 60 minutes ☐ Over an hour

☐ **Do they need positioning equipment during a ride, such as a wedge pillow or leg elevator?**

☐ Yes ☐ No

Items needed: _____

NOTES

3 Medical Devices and Equipment

☐ **Do they use oxygen?**

☐ Yes, portable ☐ Yes, not portable ☐ No

☐ **Do they have a catheter, colostomy, urostomy, or other ostomy?**

☐ Yes ☐ No

Type and how it affects travel: _____

☐ **Do they have a wound vac, medication pump, feeding tube, or other device?**

☐ Yes ☐ No

List devices: _____

☐ **Do they need monitoring during transport, such as oxygen level or blood pressure?**

☐ Yes ☐ No

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4 Cognitive and Behavioral Status

☐ **Are they oriented to person, place, and time?**

☐ Fully oriented ☐ Somewhat confused ☐ Significantly confused

☐ **Will they cooperate with getting into a vehicle?**

☐ Yes ☐ Probably ☐ Uncertain ☐ No

☐ **Do they have sundowning, meaning confusion or agitation later in the day?**

☐ Yes ☐ No

Worst times of day: _____

☐ Are they on medications that cause drowsiness, confusion, or anxiety?

☐ Yes ☐ No

Which ones and how this affects travel: _____

☐ Do they need someone with them during the appointment, or can they wait alone?

☐ Escort at all times ☐ Waiting room with check ins ☐ Can be left alone

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5 Appointment Schedule and Priorities

☐ List the first priority appointments in order.

1. Specialty, location, date needed: _____

☐ Family car ☐ Wheelchair van ☐ Medical transport ☐ Ambulance ☐ Not yet known

2. Specialty, location, date needed: _____

☐ Family car ☐ Wheelchair van ☐ Medical transport ☐ Ambulance ☐ Not yet known

3. Specialty, location, date needed: _____

☐ Family car ☐ Wheelchair van ☐ Medical transport ☐ Ambulance ☐ Not yet known

☐ Are any appointments weekly or more often, such as dialysis, wound care, or therapy?

Type, frequency, location: _____

☐ Which specialist is closest to home, and which one requires the longest trip?

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6 Transportation and Ride Arrangements

Push for a specific answer

Not “they will need some help” but “they need a wheelchair accessible van with a lift and a driver who can assist with transfers.” Write down exactly what the team tells you.

☐ What type of transportation does the medical team say this patient needs?

☐ Who is arranging rides home from appointments?

☐ Hospital ☐ Family ☐ Transport company ☐ Insurance plan ☐ No one yet

Name and phone number: _____

☐ Is the first follow up appointment scheduled with transportation already arranged?

☐ Yes ☐ No

Date, time, and who is driving: _____

_____

☐ What is the cost per trip, and who is paying?

☐ Family driving ☐ Medicare ☐ Medicaid or MATP ☐ Private pay ☐ Insurance ☐ Unknown

Cost per trip: _____

☐ What is the backup plan if the usual driver is sick or unavailable?

_____

_____

NOTES

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7 Before You Leave the Hospital

☐ I have written answers to every question in this worksheet.

☐ I have the name and phone number of the discharge planner or social worker.

Name and phone: _____

☐ I asked whether my loved one qualifies for Medicare covered non emergency ambulance transport.

☐ If my loved one has Medicaid, I asked whether a MATP application has been started.

☐ I know who is scheduling the first follow up appointment.

☐ I know who is arranging transportation to that appointment.

☐ I have a phone number to call with transportation questions after discharge.

☐ I have a copy of this worksheet to take home.

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8 What to Say if the Team Is Vague

- *I need to know specifically what type of vehicle my loved one will need.*
- *Does the medical team think this is a situation where Medicare might cover ambulance transport?*
- *If my loved one has Medicaid, should we apply for MATP before discharge?*
- *Who specifically is scheduling the first follow up appointment, and what is their phone number?*
- *Who specifically is arranging transportation to that appointment?*
- *What should I do if the transportation plan is not working once we are home?*

MY OWN QUESTIONS FOR THE TEAM

> **Remember**
> Transportation is part of the medical plan, not a favor you are asking for.
> Your loved one cannot recover at home if they cannot get to the care recovery depends on.