**Appendix A2 – Complex Discharge Planning Meeting Template**

This document can be used for any complex child requiring a coordinated Multi-Disciplinary Team discharge planning meetings.

This is a working document. Please make sure you are using the latest version by checking the version number and date updated below. The latest version of the document is available here <https://www.wellchild.org.uk/10-principles-for-complex-discharge/>

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| Version | 3 |
| Updated | May 2024 |

Review date: May 2027

**Complex Discharge Planning Meeting Template (Appendix A2)**

Guidance note: Discharge planning meetings should be documented on a clear template that can be circulated as minutes following the meeting. A key professional managing the discharge should be identified. This may be a discharge coordinator or another named lead professional. This person should take responsibility for completing the form and ensuring that actions have a designated person to complete them. Minutes of the meeting should be shared with the family and relevant professionals/ services following the meeting.

**Complex Discharge Planning Meeting Template**

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| **PATIENT NAME** |  | **DOB** | | |  | **NHS NO** | | |  |
| **ADDRESS** |  | | | | | **GP** | |  | |
| **Venue** |  | **Chair** | | |  | | **Date** | |  |
| **Minute Taker** |  | | | | | | | | |
| **Named Lead Professionals (e.g., Named Consultants, & Nurses)** | **Name** | | **Role and contact details(phone/email)** | | | | | | |
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| **Attendees**  **(for circulation)** | **Name** | | | **Role and contact details(phone/email)** | | | | | |
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| **Also copy to (if not present)** |  | | | | | | | | |
| **Apologies** |  | | | | | | | | |

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| **AGENDA ITEMS** | | **UPDATES AND ACTIONS** |
| **1** | Welcome and Introductions |  |
| **2** | Actions from previous minutes (if applicable) |  |
| **3.1** | Medical   * Background * Update * Relevant test results * Pending investigations * Relevant care plans e.g ventilation, seizures (to be attached/circulated) |  |
| **3.2** | Parents/Carer/CYP Update e.g., how do they feel things are going? |  |
| **3.3** | Other Teams Update e.g., Respiratory, Neurology, ENT |  |
| **3.4** | Physiotherapy Update   * Hospital Physiotherapy * Community Physiotherapy |  |
| **3.5** | Occupational Therapy Update   * Hospital OT * Social services OT * Local community OT |  |
| **3.6** | Speech and Language Therapy Update   * Hospital SALT * Community SALT |  |
| **3.7** | Dietetics / Nutrition Update |  |
| **3.8** | Psychology Update (if available) |  |
| **3.9** | Parent/Carer/ CYP training Update (as applicable)   * Tracheostomy: * Ventilator: * Oxygen: * BLS: * Feed Pump: * Enteral Feeding: * Medication: * Other: | (Action aiming to be completed by) |
| **3.10** | Housing Update |  |
| **3.11** | Health Visitor/School Nurse Update |  |
| **3.12** | Children’s Community Nursing Team Update |  |
| **3.13** | Continuing Care Update |  |
| **3.14** | Equipment Updates (as applicable)   * Ventilator and External Battery * Service contract for Ventilator (s) * Oxygen supply * Humidifier * 2 x Suction Machines * Oxygen saturation monitor * Nebuliser Machine * Cot/Bed * Trolley for vent * Buggy/Wheelchair * Car seat * Other |  |
| **3.15** | Care Agency Update |  |
| **3.16** | Social Services Update/Safeguarding if applicable |  |
| **3.17** | Education Update |  |
| **3.18** | Transition Planning Update (from age 14) |  |
| **3.19** | Staged Discharge (if medically fit)   * Trips off the ward: * Rooming in: * Home Leave (day): * Home Leave (night): |  |
| **3.20** | Estimated date of discharge |  |
| **4** | Any Other Business |  |
| **5** | Date of next meeting (if applicable) |  |