



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**  
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

ATTACHMENT B  
Policy No. 316  
January 2020

***COMMUNITY OUTING AND HOME VISIT CHECKLIST***

Prior to outing:

- Determine location & purpose based on patient goals
- Reserve van/vehicle by contacting transportation department
- Determine & coordinate team members who will attend outing
- Request & confirm for R.N. or respiratory therapist to attend if vent patient attending
- Request & obtain funds if needed
- Request portable suction machine & back-up if not available on unit
- Check on dietary status of all patients attending outing if needed
- Confirm each patient’s schedule is clear for outing – of medical appointments, therapy, etc.
- Request & visually confirm physician’s order written for each patient attending
- Check battery/charge on suction machine and functioning of back-up machine
- Inform nursing staff of all patients attending outing
- Post outing information on the “Community Outing Information” form on nursing unit and on sign-in board for area

**Collect all appropriate equipment and/or back-up items for the outing:**

Items for community outing to: _____ On date: _____	Secured	Not needed
AMBU bag for each vent/trach patient		
Portable suction		
Back-up manual pump suction machine		
Suction catheters		
Cell phone		
Connecting tube		
Cups		
Gloves		
Normal saline solution (check for open/expiration date)		
IC kits (1-2 for each patient on IC program)		
Soft ties for use as extra trunk support		
Blood pressure cuff and stethoscope		
Food/snack/special diet items (such as thickener)		
Sun screen		
Spray bottles/water		
Blanket/towels		
Other:		



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