



North Khorasan University of Medical Sciences and Health Services
Khatam-ol-Anbia Specialized Hospital, Shirvan

IPD DISCHARGE & AMA COORDINATION CHECKLIST

Purpose: To ensure a seamless, safe, and legally compliant discharge process for international patients.

Patient Name: _____ **MRN:** _____

Discharge Type: Planned (Routine)

AMA (Against Medical Advice)

Date: _____ **Time:** _____

PHASE 1: MEDICAL & CLINICAL (Coordinated with Nursing/Doctors)

Verify that all clinical information has been handed over.

- **Clinical Summary Prepared:** The “Patient Clinical Summary & Discharge Report” is completed and signed by the physician.
- **Medication Instructions:** The patient has received a clear list of prescribed medications (including dosage and frequency).
- **Warning Signs Education:** The patient/guardian has been verbally informed of “Red Flag” symptoms.
- **Physical Documents:** All original lab results, imaging reports (X-ray, CT, MRI), and surgical reports are gathered.
- **Physical Assets:** All hospital-issued items (brace, splint, medication, etc.) have been accounted for.

PHASE 2: LEGAL & DOCUMENTATION (Critical for AMA)

Mandatory if the patient is leaving Against Medical Advice.

- **AMA Form Completed:** The “Discharge Against Medical Advice (AMA) Form” is fully filled out.
- **Informed Refusal:** Physician has documented that the patient understands the risks.
- **Signatures Secured:** Patient/Guardian, Physician, and Witness/Interpreter have all signed the AMA form.
- **Interpreter Verification:** If an interpreter was used, their signature and language of communication are recorded.
- **Identity Verification:** Passport/ID of the person signing the form has been verified against the patient record.



PHASE 3: FINANCIAL & ADMINISTRATIVE

Ensure all hospital accounts are settled.

- **Billing Clearance:** Final bill has been generated and reviewed.
- **Payment Status:** All outstanding medical, room, and service fees are paid in full (or credit card authorization obtained).
- **Insurance/Guarantee:** (If applicable) Coordination with the international insurance provider is completed.
- **Departure Logistics:**
 - Flight/Transportation arrangement confirmed.
 - Hotel checkout (if applicable) coordinated.
- **File Archiving:** A complete digital or physical copy of the entire discharge packet is ready for the medical record.

PHASE 4: FINAL HANDOVER

- **Patient Education Packet:** The patient has been handed a copy of their “Discharge Instructions” and “Warning Signs.”
- **Patient Feedback:** (Optional) A brief exit survey or feedback form has been offered.

FINAL VERIFICATION BY IPD OFFICER

I confirm that all steps above have been completed according to Khatam Al-Anbia Specialized Hospital protocols.

IPD Officer Name: _____

Signature: _____ Date: _____

Supervisor/Manager Review (For AMA cases only):

Signature: _____ Date: _____