










PLANNING YOUR STAY

FROM **Admission** TO **Discharge**

The purpose of this booklet is to improve communication between you and your health care team. You may use it to keep track of your Health Centre stay and discharge plan.



WHAT DOES MY WHITE BOARD TELL ME?

 <p>WELCOME BOOZHOO BIENVENUE</p>	Bedside Shift Report: 7:30 AM & PM Family Presence Contact:		When am I ready to leave? <div> <input type="checkbox"/>  Not Ready for Discharge </div> <div> <input type="checkbox"/>  Discharge Expected within 2-3 days </div> <div> <input type="checkbox"/>  Discharge Expected within 24 hours </div> <div> <input type="checkbox"/>  Awaiting transfer to another facility </div>
I like to be called Date Doctor Nurse Code Status	Other Care Providers		
Devices  Transfer Belt: S M L Other:	Meal Assistance: Set-up Supervision Feed Out of bed	Dietary Considerations: ASPIRATION RISK NPO Supplements: MED PASS	
	Fall Risk: High Moderate Low Interventions: Close monitoring Bed Alarm Bed in low position Grip socks Shoes Commode at bedside Day/Night Other:		
	AOB: High Moderate Low Interventions:		
Transfers: Mobility: Rehab:	Special Considerations:		
ASK ALL YOUR HEALTHCARE PROVIDERS • HAVE YOU WASHED YOUR HANDS? 			

Use this page to write down any questions, as you think of them, that you want to remember to ask your nurse or doctor when they are there.

QUESTIONS I MIGHT WANT TO ASK MY DOCTOR OR NURSE

Why was I admitted to the Health Centre? _____

What is my discharge code / colour? _____

What does it mean? _____

When will I be able to go home? _____

What tests or treatments do I still Need? _____

Who are my care providers?

☐ Physician _____

☐ Occupational Therapist (OT) _____

☐ Physiotherapist _____

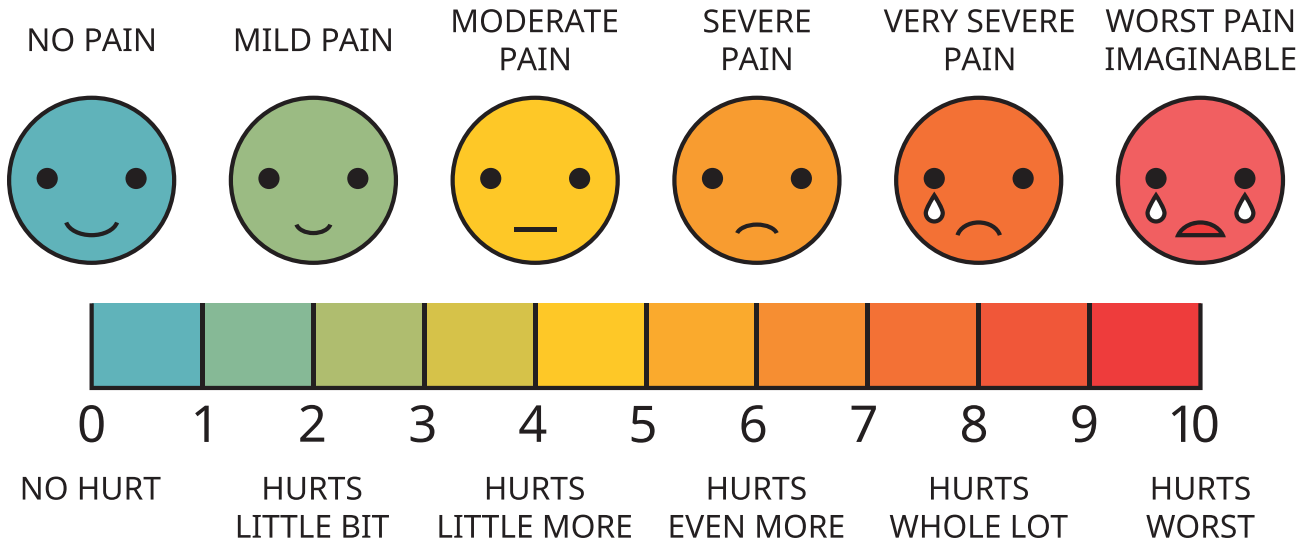
☐ Mental Health Counsellor _____

☐ Dietician _____

☐ Discharge Planner _____

NOTES

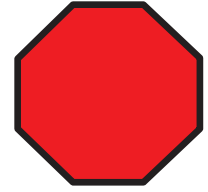
PAIN MEASUREMENT SCALE



How is your pain?

Other Questions:

MY DISCHARGE CODE IS RED
WHAT QUESTIONS DO I NEED TO BE ASKING?



1. What is my plan of care?

2. What fears and anxieties do I have about going home? Who can I talk to about this?

3. What medications am I taking and what are they for?

☐ Should my medications be put in blister packs? _____

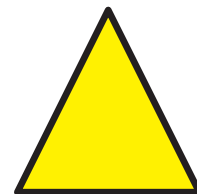
4. What are my goals for discharge? What can I do to help me reach those goals?

5. What needs to happen before I can go home?

6. Other questions:

MY DISCHARGE CODE IS **YELLOW**

2-3 DAYS PRIOR TO DISCHARGE



1. Be sure to arrange a ride home for the day of discharge.

2. What medication am I taking? What is it for?
Are there any changes in my medication?

3. What help might I need when I go home?

☐ Home Care, physio, nursing, homemaking, Meals on Wheels, Lifeline:

4. Will I need any special equipment when I go home?

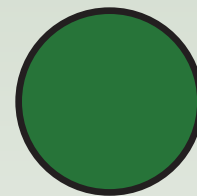
☐ Walker, wheelchair, bath seat, ramp, bathroom accessibility:

5. Have my fears and anxieties about going home been addressed?

Who can I talk to? _____

6. Other questions:

MY DISCHARGE CODE IS GREEN
I AM READY TO GO HOME TOMORROW



Date: _____

24 HOURS BEFORE DISCHARGE:

1. Make sure your ride will be here to pick you up before 11am.
2. Make sure you have suitable clothes to wear home.
3. Have all your questions been answered?
4. Review the discharge checklist

**Use this checklist to ensure you have all the
needed information for discharge.**



DISCHARGE DAY

We want to make your discharge a pleasant yet efficient experience. If your ride is unavailable before 11am, please notify your nurse as soon as possible. You may be asked to wait in the patient lounge.

BEFORE DISCHARGE:

1. The doctor must write a discharge order.
2. The nurse must get all your paperwork together.
3. Have all your questions been answered?
4. Review the discharge checklist

After the doctor has spoken to you, the nurse will come and explain the plan for you at home. Sometimes it takes a while to prepare your paperwork. **Please wait in your room.**



1. Write down any questions you have and ask your nurse before you go home.

2. Discuss your medications with your nurse including any changes that may have been made.

Have any of your home medications been stopped?

Do you need to take any new medications and what are they for?

3. Make sure to obtain any belongings that have been locked up (money, purse, wallet &/or medications).

4. Before you leave the room, look around & check the drawers, closet, bathroom and over bed table for any belongings you may have missed such as hearing aids, glasses, walker, cane, shaver, comb, brush, toothbrush & toothpaste.

MY CHECKLIST ON DAY OF DISCHARGE

	YES	NO	QUESTIONS
I know where I am going	<input type="checkbox"/>	<input type="checkbox"/>	
I know the results of any tests I have had done	<input type="checkbox"/>	<input type="checkbox"/>	
I am tolerating food and fluids	<input type="checkbox"/>	<input type="checkbox"/>	
I am able to move around my home (with equipment as needed)	<input type="checkbox"/>	<input type="checkbox"/>	
I do not need help with toileting	<input type="checkbox"/>	<input type="checkbox"/>	
I know what help I will need at home	<input type="checkbox"/>	<input type="checkbox"/>	
I know who to call for help	<input type="checkbox"/>	<input type="checkbox"/>	
I have arranged a ride home before 11 am	<input type="checkbox"/>	<input type="checkbox"/>	
I have my discharge papers	<input type="checkbox"/>	<input type="checkbox"/>	
I know if I need a follow up appointment with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", Has the appointment been made?
Do I need a specialist appointment	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", Has the appointment been made?
I have my prescriptions or they have been faxed to my pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	
I understand my medications and why I need them	<input type="checkbox"/>	<input type="checkbox"/>	
I have all my belongings, including any medications that I brought to the Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT NOTES

PLANNING YOUR STAY FROM ADMISSION TO DISCHARGE



SUMMARY

We hope that this information, as well as your contact with the health care team, will provide you with the information you need to have a good experience at the Dryden Regional Health Centre.

As part of our commitment to quality health care, we welcome your feedback.

Please fill in our Patient Satisfaction survey or any other questionnaire that is offered.



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