

HOSPITAL DISCHARGE DISCUSSION GUIDE

for Patients and Families

Patient Name: _____ Date: _____

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

IN GENERAL, I NEED TO KNOW MORE ABOUT:

- Why I was in the hospital and/or my health conditions.
- The activities I can or cannot do when I go home.
- Needs I have like food, transportation, housing, safety, etc.
- What I can do to keep my health problems from getting worse.
- What symptoms and danger signals I need to watch out for and who to call.
- Getting connected with someone in my community especially if I do not have any family, friends or a caregiver available to help me.

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 need to know more about:

- Any new medicine and any changes with the medicine I need to take after I leave the hospital, including the name, dose, when, how to take each one and any that I need to stop taking.
 - » You should receive a printed list of your discharge medications. It is a good idea to keep a list in your personal health record and update as they change.
- Help paying for the medicine I take, if available.
- Getting my medications from the pharmacy.
- Keeping track of my medications and taking them as I am supposed to.
- Side effects that could happen and are important to report to my doctor.
- How to dispose of my medications properly when I do not need to take them anymore.
- Getting a medication called Naloxone (Narcan) to use in case of an overdose if I am taking a prescribed opioid medication for pain. (Ask your doctor or nurse if you don't know if you are taking an opioid).





FOLLOW UP

I have a follow-up appointment(s) scheduled with my primary care provider and/or other doctors/specialists and a way to get to these appointments.

Name: _____ Phone Number: _____

Date: _____ Time: _____

Name: _____ Phone Number: _____

Date: _____ Time: _____

Name: _____ Phone Number: _____

Date: _____ Time: _____

I need more information about:

- How to connect to my patient portal, if available.
- Help or services I need after I go home, like home health care, medical equipment, etc.
- Who I can call at the hospital if I have questions about:
 - My discharge plan
 - To find out about any medical tests that we do not yet have results for (e.g., CT-scan, MRI, x-rays, blood or urine tests)

Hospital Contact: _____ Phone Number: _____

I am confident that I (and/or my caregiver) will be able to manage my health once I leave the hospital with my current discharge plan.

Please rate using a scale of 1-10 (1 is low). Circle one: 1 2 3 4 5 6 7 8 9 10

Notes, Questions, Needs, Concerns



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