



Caring for You

Information You Need to Know



Let's Get You Ready to Go Home

It's important for you to know that you and your representative have the right to request a discharge planning evaluation. If you would like to request an evaluation and are not seeing a member of our discharge planning team at this time, please let your nurse know.

In addition to discharge planning, the team can give you information about local resources, such as agencies that provide transportation, equipment, home care and respite care.

Things to Know Before You Go

You may feel unprepared for what will happen after your discharge. Be sure to speak with your nurse or doctor, ask questions, and get all the details you need before you leave.

When you leave the hospital, it doesn't necessarily mean your treatment is over. There could be medications you need to continue taking, tests that need to be completed, exercises you will need to do, follow-up appointments to schedule, and more.

Below are questions to ask that can help you obtain the important information you will need to responsibly manage your health after you leave the hospital. Your nurse will also provide you with a copy of your discharge instructions.

Questions to Ask Your Caregivers

- When am I leaving the hospital?
- Who should I call if I have questions or problems after I leave?
- Who should I call if I have a serious health problem after I leave the hospital?
- What is the medical condition (or diagnosis) that required me to be in the hospital?
- Where is my pharmacy?
- What should I eat?
- What activities or foods should I avoid and for how long?
- Who will be caring for me when I go home, and what do they need to know?

Medications

There may be medications that your discharging doctor would like you to either start taking or continue taking when you return home. If you will be going home on medications:

- Make sure your nurse gives you a list of those medications along with other discharge instructions.
- Be sure you understand exactly what each medication is and why you should take it.
- Ask if you can take these medicines while taking other medications or dietary supplements.
- Ask if there are any foods, drinks or activities you should avoid while taking this medicine.
- Make sure you have been given a prescription for any medications you need.

What You Should Have Before Leaving the Hospital

- A copy of your discharge instructions that includes: what symptoms or health problems to look for after you leave, follow-up care instructions, any dietary restrictions you need to follow and for how long and what types of activities you should avoid and for how long.
- Instructions on how to properly care for any injury or incisions you may have.
- A list of which, if any, immunizations you received in the hospital.
- Home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment, and what signs and symptoms to watch out for.
- Speak with your nurse or a discharge planner so you understand what services you may need and your choices for those services after leaving the hospital.
- Your discharge date and time should be verified with your nurse or doctor.
- Someone available to pick you up.
- Check your room, bathroom and bedside table to make sure you haven't left any personal items.
- Make sure you or your caregiver have all the important paperwork for billing, referrals, prescriptions, etc.
- Make sure you know what to do to prepare your home so it is safe for your arrival (do you need a tub bench, grab bars, non-skid mats, etc?).

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Making Your Stay Safe and Comfortable

Safety First! Your Safety is Our Main Priority.

- **Our staff:** Many people will need to come into your room. Everyone should be wearing a Scripps Health identification badge where you can see it and should introduce themselves if you are awake. Do not hesitate to ask who people are if they do not introduce themselves.
- **Your wristband:** Everyone should confirm your name on your wristband before providing care, giving you medications, taking you to tests or procedures, or leaving your meals. If your wristband is not checked, feel free to ask.
- **Electronics:** Before using personal or other electronic equipment such as cell phones and computers, please ask your nurse if it is OK.
- **Alarms:** There are multiple alarms within the hospital (bed, IV pump, monitors, fire, etc.). Our staff will respond if they hear an alarm sounding in your room. Please use your call bell if you have a concern. If you hear a fire alarm called on the overhead speakers, there is no need to panic. Please stay in your room. Your nurse will give you instructions if there is any need to relocate you.

We Appreciate Your Questions

- **Procedures:** Your doctor or nurse will explain what a procedure or test is for, why you need it, when it will happen and how long it will take to get the results. This is a great time to ask questions so you feel safe and informed.
- **Discharge plans:** You will likely have many questions when you're being discharged, so please be sure to ask them. It's important to us that you feel informed and comfortable with your discharge plan, instructions and the follow-up care you will need after leaving the hospital.
- **Other questions:** During your stay, write down questions that may come to mind so you remember to ask your nurse or physician. You might also ask a family member or friend to help you with questions and communications while you are in the hospital.

Preventing Hospital Falls

Patients have a higher risk of falling while in the hospital. This can be for a variety of reasons. New medications may make you dizzy or weak. You may be unsteady due to illness, medical procedures or prolonged lengths of time lying in bed. Please be our partner in keeping you safe from falling:

- **Assistance:** Know how to use the call system in your room, and always call for assistance before getting out of bed.
- **Within reach:** Keep the nurse call button and any necessary items, such as glasses, tissues and the telephone within your reach.
- **Equipment:** Call your caregiver to move, adjust or assist with any medical equipment.

Preventing Infections

Hand hygiene: Hand hygiene is the single most important way to prevent the spread of infection, whether you're in the hospital, at home or out in public. That means you will see us clean our hands often, either at the sink or by using an alcohol-based gel sanitizer.

Please remind us if you see that we have not cleaned our hands properly, and please do not be shy about it. We are working together to prevent the spread of infection.

Hand hygiene is important for your caregivers, but also for you, your family, friends and other visitors. If you need assistance washing your hands, please ask.

Hand hygiene should take place:

- Upon entering and exiting your hospital room.
- Before eating and after using the bathroom.
- After touching objects or surfaces in the hospital room.
- Whenever you cough or sneeze.
- After you have touched or been touched by a loved one who may be ill.



We have free interpreter services available at the hospital 24 hours a day.

Additional infection prevention tips:

- Please use patient care items labeled or designated for your use only. Do not share with others.
- Wear non-skid footwear when you get out of bed.
- Ask family and friends to stay home if they are not feeling well.

Standard precautions: During your stay, you will see your care providers following “Standard Precautions.” These are simply precautions we follow to protect against infectious diseases. Precautions can range from hand washing (water, soap and friction for 15 seconds) and using hand cleaning gels, to wearing protective gloves, masks, gowns and sometimes face protection to reduce contact with body fluids.

Special precautions: If you are placed in “isolation precautions,” all caregivers and visitors are required to wear protective gear. This may include a mask, gown and gloves.

If you have any questions about the prevention of infection while you’re in the hospital, please ask a staff member.

About Your Medications

- **What are you taking?** Please tell us about any and all medications you were taking before

coming into the hospital. This includes prescription and over-the-counter drugs, vitamins, herbal or nutritional supplements and recreational drugs.

- **Allergies:** Tell us about any allergies you may have to medications, foods, anesthesia, latex (rubber) products, etc.
- **Wristband check:** When you are to be given medications or intravenous fluids, your nurses will first check your identification wristband. If they do not, please ask them to stop and take this important step.
- **Explanation:** You should expect your nurses to tell you about any new medication, why it is being prescribed, the dosage and the possible side effects. This is a good time to ask if there are any foods, drinks or activities you should avoid while taking the medication.
- **Medications from home:** If you bring your own medications to the hospital, you will be asked to send them home with a family member or caregiver after your medication history has been obtained. When it is not possible to send your medications home, the pharmacy department will store them safely until the time of your hospital discharge. Please remind your nurse to retrieve any stored medications before you leave the hospital.
- **Implanted devices:** Please let us know if you wear an insulin pump or have any other implanted devices.

- **Physician orders:** Remember, your physician must write an order for all medications you will use while you are in the hospital.

Blood Clots: Reduce Your Risk

Sometimes, blood clots can occur when you have limited mobility and physical activity, such as being in bed for long periods of time. These types of clots are often referred to as DVTs (deep vein thrombosis), ADVTs (acute deep venous thrombosis), VTEs (venous thromboembolism) or PE (pulmonary embolism). All types have one thing in common: they are blood clots that form in the legs and block circulation at some point in your body.

What to do: Because clots like these can travel and cause serious damage or death, it is important to ask your doctor about using compression boots or stockings and/or blood thinners to help prevent clots during your stay.

Tell your nurse if you have any of these symptoms:

- A leg cramp or charley horse that gets worse
- Swelling and discoloration in your leg, upper arm or neck
- Shortness of breath
- Chest discomfort or pain that gets worse when you breathe deeply or causes light-headedness or blackout

Language and Communication

It is important you receive your health information in a manner and language you can understand. To assist you, we have free interpreter services available at the hospital 24 hours a day.

Also, let us know if you're having problems with sight, hearing or language. We have many services and options to assist in communication:

- American Sign Language
- Interpretive services for all languages
- Amplified listening devices for those who are hard of hearing

If, at any time, you do not fully understand what is being explained to you about the care or services being provided, please let us know.



Quit Smoking and Time is on Your Side

Once you quit smoking ...

Within 20 minutes, your blood pressure returns to normal and cardiovascular damage begins to subside.

Within 8 hours, carbon monoxide levels in your blood decrease and oxygen levels increase to normal.

Within 24 hours, your chance of a heart attack decreases.

Within 48 hours, damaged nerve endings start to re-grow and your sense of smell and taste begin to improve.

Within 72 hours, nicotine is out of the body and your bronchial tubes relax and make it easier to breathe.

Want to know more? This is a perfect time to pick up the phone and ask the American Lung Association for help. Call **1-800-NO-BUTTS** right now.

Your comfort, health and safety are important to us. We'll make time to help.

Keep a Healthy Heart and Head

You can help prevent heart attack and stroke and keep congestive heart failure in check by following these 10 heart-healthy and head-healthy guidelines:

1. **Call 911** if you experience sudden shortness of breath; chest pain; sudden weakness or numbness of face, arm or leg (especially on one side); confusion; trouble talking or understanding; change in vision in one or both eyes; trouble walking; dizziness; loss of balance or coordination; or severe headache with no known cause.
2. **Don't smoke:** Smoking is the most preventable cause of heart disease, stroke and premature death in the United States. It is important to not smoke, quit smoking if you do smoke and avoid second-hand smoke.
3. **Exercise every day:** Exercise can keep your heart healthy. Follow your physician's advice for increasing activity. Avoid over-fatigue and allow for rest.
4. **Healthy food habits** can help you reduce three risk factors for heart disease and stroke: high blood cholesterol, high blood pressure and excess body weight. Use dried herbs, vegetables and fruits instead of using salt. Avoid fast food and processed and canned foods. Burn or use up at least as many calories as you eat.
5. **Weigh yourself** and keep a daily weight log. If you have congestive heart failure, call your doctor if you have a weight gain of two or more pounds in one day, or more than five pounds in one week.
6. **Know your blood pressure:** High blood pressure may not have any symptoms. The only way you will know if your pressure is high is to have it checked. If it is high, you may be able to reduce it with diet and exercise, but if that doesn't work, medication will likely be necessary.
7. **Know your risk factors:** High blood pressure, smoking, diabetes, high blood cholesterol, excess weight, reduced physical activity and use of illegal drugs can be controlled, prevented or treated.
8. **Call your doctor** if you have:
 - Swelling in the legs, feet, hands or abdomen
 - Shortness of breath, persistent cough or chest congestion
 - Difficulty sleeping due to shortness of breath
9. **Medications:** Always take your medications as directed by your doctor. Keep a list of your current medications with you for easy reference.
10. **Follow-up appointments:** Make sure you keep all appointments with your doctor or health care provider.





Every Hospitalized Patient is at Risk for Skin Injury

A pressure ulcer is sometimes called a “bed sore.” It describes an injury to your skin, and at times, to underlying tissue that is caused by pressure. Sitting or lying in one position without moving puts pressure on your skin and slows down blood flow. When blood flow slows down, skin and underlying tissue can be injured, resulting in a pressure ulcer. Pressure ulcers usually occur over boney areas, but can also occur under medical devices like masks, tubing, splints, etc.

Preventing Pressure Ulcers During Your Hospital Stay or at Home

- Regularly inspect your skin for discoloration or sore spots, which are signs that ulcers may be forming.
- Keep your skin clean and dry.
- Routinely moisturize to keep your skin healthy and supple.
- Keep the head of your bed as low as possible to prevent you from sliding.
- Elevate your heels off the bed.
- Shift your body at least every two hours while in bed or every 15 minutes while sitting in a chair.
- Eat well and drink fluids as instructed.

While in the hospital, your care providers will help you with these tasks if you’re unable to perform them independently. If you see any signs of pressure ulcers, please tell your nurse or other care provider.

Your comfort, health and safety are important to us. We’ll make the time to help.



It is important to weigh the risks, costs and benefits of donating your own blood before surgery. If you have questions about transfusion needs or options, please ask your doctor.

If You Need Blood

A Patient's Guide to Blood Transfusion

Provided by the California Department of Health Services

During a hospital stay, you may need to receive blood, and today there are many options, each with its own risks, costs and benefits. It's important to know what these options are and to discuss them with your physicians and hospital staff.

If you need blood, you have several options, including receiving blood from the community, using your own blood (autologous) or using blood from donors you have selected (designated donors). Your options may be limited by time and health factors. Although you have the right to refuse a blood transfusion, this decision may have life-threatening consequences.

It is important to weigh the risks, costs and benefits of donating your own blood before surgery. Many elective surgeries do not require blood transfusions. If you have questions about transfusion needs or options, please ask your doctor. Check with your

insurance company about your costs for donation. If you choose not to donate your own blood, or if more blood is required than expected, you may receive blood other than your own.

Community Donors

Hospitals maintain a blood supply from volunteer (unpaid) community donors to meet transfusion needs. Community blood donors are screened with a thorough medical history and then tested with the most accurate technology available.

Our nation's blood supply is very safe and, though nothing in life is risk free, the risks associated with blood transfusion are very small. The chance that a unit (pint) of blood will transmit human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), or hepatitis C is about one in two million. The chance

that a unit will transmit hepatitis B is less than one in 200,000. Although the risk for other serious infections exists, that risk is much less than the annual risk of dying in a motor vehicle accident in the United States (one in 7,000).

Using Your Own Blood — Autologous Donation

Using your own blood can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Patients who donate their own blood before surgery have lower blood levels at the time of surgery and have a greater chance of needing transfusions during or after surgery. Autologous blood donations are not an option for all patients. It may not be safe for you to donate. Ask your doctor if autologous donation is appropriate for you.

Our nation's blood supply is very safe and, though nothing in life is risk free, the risks associated with blood transfusion are very small.

Donating Before Surgery

Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period, so coordinating the donations with the date of surgery is important.

Donating During Surgery and/or After Surgery

Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is shed and discarded during surgery could be collected, processed and returned to you. A large volume of your blood can be recycled in this way.

Designated Donors

Although the blood supply is very safe, some patients prefer to receive blood from people they know — “designated (or directed) donors.” This blood is not safer than blood from volunteer community donors. In some cases it may be less safe because donors known to the patient may not be truthful about their personal history. Blood donated by someone who was recently exposed to HIV or other infections could pass the screening tests and infect you.

Designated donors must meet the same requirements as community donors. Several days notice is required for the additional processing of designated donors.

This information has been developed by the California Department of Health Services, Laboratory Field Services, 850 Marina Parkway, Richmond, Calif. 94804, in partnership with the Medical Technical Advisory Committee of the Blood Centers of California. This information is not to be considered a replacement for the Informed Consent process prior to the transfusion of blood. If you have additional questions about your options for blood transfusion, please ask your doctor. Information also can be obtained by calling your local community blood center or hospital blood bank. To contact Laboratory Field Services, please call 213-620-6574.

The risk estimates were adjusted to include first time and repeat blood donors.

References:

1. Stramer SL, Glynn SA, Kleinman SH et al. “Detection of HIV1 and HCV infections among antibody-negative blood donors by nucleic acid-amplification testing.” *New England Journal Medicine* vol. 351, pp.760768, August 2004.
2. U.S. Department of Transportation’s Fatality Analysis Reporting System website 2003 data: www.hwysafety.org/research/fatality_facts/general

Making Health Care Decisions that are Best for You

If you're in a hospital bed right now, it probably doesn't feel like you have much control — but you do. We believe you should have control of your medical treatment. Our physicians, nurses and staff are committed to caring for you as partners, not just as caregivers.

We'll help you understand your treatment choices and the possible outcomes of each. You have the right to choose the treatment you want to receive, and even the right to refuse treatment.

How Do I Make the Right Choices?

We understand that during your hospital stay you may have to make some difficult health care decisions that will affect your future. Your health care team at Scripps, like you and your family, want you to benefit from the best and most appropriate care that we can offer. We will be here for you every step of the way to give you up-to-date information, answer your questions and make sure that you understand your current health condition so that you can make the decisions that are right for you. The actions that are taken for your health will be taken with your input and your family's involvement (if that is your choice). You are not alone in making your health care decisions. Your care team is always here to help.

There are times, however, when you or the person making decisions for you feels the time has come to stop or limit medical treatment. Other times, serious decisions need to be made about your end-of-life choices. Family members may request additional treatments for you, even though the doctor feels the treatments will not be effective or will not result in a reasonable quality of life.

To help when medical decisions become difficult, we encourage you and your family to communicate your views and concerns to the doctors directing your care, and you are also welcome to invite your own clergy or spiritual leader for a hospital visit. If you prefer to speak to a hospital spiritual care staff member, please let your nurse know or you can reach the spiritual care department through the hospital operator.

Ethics Committee

You might also want to call upon our ethics committee — a team of doctors, nurses, case managers, chaplains and other professionals who provide recommendations when care providers and patients face difficult treatment choices or health care decisions. Those who serve on the ethics committee regularly educate health care staff and the community on medical ethical issues, and they develop guidelines and policies for ethical patient care.

If you or your family are having difficulty reaching an important health care decision and would like to speak with someone on the ethics committee, please ask someone on your care team to contact a patient relations representative or another member of the administrative staff. The committee welcomes requests for consultation or case review.

Let Us Help

Your health care team is ready to help you. Your comfort and peace of mind will help in your recovery, and we want to be sure you are involved in decisions about your care.

