READINESS FOR HOSPITAL DISCHARGE SCALE – PARENT – NURSE SHORT FORM ©

You are being asked to assess the readiness for discharge of the parent of your hospitalized patient. Please complete the form within the 4 hours before the patient leaves your unit.

Please check or circle your answer. Most of the responses are on a 10-point scale from 0 to 10. The words below the number indicate what the 0 or the 10 means. Pick the number between 0 and 10 that best describes how you feel. For example, circling number 7 means you feel more like the description of number 10 than number 0 but not completely.

1a. How would you describe the <u>parent's</u> strength today?	0 We	1 eak	2	3	4	5	6	7	8	9 Stro	10 ng	
1b. How would you describe the <u>child's</u> strength today?	0 We	1 eak	2	3	4	5	6	7	8	9 Stro	10 ng	
2. How much does the parent know about problems to watch for after they go home?	0 Kn	1 now r	2 nothin	3 ng at a	4 all	5	6	7	8 F	8 9 10 Know all		
3. How much does the parent know about what the <u>child</u> is allowed and not allowed to do after they go home?	0 Kn	0 1 2 3 4 Know nothing at all					6	7	7 8 9 10 Know all			
4. How well will the parent be able to handle the demands of life at home?	0 No	0 1 2 3 4 Not at all				5	6	7	7 8 9 10 Extremely well			
5. How well will the parent be able to perform the child's medical treatments (for example, caring for a wound, breathing treatments, using equipment, or giving medications in the correct amounts and at the correct times)?	0 No	0 1 2 3 4 Not at all				5	6	7	7 8 9 10 Extremely well			
6. How much help will the parent have, if needed, with <u>the child's</u> personal care after they go home?	0 No	1 one	2	3	4	5	6	7	8 A 3	9 great d	10 leal	
7. How much help will <u>the parent</u> have, if needed, with household activities (for example, cooking, cleaning, shopping, babysitting) after the child goes home?	0 No	1 one	2	3	4	5	6	7	8 A 3	9 great d	10 leal	

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