

Protected Discharge in the Internal Medicine Unit with Geriatric Focus

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Introduction: Protected discharge is a set of actions aimed at ensuring that frail and often elderly patients receive adequate care whether home-based, rehabilitative, or residential at the time of discharge.

Objectives: The aim of our work is to assess the type of discharge adopted in a medical ward where the average age of hospitalized patients is over 65 years.

Materials and Methods: In the last 18 months, 1,038 patients aged between 65 and 102 years, all with multiple comorbidities, were hospitalized. They were divided into 4 groups based on age:

- Group A – young elderly (65–74): 298 patients (28.7%)
- Group B – elderly (75–84): 560 patients (53.9%)
- Group C – very elderly (85 years and older): 174 patients (16.8%)
- Group D – centenarians (over 100 years): 6 patients (0.6%)

Results: In Group A, the most common type of discharge was ordinary discharge. Of the 298 hospitalized patients, 280 (93.9%) returned home, and Integrated Home Care (ADI) was activated for 3 of them. Three patients (1.0%) were discharged against medical advice, 7 (2.3%) died, and 8 (2.7%) were transferred to a facility (Nursing Home, Rehabilitation Center, or Hospice). In

Group B, 329 patients (58.8%) were discharged home, with ADI activated for 11 of them (2.0%). Thirteen (2.3%) were discharged against medical advice, 40 (7.1%) died (17 before being transferred to another care setting), and 178 (31.8%) were transferred to a facility. In Group C, 154 patients (88.5%) were discharged home, with ADI activated in 14 cases. There were 7 discharges against medical advice (4.0%), 11 patients (6.3%) died, and 2 (1.1%) were transferred to a facility.

Finally, in Group D, of the 6 centenarian patients (mean age 101.2), 2 returned home, 1 was discharged against medical advice, and the remaining 3 (50%) died.

Conclusions: In our population, patients in Group A (elderly) and Group C (very elderly) were those most likely to return home, with or without the activation of ADI or transfer to local facilities. For Group A, this is likely because these patients, although affected by multiple conditions, generally do not exceed 2–3 comorbidities. Patients in Group C were most probably those who were already managed at home at the time of admission, with the help of caregivers (children and/or hired carers), and whose families were therefore accustomed to handling multiple pathologies.

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