You and your family are the most important members of your care team. So it is important that you understand how to best manage your health when you leave the hospital. During your stay, your care team will work with you and your family to prepare you for when you will leave the hospital. This process is called “discharge planning” and it helps ensure that you experience a smooth transition in your care.

We’ve provided a checklist on this page to be used as a guide to help you and your family understand all the information you need to know about your condition and treatment. It can also help your care team understand your preferences, concerns or questions. We encourage you to download the checklist here, discuss each item with your care team and check off or fill in items.

We hope you feel better soon and wish you the best of health.
Making Arrangements

Where are you going after you are discharged from the hospital?
(Discuss your preferences and any options that are available to you with your care team.)

______________________________________________________________________________________
______________________________________________________________________________________
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Who will be assisting you after you leave the hospital?
(Please provide the name and contact information for your caregiver(s) here.)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Consider the following:
- I have made arrangements with my employer.
- I know what services are provided for by my health insurance or Medicare.
- I know how I will pay for my hospital bill(s).

My Care After Leaving The Hospital

Ask your care team the following questions:

What problems or side effects should I look for and how often do these side effects occur?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

How can I expect to feel in the following days?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

If I experience pain, what should I do? Should I take pain medication? If so, what kind of medication should I take?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
What foods should I avoid? Do I need to have a special diet? Can I drink alcohol?

______________________________________________________________________________________

What activities should I avoid?

______________________________________________________________________________________

______________________________________________________________________________________

When can I:

• Take a shower and/or bath? __________________________________________________________________________

• Climb Stairs? __________________________________________________________________________

• Drive again? __________________________________________________________________________

• Return to work? __________________________________________________________________________

If I need to, how do I care for my incision, dressing or give myself a shot?
(Ask your care team to show you how to perform these tasks. Ask them to write it down here and to observe you doing the task yourself under their supervision.)

______________________________________________________________________________________

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If I need medical equipment when I leave the hospital, who will make arrangements for this?
Who is the best person/organization for me to call with questions about medical equipment?
(Ask a member of your care team to demonstrate or give you instructions on how to use any medical equipment you will need.)

______________________________________________________________________________________

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☐ I understand how to use the medical equipment I will need after leaving the hospital.
My Follow-Up Care

Ask your care team about the following care issues:

If I have an urgent question or issue after I leave the hospital, who should I call?
____________________________________________________________________________________________
____________________________________________________________________________________________

If I have a general question about my recovery after I leave the hospital, who should I call?
____________________________________________________________________________________________
____________________________________________________________________________________________

When should I return for a follow-up appointment and who will I see for this appointment?
____________________________________________________________________________________________
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Will I need any follow-up testing? What kind will I need? Where will it be and when will I need it?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Will I need to go to another inpatient care setting? If so, why and for how long?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Will I need outpatient therapy, if so, what kind, how will it be scheduled and where will it take place?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

How will I get to doctor appointments and pick up prescriptions when I leave the hospital?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
# My Medications

### Medications I am currently taking:

<table>
<thead>
<tr>
<th>Medication dosage</th>
<th>How many times per day</th>
<th>Purpose</th>
<th>Possible side effects</th>
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### Medications I need after leaving the hospital:

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<th>Medication dosage</th>
<th>How many times per day</th>
<th>Purpose</th>
<th>Possible side effects</th>
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Your Social Worker Can Help

If you and your family are struggling to cope we can provide you with available support groups and other resources. You can also ask your social worker to help with any questions you have about what your insurance will cover and discuss options to help you with the cost of your care.

Discharge Plan

☐ I have received a written copy of my discharge plan.

Patient Notes

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