

HOSPITAL ADMISSION DISCUSSION GUIDE

for Patients and Families

Patient Name: _____ Date: _____

The purpose of this form is to help you talk with your health care team about important things that might help keep you safe and improve your health. Ask your nurse or doctor to help you complete this form if there are questions you are not sure how to answer.

Reason(s) for admission/diagnosis: _____

Name of your doctor at the hospital: _____

Specialist: _____ Specialty: _____

Specialist: _____ Specialty: _____

Specialist: _____ Specialty: _____

What needs to happen before you leave the hospital? For example, "I will have surgery tomorrow and then work with physical therapy for a day or two before I can go home."

Prevent Infection

Wash your hands often and ask others – even nurses and doctors – to wash their hands or use hand sanitizer. This may help you not get an infection while in the hospital.

Place a check next to the items below that you want to talk about with your doctor, nurse or other health care team member.

WHAT MATTERS?

I need:

- Things from home, like my glasses hearing aids, dentures, CPAP machine, etc.
- To take care of something I am concerned about at home, like a pet.
- To talk about special needs I have related to my language, culture, religion, gender, etc.
- More information from my doctor, nurse or other health care team member to make health care decisions.
- Someone to help me understand what the doctors and nurses are saying.
- Help with managing pain.
- Help with bowel movements (e.g., pooping).
- To know what I can and cannot eat and drink (i.e., what is my diet?).
- Help with getting better sleep.
- To let someone here know I have or think I have a sleep problem (e.g., apnea, snoring, gasping for air).





MOVING AROUND (MOBILITY)

- I have difficulty walking to the bathroom.
- I need something to help me walk, such as a nurse, cane, walker or wheelchair.
- I have fallen recently and I am afraid of falling again.
- I am concerned about going up and down the stairs at home.
- I need to know what activities can I do or should be doing



MENTAL STATUS

- I may not be as alert as I used to be. For example, I unintentionally “doze off” or “zone out” during the day.
- I may be more forgetful.
- I feel anxious (e.g., worried).
- I feel depressed (e.g., sad).
- I need emotional or spiritual support.



MEDICATIONS

- I take vitamins, supplements, over-the-counter medications, herbal or bush medicine, or other drugs that I have not yet told my doctor or nurse about. This is important since some medicines interact with each other and can cause problems.
- I may not be able to pay for my medications.
- I cannot get to the pharmacy to get my medications.
- I may not be taking my prescribed medicines as I am supposed to.
- I am taking an opioid for pain management and need more information about side effects. (Ask your nurse or doctor if you are unsure if you are taking an opioid).



GOING HOME OR TO A NEW CARE SETTING

I am worried or concerned about:

- Going home and being able to manage my health conditions.
- How I can prepare to leave the hospital.
- Who will help me after leaving the hospital.
- Getting or having enough food.
- Transportation (e.g., getting from place to place like doctor appointments).
- My safety after leaving the hospital.
- Going to another care facility (e.g., rehab facility or nursing home).
 - » Visit [medicare.gov](https://www.medicare.gov) and click on the link/button to “Find care providers” to search for and compare nursing homes, home health agencies, doctors or other hospitals.

Notes, Questions, Needs and Concerns



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