

|                          | <p style="text-align: center;"><b>Choices You Can Make Before a Hospital Stay</b></p>   | <p style="text-align: center;"><b>Notes</b></p> |
|--------------------------|---|---|
| <input type="checkbox"/> | <p><b>I've identified at least one trusted family member or friend to act as a care partner.</b></p>  |   |
| <input type="checkbox"/> | <p><b>I've clarified <i>for myself</i> my wishes for medical care and I've discuss them with family members and my care partner/advocate.</b></p>                       |   |
| <input type="checkbox"/> | <p><b>I've prepared an advance directive and designated a health care power of attorney.</b></p>  |   |
| <input type="checkbox"/> | <p><b>I've prepared an overnight bag of personal items I'd take to the hospital (To avoid duplication, this bag can be part of your emergency Grab and Go Bag).</b></p> |   |
|                          | <p><b>Do NOT include valuables but do include:</b></p>  |   |
| <input type="checkbox"/> | <p>List of medications, including supplements and over-the-counter items</p>  |   |
| <input type="checkbox"/> | <p>List of any food and medication allergies</p>  |   |
| <input type="checkbox"/> | <p>Names and phone numbers of your primary care doctor and specialists</p>  |   |
| <input type="checkbox"/> | <p>Insurance information</p>  |   |
| <input type="checkbox"/> | <p>Advance directive and Healthcare Power of Attorney forms</p>   |   |
| <input type="checkbox"/> | <p>Notebook and pen to keep track of important information</p>  |   |
|                          | <p><b>Plus items to make your stay more comfortable:</b></p>  |   |
| <input type="checkbox"/> | <p>Toothbrush, dentures, etc</p>  |   |
| <input type="checkbox"/> | <p>Hearing aids and spare batteries</p>   |   |
| <input type="checkbox"/> | <p>Spare eyeglasses</p>   |   |
| <input type="checkbox"/> | <p>Cell phone and charger</p>   |   |



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|--------------------------|--|--------------|
| <input type="checkbox"/> | <b>I've spoken with my admitting doctor to get as clear a picture as possible of my hospital course and discharge so I can begin planning for post-hospital care.</b>  |              |
|                          | <b>I understand:</b>   |              |
| <input type="checkbox"/> | My expected course of recovery and length of hospital stay   |              |
| <input type="checkbox"/> | My expected pain management and to whom I communicate about my pain  |              |
| <input type="checkbox"/> | What I can do to help myself get better and any changes I may need to make in my daily life (physical therapy, transportation and mobility, self-care aka ADLs: meal preparation, dressing, hygiene and toileting) |              |
| <input type="checkbox"/> | <b>I have tried to be realistic about my condition and ability to return home safely by candidly answering the following questions:</b>  |              |
| <input type="checkbox"/> | What will I need help with?  |              |
| <input type="checkbox"/> | Will I be able to dress, prepare meals, bathe and use the bathroom safely?   |              |
| <input type="checkbox"/> | Will I be able to get to medical appointments and pick up medications?   |              |
| <input type="checkbox"/> | Will my home need to be reorganized to increase safety, make space for equipment or minimize the demands on my mobility?   |              |
| <input type="checkbox"/> | Will there be special tasks like changing dressings and giving injections to address?  |              |
| <input type="checkbox"/> | Will I have the social contact and companionship I desire?   |              |



This guide is not intended to replace medical or other professional advice, and any use of this information is at the reader's discretion.

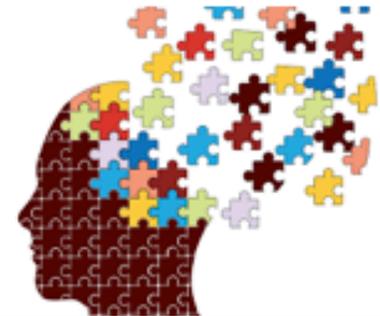
|                          |   |              |
|--------------------------|---|--------------|
| <input type="checkbox"/> | <b>If I cannot return home immediately, I've considered the following:</b>  |              |
| <input type="checkbox"/> | Who can take care of my garden and/or my pets?  |              |
| <input type="checkbox"/> | Who can pick up newspapers and collect mail?  |              |
| <input type="checkbox"/> | If important bills come due, who can handle them?   |              |
| <input type="checkbox"/> | <b>I've arranged transportation to the hospital and have a backup plan.</b>   |              |
|                          | <b>When You Are Admitted to the Hospital</b>  | <b>Notes</b> |
| <input type="checkbox"/> | <b>My care partner and I know who will be managing my care and how we can contact them.</b>   |              |
| <input type="checkbox"/> | <b>We have talked with my medical team about the best ways to:</b>  |              |
| <input type="checkbox"/> | Make sure everyone washes their hands - family, friends, staff and doctors  |              |
| <input type="checkbox"/> | Help prevent pressure injuries (sometimes called bed sores)   |              |
| <input type="checkbox"/> | Protect myself from falling   |              |
| <input type="checkbox"/> | Make sure my patient identification is checked before tests, procedures and taking medicines  |              |
| <input type="checkbox"/> | Make sure that all doctors, nurses and staff introduce themselves and explain what they are going to do before giving me any medicine or before a treatment or test |              |
| <input type="checkbox"/> | Make sure my surgery site is correctly marked on my body and I am getting the correct test or procedure   |              |
| <input type="checkbox"/> | Be aware of side effects of treatments and medicines and know symptoms and danger signs to watch out for  |              |
| <input type="checkbox"/> | Know what to do and who to talk to about concerns if my care partner or I think something does not seem "right"   |              |



It's OK to ask if I've washed my hands.

## Before You Leave the Hospital / Planning for Discharge

- Early during my hospital stay, I have arranged to talk with the discharge planner about how I can get ready to leave the hospital.
- During the discharge process, members of my healthcare team have provided me with the following information:
  - My medical condition at the time of discharge
  - What kinds of follow-up care I will need, such as physical therapy
  - My pre and post-hospitalization medications have been compared to eliminate duplications and omissions
  - What medications I need to take, including why, when, and how to take them, and possible side effects to watch for
  - What medical equipment I will need, and how to get it
  - When and how I will receive test results
  - Phone numbers to call if I have a question or problem
  - Instructions about red flags that should trigger a phone call
  - Days and times of my follow-up appointments, or information about how to make appointments



| <b>Before You Leave The Hospital / Planning for Discharge</b> |   | <b>Notes</b> |
|---|---|--------------|
| <input type="checkbox"/>                                      | <b>I have a list of all the tasks I realistically think I will need help with.</b>                                    |              |
| <input type="checkbox"/>                                      | Bathing   |              |
| <input type="checkbox"/>                                      | Dressing  |              |
| <input type="checkbox"/>                                      | Eating and dietary restrictions   |              |
| <input type="checkbox"/>                                      | Personal hygiene  |              |
| <input type="checkbox"/>                                      | Grooming  |              |
| <input type="checkbox"/>                                      | Toileting   |              |
| <input type="checkbox"/>                                      | Transfer (moving from bed to chair)   |              |
| <input type="checkbox"/>                                      | Mobility (includes walking)   |              |
| <input type="checkbox"/>                                      | Medications   |              |
| <input type="checkbox"/>                                      | Managing symptoms (e.g., pain or nausea)  |              |
| <input type="checkbox"/>                                      | Special equipment   |              |
| <input type="checkbox"/>                                      | Coordinating my medical care  |              |
| <input type="checkbox"/>                                      | Transportation  |              |
| <input type="checkbox"/>                                      | Household chores  |              |
| <input type="checkbox"/>                                      | Taking care of finances   |              |
| <input type="checkbox"/>                                      | <b>I have considered whether my home needs modifications (ramps, grab bars, etc) to ensure my safety and comfort.</b> |              |
| <input type="checkbox"/>                                      | <b>I've asked friends and acquaintances about their experience and recommendations for post-hospital care.</b>        |              |
| <input type="checkbox"/>                                      | <b>I've discussed my options with the discharge planner and made my preferences known.</b>                            |              |

**At or Immediately After Discharge**

- I have a written summary of the care I've received and the instructions for immediate follow-up care. The summary should include the following:**
  - Discharge diagnoses
  - Procedures performed during admission, including lab and test results
  - Discharge Instructions (e.g., wound care, activity, diet, red flags) and who to contact if there are complications or questions
  - Discharge medications
  - Rehab orders
  - Follow-up appointments
  - Pending tests and alerts on problems needing further action
- I know how to request my hospital record**

