

PATIENT / FAMILY DISCHARGE INSTRUCTIONS

Appointment Made	Date	Time	Provider	Phone	Lab or X-ray Prior to Appt.

Make Appointment With:

Provider	Phone	When

Reason for Hospital Stay _____

<p>Activities:</p> <input type="checkbox"/> Resume normal activities <input type="checkbox"/> Activities per MD instructions _____ <input type="checkbox"/> No driving for _____ days <input type="checkbox"/> Return to work as instructed <input type="checkbox"/> Other _____	<p>Diet:</p> <input type="checkbox"/> No restrictions <input type="checkbox"/> Low cholesterol _____ <input type="checkbox"/> No salt added <input type="checkbox"/> Diabetic _____ calories/day <input type="checkbox"/> 2 gm 3 gm Sodium – No added salt <input type="checkbox"/> Other _____
<p>Discharge Instruction Sheets Given:</p> _____ _____ _____ _____ _____ _____ _____ _____	<p>Wound/Incision Care: N/A</p> <input type="checkbox"/> Leave incision open to the air <input type="checkbox"/> If Steri-strips become worn, remove them <input type="checkbox"/> Cover incision with gauze or transparent dressing <input type="checkbox"/> Keep same dressing on until clinic appointment <input type="checkbox"/> Continue to wear support socks for one week <input type="checkbox"/> Call doctor for temperature above 101° or if change in wound drainage is noticed <input type="checkbox"/> Other: _____
<p>Pneumococcal Immunization ≥ 65 years</p> <input type="checkbox"/> Follow-up with Clinic appointment. <input type="checkbox"/> Given during this hospitalization. <p>Influenza Vaccine (Oct. – March)</p> <input type="checkbox"/> Follow-up with Clinic appointment. <input type="checkbox"/> Given during this hospitalization.	<p>Pertains to Patients with Shortness of Breath, COPD or CHF</p> <input type="checkbox"/> Weigh yourself each morning: <ul style="list-style-type: none"> • Same time, right after you empty your bladder. • Same scale and amount of clothing • Weight gain means you are retaining fluid • Bring your log when you see your doctor <input type="checkbox"/> Call your doctor or nurse if you have: <ul style="list-style-type: none"> • Weight gain of 2-4 lbs. over 1-3 days • Worsening swelling or shortness of breath • Nausea or feel light-headed • Cramps in your feet or legs <input type="checkbox"/> CHF Booklet “Living with Heart Failure” given to patients with diagnosis of CHF
<p><i>For your good health, don't use tobacco and avoid alcohol</i></p>	

Support System in place and demonstrates/verbalizes ability to provide care for the patient

If you have any questions after discharge, contact your physician at: _____

White copy – Patient

Yellow Copy – Innovis Chart

