

A READMISSION IS WHEN:

I am admitted to the hospital after being discharged for the same diagnosis (condition)

I CAN HELP PREVENT A READMISSION BY:



Understanding My Discharge Instructions

- Know what I need to do before and after I leave the hospital
- Ask questions early and often
- Ask when I do not understand my follow-up care instructions
- Arrange for the support and follow-up care I will need post discharge



Knowing My Diagnosis (Condition)

- Understand my main medical problem or condition
- Know the potential complications and who to call if I need assistance
- Learn how my condition impacts me and my family



Following Up with My Care: Things to Do

- Be sure to communicate with my primary care provider
- Ask my healthcare team to help me find a primary care provider if I don't have one
- Schedule and go to all my follow-up appointments
- Keep a medical journal and bring it to all my appointments
- Tell my primary care physician and other providers that I was admitted to the hospital
- Ask my provider if they have received all of my test results and medical reports
- Ask questions at the follow-up visit about what I need to do and why I need to do it
- Understand and follow my postdischarge activity and dietary plans



Protecting Myself from Infections

- · Avoid people who are sick
- · Wash my hands often
- · Learn how to care for my surgical site



Managing My Medications

- Understand my post-discharge medications, and if they are different than before admission
- Keep a current list of my medications, including over-the-counter and herbal medications (note any allergies)
- Bring my current medication list to appointments and review the list with my doctors
- Update my medication list when my medications change
- · Take my medications as directed
- Understand what medications to take and when, and why it is important to take my medications
- Know the reason for taking my medication and how they help with my condition
- Let my healthcare providers know if I am having problems taking my medications



My Information Post-Discharge Patient Tool

FOLLOW-UP APPOINTMENT #1

Information about me and my follow-up appointments

Pharmacy Name/Number:_____

My Name/Medical Record Number: _____

ICE (In Case of Emergency) Name/Number:

Primary Care Provider Name/Number: _____

Instructions

- 1. Complete this tool before I go home, with the help of a nurse or doctor.
- 2. Display this tool
- 3.

	When
in my home	Where:
where I will see	Date/Time:
it every day.	Reason for Visit:
	Things to Bring (e.g. my current medication list):
Share this	Questions to Remember:
information	
with my family	
members,	FOLLOW-UP APPOINTMENT #2
providers and	Where:
others who	Date/Time:
help me with	Reason for Visit:
my care.	Things to Bring (e.g. my current medication list):
	Questions to Remember:
NPSF	
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continued... My Information Post-Discharge Patient Tollow-up or post-discharge care



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MY DIAGNOSIS (CONDITION)		
My main medical problem is		
A FEW IMPORTANT THINGS (for additi	ional tips review the Helpful Patient Tips sheet)	
Become familiar with the signs and symptoms that my doctor should know about immediately		
Know when and who to call when I have questions or concerns		
Make arrangements for my care at home		
Order equipment and supplies that I will need at home		
Understand follow-up care plan and schedule all necessary appointments with my providers		
Learn how to take care of my surgical or wound site		
Make sure all test results and records are sent to my primary care provider		
Take steps to protect myself from infection		
Carefully follow my post-discharge activity and dietary instructions		
Understand my post-discharge medications, and know if they are different than before admission		
Make a list of all medications and take it with me to all my appointments		





continued...

My Information Post-Discharge Patient

Information about my post-discharge medications (always keep a current list)

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MEDICATION LIST (take medicines as directed) INCLUDE: prescription medications, over-the-counter medications, herbals, vitamins and supplements Name of medicine Dose (amount) **How often** and when? (morning, noon, evening) How to take (with food or water) Reason for taking **Allergies**

