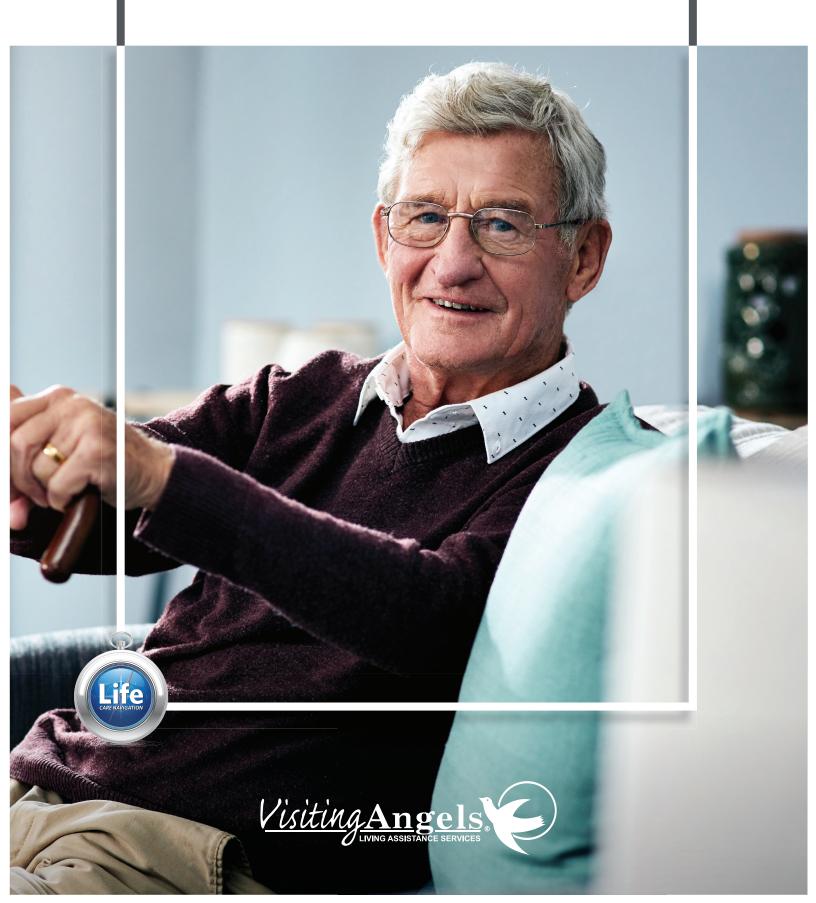
Ready, Set, Go Home - DISCHARGE GUIDE





The Ready, Set, Go Home Discharge Guide provides information to support and assist you and your family with the discharge process, and at home throughout the care continuum.

Greetings from the Visiting Angels Care Team

Whatever the cause for your recent hospital stay, the good news is you are ready to be discharged to the comfort of your own home.

Transitioning from the hospital or rehab to home may seem overwhelming as you consider moving from a setting of around-the-clock care, to managing your care with the help of family, friends and, in some cases, skilled nursing and other therapies. While well enough to return home, you may not have completely recovered.

When you are ready to leave, your hospital or rehab team will provide you with printed instructions about how to manage your care at home.

Far too often people underestimate the assistance needed to continue on the road to recovery. As a result, the recovery period stops with many individuals returning to the hospital or emergency room. Of course, we always think this will not happen to us. However, approximately 20% of patients (that's 1 in 5 people) over the age 65 are readmitted to the hospital within 30 days of discharge.

For that reason, our caring and compassionate Angel caregivers are ready to assist with your recovery, and support you and your family in the comfort of your home.

We honor the ability to care for you in your home and recognize we are guests; your goal is our goal.

What are the main reasons people are re-hospitalized?

- Not fully understanding the discharge instructions due to weakness, fatigue or even anxiety about going home.
- Medication issues such as skipping doses, not taking medicine as prescribed or running out.
- Unable to shop for food or cook due to weakness or inability to drive.
- Falls due to weakness, new equipment, exhaustion.
- Missed medical appointments due to lack of transportation or canceling because you 'feel better'.
- Certain diseases such as heart issues, diabetes, stroke.

What can I do?

Recognize that part of your recovery and staying healthy is dependent on relying on others to care and support you.

At Visiting Angels, we pride ourselves in serving as part of the health care continuum. We recognize the value in working alongside you and your health care providers, whenever and wherever you need us.

The Visiting Angels' *Ready, Set, Go Home* Discharge Guide is designed to help you determine areas where you may need assistance, either ongoing or temporary, until you fully recover.

APPROXIMATELY 20% OF PATIENTS...

OVER THE AGE 65 ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS OF DISCHARGE.



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How Do I Use this Guide?

While you are in the hospital or rehab:

Ask the important questions outlined in this guide so that you are better prepared when you go home. Record vital information as you discuss discharge plans with your health care providers.

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:

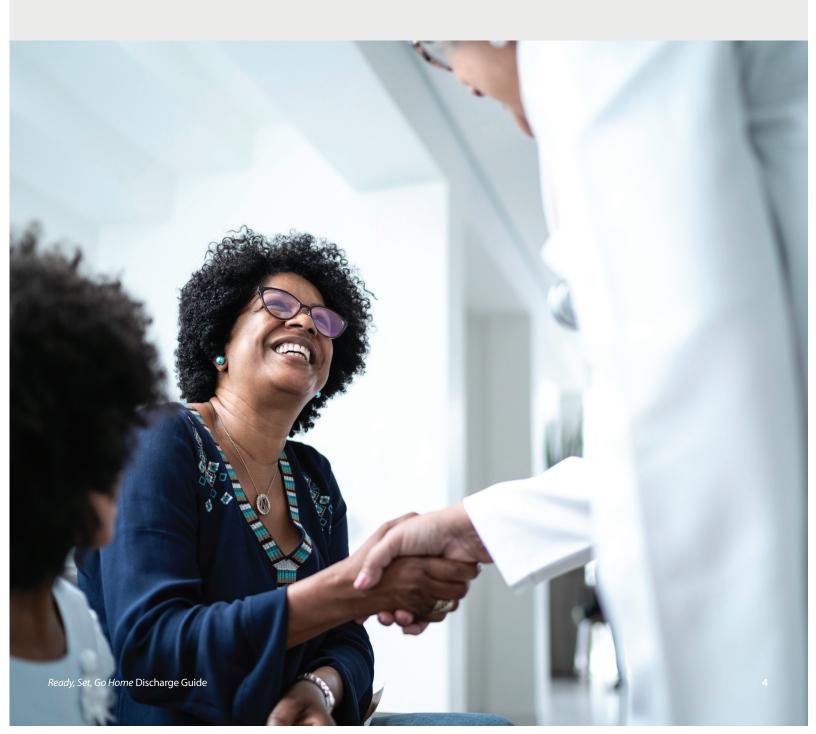
Keep your *Ready, Set, Go Home* Discharge Guide handy and near the phone to use as your care reference with important information, notes from the hospital/rehab, medication list, phone numbers etc.

When you have your follow-up appointments:

Bring along your *Ready, Set, Go Home* Discharge Guide to medical appointments to maintain a comprehensive update on your progress and remind you of questions or comments to make to your doctor. You also can use the guide to record further instructions from your doctor.

When family and loved ones want to know:

Keep this guide available for your family and loved ones so you are well prepared to answer their questions.



My Hospital/Rehab/Nursing Home Information

Name of hospital:
was admitted to the hospital on (date):
was discharged from the hospital on (date):
Name of nursing home/rehab facility:
was admitted to the nursing home/rehab facility on (date):
was discharged from the nursing home/rehab facility on (date):
The main reason(s) for my hospitalization and/or rehab/nursing home admission were:
Surgery date (if applicable):
My primary care providers (PCPs) while I was a patient at the hospital or rehab/nursing home were (physicians, nurse practitioner, other):
nurse practitioner, other):
nurse practitioner, other): Name and Title:
nurse practitioner, other): Name and Title:
Name and Title: Contact Number:
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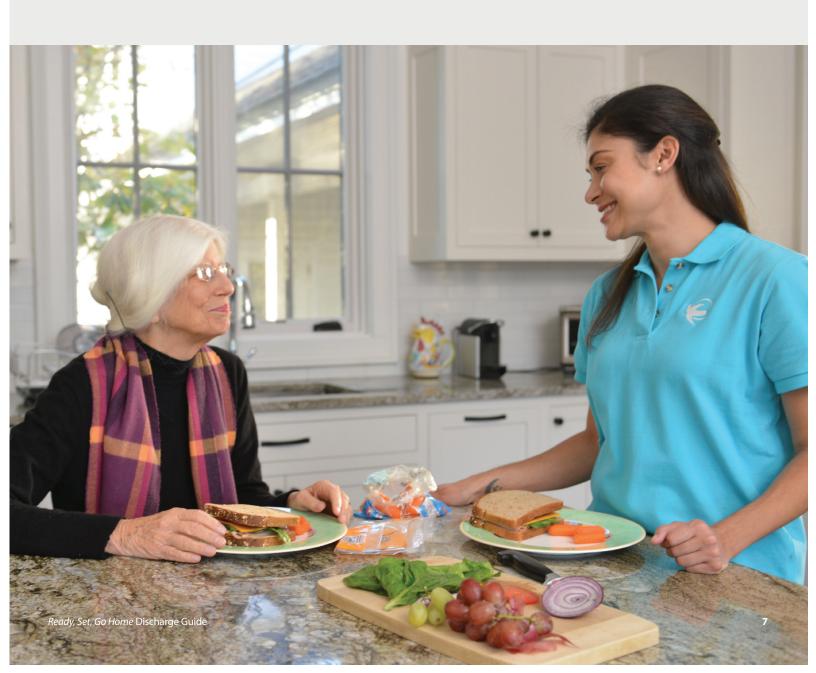
Home Management

Areas that concern me most about going home or where I may need help are (check all that apply):

	Concern	Need Help
I don't understand how to manage my disease.		
I am concerned about pain.		
Getting to appointments		
Obtaining my medications		
Managing my medications (refills/reminders)		
Paying for my medications		
Social support		
Getting to Religious events		
Getting to social activities		
Cooking		
Meal planning		
Shopping (food, pharmacy, errands)		
Bathing		
Dressing		
Falling		
Caring for a loved one		
Household chores (cleaning, laundry)		
Other concerns (list)		
My top three goals when I get home are:		
2		
3		

Who can assist me when I get home in the areas where I identified as needing help and with my goals?

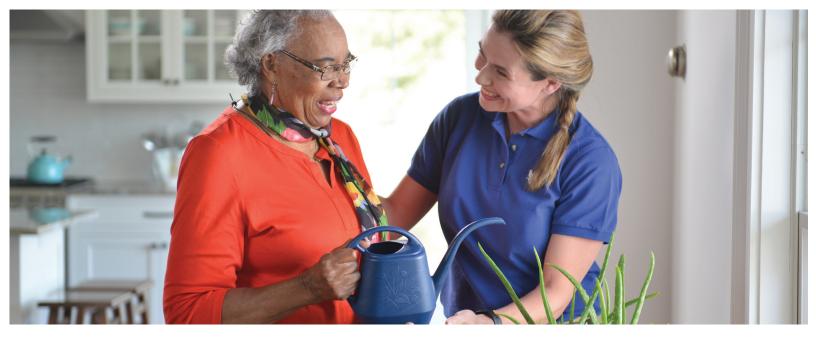
Name and Title:
Contact Number:
Name and Title:
Contact Number:
Visiting Angels Care Team/Name:
Contact Number:



My Health Management

Who should I call if my symptoms or condition worsen?

Name and Title:
Contact Number:
Name and Title:
Contact Number:
Name and Title:
Contact Number:
Who should I contact if my symptoms worsen after hours?
Name and Title:
Contact Number:
Name and Title:
Contact Number:
Name and Title:
Contact Number:
When should I or someone caring for me call 911? If in doubt, check it out!
The following signs may indicate a serious event and require a call to 911. This is not a complete list.
☐ 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 a sudden weakness of your arms or legs.
☐ Falls resulting in injuries, head injuries, uncontrolled bleeding, other injuries.
☐ 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.



,	al activities at home?
Yes	
□ No	
,	ctions based on instructions from my Medical provider?
Can I resume my regula	ar diet at home?
☐ Yes	
□ No	
If no, what are my restric	ctions based on instructions from my Medical provider?
l will need help in this a	area:
	area:

Equipment, Supplies and Services

Has your physician or other health care provider ordered any of the following?

	Need	I Will Need Assistance With
Oxygen		
Safety Rails		
Grab Bars		
Hospital Bed		
Transfer Lift		
Cane		
Walker		
Wheelchair		
Abduction Pillow		
Orthopedic Brace		
Who provides my equipment?		
□ Durable Medical Equipment (DME) Com		
□ Durable Medical Equipment (DME) Com		
Durable Medical Equipment (DME) Comp		
Durable Medical Equipment (DME) Comp Name: Contact Number:		
Durable Medical Equipment (DME) Comp Name: Contact Number: Other Provider		
Durable Medical Equipment (DME) Composition Name: Contact Number: Other Provider Name:		
Durable Medical Equipment (DME) Comp Name: Contact Number: Other Provider Name: Contact Number:		
Durable Medical Equipment (DME) Composition Name: Contact Number: Other Provider Name: Contact Number: Contact Number: Who will pay for my equipment/supplies?		
Durable Medical Equipment (DME) Composition Name: Contact Number: Other Provider Name: Contact Number: Who will pay for my equipment/supplies? DME Company		
Durable Medical Equipment (DME) Composition Name: Contact Number: Other Provider Name: Contact Number: Contact Number: Mho will pay for my equipment/supplies? DME Company Home Health Care Agency		
Durable Medical Equipment (DME) Composition Name:		

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Home Services Has your physician or other health care provider recommended any of the following services upon your return home? ☐ Skilled Nursing ☐ Respiratory Therapy Name: _____ Name: _____ Contact Number: _____ Contact Number: ☐ Social Work ☐ Speech/Language Pathology Name: _____ Name: _____ Contact Number: _____ Contact Number: ☐ Physical Therapy ☐ Hospice Services Name: _____ Name: _____ Contact Number: _____ Contact Number: ☐ Occupational Therapy ☐ Adult Day Care Name: Name: Contact Number: Contact Number: Has an assessment been scheduled? Yes Time: _____ ☐ No Visiting Angels of _____ Contact Number:

Follow-Up Appointments

Your health and ability to stay home may depend on how well your physician and other health care providers know your current state of health. Do not take the chance of missing something important because you thought it was trivial or did not want to bother anyone.

As part of your ongoing recovery and in an effort to maintain your health, it is important that you:

- 1. Keep your follow-up appointments with your health care providers.
- 2. Prepare for your appointments.

What questions should I ask when I go to my medical appointments?

The *Ready, Set, Go Home* Discharge Guide outlines some questions for you to think about before your next appointment. As stated earlier, take this guide with you to your appointments.

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:
Chara modication issues /questions:
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):

oharmacy and shopping errands aft	er the appoin	itiliciti, oui	Tibiting 7 mag and a carrie carrier pr
will need help in this area:	☐ Yes	□ No	
Appointment Name/Type (doctor,	therapy, reha	b, etc)	
Has this appointment been made?	□ Yes	□ No	If no, who do I call to make the appointment?
Name:			Contact Number:
Appointment Date:			Time:
_ocation/Address:			
s transportation arranged?	□ Yes	□ No	
Who will accompany me to the app	ointment?	-	
Special instructions:			
Appointment Name/Type (doctor,	therapy, reha	b. etc)	
		,,	
Has this appointment been made?	☐ Yes	☐ No	If no, who do I call to make the appointment?
Name:			Contact Number:
Name: Appointment Date:			Contact Number:
Name:Appointment Date: Location/Address:			Contact Number:
Name:Appointment Date: Location/Address: Is transportation arranged?	☐ Yes	□ No	Contact Number:
Name: Appointment Date: Location/Address: Is transportation arranged? Who will accompany me to the appo	□ Yes	□ No	Contact Number:
Name:Appointment Date: Location/Address: Is transportation arranged? Who will accompany me to the appo	□ Yes ointment?	□ No	Contact Number:
Name: Appointment Date: Location/Address: Is transportation arranged? Who will accompany me to the appointment Name/Type (doctor,	☐ Yes ointment? therapy, reha	□ No	Contact Number:
Name: Appointment Date: Location/Address: Is transportation arranged? Who will accompany me to the appointment Name/Type (doctor, Has this appointment been made?	☐ Yes pointment? therapy, reha ☐ Yes	□ No b, etc) □ No	Contact Number: Time: If no, who do I call to make the appointment?
Name: Appointment Date: Location/Address: Is transportation arranged? Who will accompany me to the appointment Name/Type (doctor, Has this appointment been made? Name:	☐ Yes pointment? therapy, reha ☐ Yes	□ No b, etc) □ No	Contact Number: Time: If no, who do I call to make the appointment? Contact Number:
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Name:	☐ Yes ointment? therapy, reha ☐ Yes	□ No b, etc) □ No	Contact Number: Time: If no, who do I call to make the appointment? Contact Number:

Medications

Taking medications as prescribed by your physician is an important part of your treatment plan. Unfortunately, people often make the mistake of stopping their medications for a few reasons:

- Do not believe the medication is helping.
- · Do not like the side effects.
- Start to feel better and think they no longer need the medication.
- · Forget to take medication.
- Medication cost too much.

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, the result can be the same: a visit to the emergency room or another hospital stay. Our Visiting Angels Care Team can help.

Discuss your concerns with your health care provider or pharmacist first. He or she may be able to give you additional

options while continuing to maintain your best health.
I have a copy of my current medication list: \square Yes \square No
I understand how to get my medications from the pharmacy (pick-up or delivery): $\ \square$ Yes $\ \square$ No
Who will pick up my medications?
Name and Title:
Contact Number:
I will need help in this area: Yes No
Who pays for medication? ☐ Self-pay Insurance ☐ Other
It is important to have an accurate list of current medications. Create a list and take it with you to your health care appointments. Update the list, as needed. Be sure to include all non-prescriptions (over-the-counter) medications and vitamins.

Our Visiting Angels Care Team can help.

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 health. Use the Visiting Angels' Ready, Set, Go Home Discharge Guide as the first step to taking care of yourself.

Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, and dietary supplements

Who Told Me to Use / How to Contact	Dr. X (800) 555-1212					
Why I'm Using / Notes	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11					
Stop Dates	1-15-11					
How to Use / When to Use	Take orally 2 times a day 18 am & 8 pm					
How Much						
What It Looks Like Color, shape, size, markings, etc.	20 mg pill; small white, 40 mg; use two 20 mg round					
What I'm Using Rx – Brand & generic name; OTC – Name & active ingredients	*******					
	Ä	-	7	m	4	ιO

Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, and dietary supplements

Who Told Me to Use / How to Contact	Dr. X (800) 555-1212					
Why I'm Using / Notes	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11					
Start / Stop Dates	-15-11					
How to Use / When to Use	Take orally, 2 times a day / 8 am & 8 pm					
How Much	40 mg; use two 20 mg pills					
What It Looks Like Color, shape, size, markings, etc.	20 mg pill small white, 40 mg; use two 20 mg round					
What I'm Using Rx – Brand & generic name; OTC – Name & active ingredients	XXXXXXXXXX					
	Ä	9	7	00	0	10

Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, and dietary supplements

	What I'm Using Rx – Brand & generic name; OTC – Name & active ingredients	What It Looks Like Color, shape, size, markings, etc.	How Much	How to Use / When to Use	Start / Stop Dates	Why I'm Using / Notes	Who Told Me to Use / How to Contact
Ä	XXXXXXXXXX	20 mg pill: small, white, round	20 mg pill: small white, 40 mg; use two 20 mg Take orally 2 times a round day / 8 am & 8 pm	Take orally 2 times a day / 8 am & 8 pm	11-51-1	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11	Dr. X (800) 555-1212
=							
12							
13							
7							
15							

Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, and dietary supplements

Who Told Me to Use / How to Contact	Dr. X (800) 555-1212					
Why I'm Using / Notes	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-11					
Stop Dates	-15-11					
How to Use / When to Use	Take oraffy, 2 times a day / 8 am & 8 pm					
How Much	40 mg; use two 20 mg pilks					
What It Looks Like Color, shape, size, markings, etc.	20 mg pill; small white, 40 mg; use two 20 mg round					
What I'm Using Rx – Brand & generic name; OTC – Name & active ingredients	**********					
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The Ready, Set, Go Home Discharge Guide provides information to support and assist you and your family with the discharge process, and at home throughout the care continuum.



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