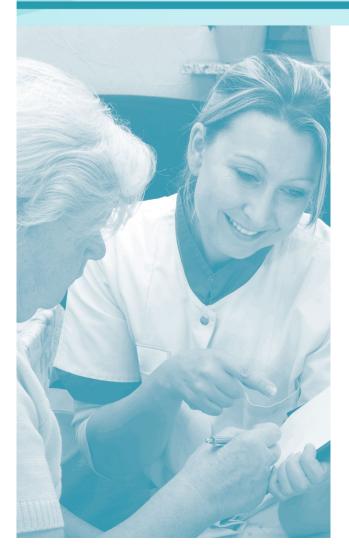




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INTRODUCTION

You are on the road to recovery and finally being discharged to the comfort of your own home. As exciting as this is, transitioning home from the hospital and/or rehab takes thoughtful consideration to make sure you minimize the risk or even avoid re-hospitalization. While you may be relieved to be going home, a hospital or rehab stay can leave you feeling weak, tired, and overwhelmed. Many underestimate the temporary assistance they need to recuperate comfortably and quickly while building back their strength and independence – as a result, some end up back in the hospital. In fact, according to the Centers for Medicare and Medicaid Services (CMS), approximately 20% of patients (that's 1 of 5 people) over age 65 are re-admitted back to the hospital within 30 days of discharge.

Some reasons why being re-admitted to the hospital can happen include:

- Not fully understanding discharge instructions: particularly due to weakness or fatigue from an exhausting hospital stay.
- Medication related issues such as skipping doses, not taking as prescribed, or running out.
- Missing follow-up medical appointments due to lack of transportation, not wanting to inconvenience a loved one, or canceling because symptoms have improved.
- Inadequate support at home, unable to shop for food and cook, or simply needing some assistance with bathing, dressing, or walking due to weakness and fatigue.
- Falls can happen and cause an injury due to weakness or as a side effect of your medications.
- Certain diseases such as heart problems cause high readmission rates.

There are several things you can do to stay in control and manage a smooth transition home beginning with a thoughtful discharge plan that is customized to your health and wellness.

Ready, Set, Go Home! Guiding you to a smooth transition!

Visiting Angels *Ready, Set, Go Home!* program offers you an organized guide and things to think about as you return to the comforts of your home. Before you leave the hospital or rehab, use the guide or have a loved one assist you to be better prepared and get started on your road to recovery. Record discharge instructions and identify who to contact if you have questions. Make sure your health and wellness is covered during the healing process and determine areas where you may need some assistance until you fully recover. When you get home, use the guide as a quick reference to review medications, manage follow-up appointments, and locate important phone numbers. You can also note any questions or information to share with your physician.

HOW DO I USE THE GUIDE

While you are in the hospital or rehab:

- Ask the important questions outlined in the Visiting Angels' Ready, Set, Go Home! Guide so that you are better prepared when you go home. Record vital information as you discuss discharge plans with your physician, nurse, therapist, social worker, or other health professional.
- Identify areas where you may need some assistance and determine who (family, friends, neighbors and/or Visiting Angels) can assist and coordinate your home care recovery program.

When you get home:

Keep your Visiting Angels' Ready, Set, Go Home! Guide handy and near the phone to use as your care reference with important information, notes from the hospital/rehab, medication list, phone numbers etc.

When you have your follow-up appointments:

• Bring along your Visiting Angels' Ready, Set, Go Home! Guide to have a comprehensive update on your progress as well as any additional questions to ask or comments to be made; you can also use the guide to record further instructions from your doctor.

When family and loved ones want to know:

• Keep your Visiting Angels' Ready, Set, Go Home! Guide available for your family and loved ones so that when they ask the questions, you are well prepared.

Our caring and compassionate Angel caregivers are companions through your recovery and are available to help support you and your family during this transitional period, in the comfort of your home.

MY HOSPITAL/REHAB/NURSING HOME INFORMATION

Visiting Angels' Ready, Set, Go Home! Guide belongs to:	
I was admitted to the hospital on (date):	
I was discharged from hospital on (date):	
I was admitted to the nursing home/rehab facility on (date):	
I was discharged from the nursing home/rehab facility on (date):	
The reason(s) for my hospitalization and/or rehab/nursing home admission we	re:
My recent surgeries:	
	Date:
	Date:
	Date:
Date of my last flu shot:	
Date of my last pneumonia shot:	
My primary care providers (PCPs) while I was a patient at the hospital or Practitioner, other):	rehab/nursing home were (Physicians, Nurse
Name and Title:	
Contact number:	
Name and Title:	
Contact Number:	
Name and Title:	
Contact Number	

HOME MANAGEMENT

Home Management

The things that concern me most about going home are (check all that apply):
☐ I don't understand how to manage my disease
☐ I am concerned about pain
☐ Getting to appointments
☐ Obtaining my medications
☐ Managing my medications
☐ Paying for my medications
□ Social support
☐ Getting to social activities
☐ Cooking
☐ Meal planning
□ Shopping
☐ Bathing
□ Dressing
☐ Falling
Other concerns (list)
☐ The thought of going home makes me feel: excited, overwhelmed, anxious, lonely or other:
My top three goals for when I get home are:
1
2
3
What things can I do alone?
What things will I need some help with?
That things will need some neip with

HEALTH MANAGEMENT

What should I expect from my illness when I get home?	
Is my condition expected to:	
☐ Improve? ☐ Stabilize? ☐ Decline? Are there any special instructions for my care when I get home?	
Should I consider having some assistance in my home during my recuperation?	
Who should I call if my symptoms or condition worsen?	
Name:	Contact number:
Name:	
Who should I contact if my symptoms worsen after hours?	
Name:	Contact number:
When should I call 911?	

ACTIVITIES AND DIET

Can I resume my normal activities at home?	
☐ Yes	
□ No	
If no, what are my restrictions?	
Can I resume my regular diet at home?	
☐ Yes	
□ No	
If no, what are my dietary restrictions and special dietary instructions?	
Shopping and Running Errands	
How will I get my food/groceries when I get home?	
Who will assist me with my shopping needs when I get home, including pharmacy?	
Name:	_ Contact number:
Who will assist me with meal planning?	
Name:	_ Contact number:
Who will assist me with meal preparation?	
Name:	_ Contact number:

EQUIPMENT, SUPPLIES AND SERVICES

Will I need special equipr	nent when I ge	t hor	ne? (Check all t	hat ap	pply)		
	Safety Rails Walker		Grab Bars Wheelchair		Hospital bed Other (specify)		Transfer Lift
Will I need supplies? (List):						
How do I get the equipm	ent or supplies	Inee	ed?				
Durable Medical	Equipment (DN	1E) C	ompany				
Name:							Contact number:
Other provider							
Name:							Contact number:
Who will pay for my equi							
□ DME Company _□ Hospice Agency _							gency
☐ Private Pay (myse							
	,						
Additional Home Servi	ces						
What additional help will	I need when I	get h	ome?				
☐ Help with person	al care (bathing	g, dre	essing, toileting,	, mea	preparation, med	dicat	ion reminders)
Help with housel	☐ Help with household chores (cooking, cleaning, laundry, errands)						
☐ Help with social/	☐ Help with social/companionship (conversations, meaningful activities)						
Help with health oxygen, injection					nanagement, dise	ase e	education/management, wound care,
Skilled Nursing			Social Work				
Physical Therapy			Occupational	Thera	ру		
☐ Hospice services			Adult Day Car	е			
Has a home assessment I	peen scheduled	ł?					
☐ Yes Date:			Time:				
□ No							
What is the name and co	ntact number o	of the	home care age	ency?			
Name:							Contact number:
Visiting Angels of					C	onta	act Number:

FOLLOW-UP APPOINTMENTS/MEDICAL/MEDICAL TESTS

Questions to Ask

You probably have list of follow-up appointments scheduled with several different health practitioners which can be very confusing and complicated. Often it is difficult to know what questions to ask or what symptoms to report. You may not want to bother the doctor with a problem that you believe will go away with time or seem trivial. The truth is, you have limited time with your follow up health practitioners to gather health updates, status and information, and share your concerns. Your health is important so make the most of your time by pre-planning for your appointment and approach each medical visit as a meeting. List the symptoms you may be experiencing, ask about your medications, and obtain clarification on specific health concerns.

What questions should I ask when I go to my medical appointments? Visiting Angels' Ready, Set, Go Home! has provided some

questions to think about before your next appointment that may require follow up with your doctor or health professional. I am most concerned about: _____ I have noticed the following symptoms and changes in my condition: ______ Are these symptoms normal for my condition? _____ Describe any pain issues: ___ Share medication issues/ questions: _____ Is medicine being changed? If so, why? _____ Special instructions for taking new medications: Are there any side effects?_____ Test results: ask about all test results (lab, radiology, other). What do the results mean?______ Follow-up instructions: _____ Additional tests required (when):

APPOINTMENTS

Note: If you need some support in getting ready for your appointment, being escorted to your appointment and following up with pharmacy and shopping errands after the appointment, our Angels at Visiting Angels can help.

Appointment Name/Type (doctor, therapy, rehab, etc):		
Has this appointment been made? ☐ Yes ☐ No*		
*If no, who do I call to make the appointment? Name	Contact number	
Appointment Date:	Time:	
Location/address:		
Is transportation arranged? \Box Yes \Box No*		
Who will accompany me to the appointment?		
Special instructions:		
Appointment Name/Type (doctor, therapy, rehab, etc):		
Has this appointment been made? ☐ Yes ☐ No*		
*If no, who do I call to make the appointment? Name	Contact number	
Appointment Date:	Time:	
Location/address:		
Is transportation arranged? \square Yes \square No*		
Who will accompany me to the appointment?		
Special instructions:		
Appointment Name/Type (doctor, therapy, rehab, etc):		
Has this appointment been made? ☐ Yes ☐ No*		
*If no, who do I call to make the appointment? Name	Contact number	
Appointment Date:	Time:	
Location/address:		
Is transportation arranged? \square Yes \square No*		
Who will accompany me to the appointment?		
Special instructions:		

MEDICATIONS

Taking medications as prescribed by your physician is an important part of your treatment plan and should be a high priority in your healthy road to recovery. Unfortunately, people often make the mistake of stopping their medications prematurely for a few reasons: they start to feel better and think the medication has done its job, they haven't seen any improvement since starting the medication and decide it's not working, or the medication costs too much money to buy.

Medication issues are one of the leading reasons for re-admission to the hospital. Whether you just miss an occasional dose or stop taking your medications all together, the result can be the same; an unplanned emergency room visit or hospitalization which is much more costly, health-wise and financially.

Don't stop taking medications prescribed by your physician until you've discussed your concerns with your health care provider or pharmacist first. He or she may be able to give you additional options to address your treatment: change the medication, alter the dosage, offer a lower cost alternative, offer a discount drug plan, or provide other professional recommendations to accomplish the goal of improving your health and wellness.

have a copy of my current medication list				
understand how to get my medications from the pharmacy (pick-up or delivery) \Box	Yes 🗖 No			
Nho will pick up my medications? Name	Contact number			
am uncomfortable setting up my medications. Yes No				
may sometimes forget to take my medications and need some reminders. $\ \Box$ Yes	□ No			
Who pays for medication? □ Self-pay □ Insurance □ Other				
need assistance paying for my medications. $\ \square$ Yes $\ \square$ No				

A medication profile is a place to summarize the list of medications you are currently taking. Complete the list and take with you to your health care appointments, then update when medications are added, discontinued, or dosages changed. Be sure to include all non-prescriptions (over the counter) medications and vitamins you take as well.

Medication Name	Wavfavin
Prescribing Doctor	David Tennant D.O.
Dose - How Much I Take	2mg (1 pill)
Frequen - How Often like It	c.ade.
What Time Day	ser, g
Purpose - Why Do I Take It?	blood thinner
Side Effects - Special Instructions	bleeding
Start Date	June 1, 2016

	Med	ication	Name	Lipitor
	Prescribing Doctor			David Tenna + D.O.
	Do Ho viuci Tal) mg
	lov		.y - Take It	1 ₀ :1.
	Wha	t Time	Of Day	morning
	Purp	ose - W Take I	'hy Do I t?	high cholestevol
Side Effects - Special Instructions				low blood pressure
	9	Start D	ate	May 25, 2016

MEDICATION SCHEDULE

Medication Name		Medication Name	
Prescribing Doctor		Prescribing Doctor	
Dose - How Much I Take		Dose - How Much I Take	
Frequency - How Often I Take It		Frequency - How Often I Take It	
What Time Of Day		What Time Of Day	
Purpose - Why Do I Take It?		Purpose - Why Do I Take It?	
Side Effects - Special Instructions		Side Effects - Special Instructions	
Start Date		Start Date	
Medication Name		Medication Name	
Medication Name		Wedication Name	
Prescribing Doctor		Prescribing Doctor	
Dose - How Much I Take		Dose - How Much I Take	
Frequency - How Often I Take It		Frequency - How Often I Take It	
What Time Of Day		What Time Of Day	
Purpose - Why Do I Take It?		Purpose - Why Do I Take It?	
Side Effects - Special Instructions		Side Effects - Special Instructions	
Start Date		Start Date	

MEDICATION SCHEDULE

Medication Name	
Prescribing Doctor	
Dose - How Much I Take	
Frequency - How Often I Take It	
What Time Of Day	
Purpose - Why Do I Take It?	
Side Effects - Special Instructions	
Start Date	

Medication Name	
Prescribing Doctor	
Dose - How Much I Take	
Frequency - How Often I Take It	
What Time Of Day	
Purpose - Why Do I Take It?	
Side Effects - Special Instructions	
Start Date	

Medication Name	
Prescribing Doctor	
Dose - How Much I Take	
Frequency - How Often I Take It	
What Time Of Day	
Purpose - Why Do I Take It?	
Side Effects - Special Instructions	
Start Date	

Medication Name	
Prescribing Doctor	
Dose - How Much I Take	
Frequency - How Often I Take It	
What Time Of Day	
Purpose - Why Do I Take It?	
Side Effects - Special Instructions	
Start Date	

MEDICATION SCHEDULE

Side Effects -

Special Instructions

Start Date

Medication Name	Medication Name
Prescribing Doctor	Prescribing Doctor
Dose - How Much I Take	Dose - How Much I Take
Frequency - How Often I Take It	Frequency - How Often I Take It
What Time Of Day	What Time Of Day
Purpose - Why Do I Take It?	Purpose - Why Do I Take It?
Side Effects - Special Instructions	Side Effects - Special Instructions
Start Date	Start Date
Medication Name	Medication Name
Medication Name Prescribing Doctor	Medication Name Prescribing Doctor
Prescribing Doctor Dose - How Much I	Prescribing Doctor Dose - How Much I
Prescribing Doctor Dose - How Much I Take Frequency -	Prescribing Doctor Dose - How Much I Take Frequency -

Side Effects -

Special Instructions

Start Date

WARNING SIGNS

What should I do if I don't feel well?

Your body will send signals to you when something is wrong. It's important to pay attention and not ignore potential problems to minimize the risk of landing back in the hospital.

If you develop any of the following signs, report promptly to reduce your risk of further problems.

Please share these warning signs with family and loved ones.

	You develop a fever.
	You become confused or forgetful.
	Others see a change in your behavior – you become uncharacteristically angry or hostile.
	You develop an unsteady gait or have balance problems – holding on to walls and furniture when to move around.
	You develop weakness or vertigo (dizziness).
	You have bowel issues – diarrhea or constipation (no bowel movement for 3 days).
	Your pain is not easily relieved with medications.
	You run out of medications.
	You lose your appetite.
	You have nausea or vomiting.
	You feel depressed, sad or lonely and can't seem to shake it.
	Something just doesn't feel right, you don't feel like yourself.
f in do	oubt, check it out!
he fol	lowing signs may indicate a serious event and require a call to 911:
	You have chest pain.
	You have slurred speech or find it hard to speak - your loved ones can't understand what you are saying because your words sound jumbled.
	You have sudden weakness of your arms or legs.
	You fall and hit your head, start bleeding, or have another injury.
	You have severe or unresolved pain – your medications are not helping.
	You become very sleepy or drowsy.
	You have difficulty breathing – not relieved with medications or rest.

It wasn't too long ago that you were admitted to the hospital because of a serious illness or health concern. Thankfully, you are now returning home and well on your road to recovery. It's been a long and sometimes tiring healing journey. With proper care and planning you can reduce the risk of re-hospitalization. Invest in your health and wellness by taking the appropriate measures at home to manage your recovery. Use this Visiting Angels Discharge Guide as the first step to taking care of yourself. And if you were to find you are in need of additional care support whether it's for a few hours a day or a few days a week, our Visiting Angels caregivers are in the wings and available to assist you until you are back to your full recovery.

NOTES

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