Thank you for trusting your care to us. It is an honor and privilege that we take to heart.

Your opinion truly matters to us, so we would appreciate you taking the time to complete a survey when it arrives. We always strive to deliver the best care to our patients, and we do that best with your invaluable feedback. The survey not only gives us information about the things we are doing right and what we can improve upon, but is also a wonderful way for us to recognize our staff.

It has been our great pleasure to have you with us. Nothing is more important than you being a part of our Scripps’ health care family.

Warm Regards,

Chris Van Gorder
President and CEO

Ghazala Sharieff, MD, MBA
Chief Medical Officer

Tom Gammieire
Regional Chief Executive-South

Tim Collins
VP, Chief Operations Executive

Carl Etter
Regional Chief Executive–North

Cindy Steckel, RN
VP, Chief Operations Executive

Steve Miller, RN
VP, Chief Operations Executive

Debra McQuillen, RN
VP, Chief Operations Executive
10 Things You Need About Your Stay

1 **Your Room:** You have controls available for using your TV, calling your nurse and adjusting your bed. If you would like your room temperature adjusted, just ask any member of your health care team. Some of our medical units have restrictions on latex balloons or flowers, so please check with your nurse about receiving these items.

2 **Cleaning Your Room:** Your room will be cleaned routinely by our expert staff. If you need additional assistance, please dial CLEAN (25326) from your hospital phone.

3 **If You Need Immediate Attention:** Please use your call light. For emergent situations, we have a Rapid Response Team (RRT). Please ask your nurse if you would like more information.

4 **Visitors and Your Rest:** Your family and friends are welcome to visit. It is important that you get enough rest to promote healing. Each hospital and unit may have unique visiting hours. We do make exceptions to these hours as necessary. There may be circumstances that require the hospital to limit visitors. We will provide information if this occurs. Please keep in mind that the hospital may not be the best environment for children. If you are considering bringing a pet, please ask for additional information as restrictions do apply.

   We will need to wake you during the night to provide treatments, give medications or obtain necessary blood tests. We will try to coordinate our tasks to limit disturbing your rest.

5 **Your Meals:** We offer you the ability to select items from a menu of healthy choices from the convenience of your room. Your meals may be ordered by dialing #MEAL (#6325) on your hospital phone. A diet clerk will be happy to assist you with choices and will answer any questions regarding your dietary needs and food options.
Please let us know if there is anything we can do to make your stay with Scripps more comfortable. We want to make sure we are aware of your preferences, needs and concerns.

6. Your Medications: It is important that you understand the purpose and side effects of your medications. Your doctor, nurse or pharmacist will explain in more detail each time a new medication is ordered.

7. Your Safety: For the health of our patients and their families, Scripps is a smoke-free facility. This includes e-cigarettes.

8. Hospital Quietness: Hospitals can be noisy places, so we need everyone’s help to keep our patient care areas as quiet as possible. If there is anything we can do to make you more comfortable, please let us know.

9. Your Valuables and Security: We urge you to leave all valuables at home (e.g., jewelry, money, credit cards, etc.). Security is available 24 hours a day, seven days a week, if you need to have valuables stored.

Be careful not to leave items loose on your bed, in gown pockets or on a food tray, as they may be easily damaged or lost. Please keep in mind that you are responsible for these items and there is a risk of misplacing them. Some commonly lost items include:

- Cell phones
- Contact lenses
- Eyeglasses
- Dentures
- Hearing aids

10. Language and Communications: It is important that we explain your health information in a language you can understand. 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 (24 hours a day)
- Amplified listening devices for those who are hard of hearing
Thank You for Choosing Scripps

At Scripps, we’re committed to your health, recovery and well-being. Every Scripps employee is here to provide you with excellent health care. It’s our promise to you.

Every year, we care for more than a half-million people. Every day, our physicians, nurses and team members make a difference in those patients’ lives.

The true impact of the care we provide is best told by our patients.

What to Expect During Your Stay

You are Our Priority
When you’re in the hospital, it can be a difficult time for both you and your family. Our team is here to provide you with exceptional clinical care and the best possible hospital experience. We are counting on your partnership to let us know if, at any time during your hospital stay, you are not 100-percent satisfied with your care.

If you have questions or concerns, do not hesitate to ask your nurse, so that we have an opportunity to meet your needs and promote your well-being. We encourage you and your family members to also speak with the nursing leadership team at any time during your stay with us.

Keeping You Informed
We will review any new medications with you so you know what they are used for and are aware of any possible side effects. Knowing the purpose of your medications is important in helping you manage your health. If you would like any further explanations, please ask your physician or your nurse. We also have an exceptional pharmacy team that would be happy to discuss medications with you so please do not hesitate to ask.

We will be explaining your health care plan for the day and will use our care boards to also keep you updated.
The care board in your room is used to help communicate with you and your family about your daily care and what to expect. Your care board is not meant to be a one-time report. Instead, it will be continually updated with the names of your care partners and your daily plan. It is also used to alert or remind your care partners about personal communication items you may need, such as eyeglasses, an interpreter telephone, dentures or hearing aids.

The care board is also a great place to list things you would like explained further.

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**Partners in Your Care**

**Your Scripps Care Team**
Rest assured you have an exceptional team of health care professionals caring for you. This team includes physicians, nurses, certified nursing assistants (CNA), pharmacists, respiratory therapists, phlebotomists, dietitians, spiritual care staff, rehabilitation experts, technical partners and nurse’s aides, as well as a full support team.

While in the hospital, you will have an attending or admitting physician, and may also be treated and cared for by a staff hospitalist or intensivist. Hospitalists and intensivists are physicians who partner with your attending physician and help manage your medical care until you are discharged.

During your hospital stay, social workers are available to provide emotional support, counseling and guidance to you and your family. This type of support can be especially helpful in managing financial, social and emotional issues that arise related to your illness or hospitalization.

**Your Nurse**
You will have a registered nurse (RN) assigned to your care at all times during your hospital stay to supervise your care plan and coordinate your care team. You can expect to be visited by a nurse at least every two hours, as well as once a day by a nursing leader. At the change of shift, you will be introduced to the next nurse who will continue to supervise your care. You will meet other team members as they assist you throughout your stay.

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.

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**Share Your Story**

When you share your story with us, Scripps Health Foundation will recognize your caregivers, so all staff and senior leadership know the difference they made. This ensures they get the honor they deserve.

Share your story at [Scripps.org/Honor](http://Scripps.org/Honor). It only takes 60 seconds, and can make a lasting impact.
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 during your stay. Everyone should be wearing a Scripps 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.

• **Alarms:** There are multiple alarms within the hospital (bed, IV pump, monitors, fire, etc.). Our staff will respond when they hear an alarm sounding in your room. Please use your call button, 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 staff will give you instructions.

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. Always wear non-skid footwear to avoid slipping.

• **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 and Hand Hygiene
Scripps takes infection prevention very seriously. Hand hygiene is the single most important way that you, friends, family and your health care team can prevent the spread of infection. Hands may be cleaned with soap and water or by using an alcohol-based hand sanitizer.

Please use patient care items labeled or designated for your use only. Do not share with others.

**Hand Hygiene Should Take Place**

• Upon entering and exiting your hospital room
• Before eating
• After using the restroom
• After touching hospital surfaces, such as bed rails, bedside tables, doorknobs, remote controls or the phone
• After blowing your nose, coughing or sneezing
• Before and after changing wound dressing or bandages
• After you have touched or been touched by someone who may be ill

Ask family and friends to stay home if they are not feeling well. If you need assistance washing your hands, please ask.
Medications

Patients are often concerned about antibiotics and pain control, so here is some important information.

You’ve Been Prescribed an Antibiotic—Now What?
Your health care team thinks that you or your loved one might have an infection. Some infections can be treated with antibiotics, which are powerful, lifesaving drugs. Like all medications, antibiotics have side effects and should only be used when necessary. There are some important things you should know about your antibiotic treatment.

Your health care team may run tests before you start taking an antibiotic.
• Your team may take samples (e.g., from your blood, urine or other areas) to run tests to look for bacteria. These tests can be important to determine if you need an antibiotic at all and, if you do, which antibiotic will work best.

Within a few days, your health care team might change or even stop your antibiotic:
• Your team may start you on an antibiotic while working to find out what is making you sick.
• Your team might change your antibiotic because test results show that a different antibiotic would be better to treat your infection.
• In some cases, once your team has more information, it may be determined that you do not need an antibiotic at all. For example, an infection caused by a virus can’t be treated with antibiotics. Staying on an antibiotic when you don’t need it is more likely to be harmful than helpful.

This information was developed by the CDC and adapted for Scripps patients.

We Care About You: Managing Acute and Post-operative Pain
Scripps is always committed to caring for you and helping you manage your acute pain after an operation, illness, or injury. We are providing you with important information about managing pain that will aid in your successful recovery. Our goal is to help you as much as possible to return to your usual level of functioning. If you have questions at any time, please discuss with your doctor or nurse.

Some Pain is Acceptable
The first thing to know is that having some pain is expected after surgery, and with certain illnesses or injuries. In fact, doctors now think that accepting some pain is a good thing, for a few reasons:
• Adapting to mild or moderate pain means you can use less medication, and using less medication (especially opioids, also known as narcotics), helps you avoid harmful side effects that can slow down your recovery, such as constipation or feeling woozy.

• Pain tells your body how much activity you can do as you recover.
• Taking fewer opioids lowers your risk of becoming dependent on them.

Multi-modal Pain Management
The best way to manage acute pain is through multi-modal pain management, which means using many different methods to minimize your pain. Using a combination of non-opioid (non-narcotic) medications and drug-free pain relief techniques often work better than a single medication, and will help you recover as quickly and safely as possible while also reducing your exposure to opioid medication. The goal of multi-modal pain management is to use the least amount of opioids possible, and stop using them as quickly as possible to avoid the risks of side effects and addiction.
Drug-free Techniques to Reduce Pain
Be sure to check with your doctor before undertaking any of the techniques described below.
• Deep breathing (for some conditions, you will use a device called an incentive spirometer to help you take deep breaths and keep your lungs healthy)
• Meditation or hypnosis
• Massage or healing touch
• Guided stretching (e.g., yoga)
• Distraction (watching a movie, talking to friends, playing computer games)

Non-opioid (Non-narcotic) Medications Your Doctor May Prescribe
• Acetaminophen (Tylenol, APAP): the most gentle and safe pain medication you can take.
• Anti-inflammatory medication (NSAIDs): ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex) and others. These medications can be taken along with Tylenol, but you may not be able to take NSAIDs if you have stomach ulcers or kidney disease.
• Gabapentin (Neurontin) and pregabalin (Lyrica): used for nerve pain or neuropathic pain.
• Lidocaine patch: applied to your skin. It can be prescribed or obtained over the counter.

Opioids (Narcotics) Your Doctor May Prescribe
If you have a very painful condition, your doctor may prescribe an opioid to be used for a brief time. Opioids are very strong pain medications. They can have serious and unpleasant side effects, including addiction. Opioids include:
• Morphine
• Dilaudid
• Oxycodone (Percocet)
• Hydrocodone (Norco)

Side Effects of Opioids
• Constipation
• Feeling woozy or confused
• Hallucinations
• Nausea or vomiting
• Increased risk of falls and accidents
• Breathing problems
• Addiction

Five to 10 percent of people who take opioids for more than a few days will become dependent on them. The risk of addiction can increase after as little as three days of use, and people who become dependent often go through withdrawal when they stop taking an opioid medication. Withdrawal symptoms can be very unpleasant, and include:
• Body aches
• Nausea or vomiting
• Diarrhea
• Inability to sleep
• Restlessness

Tell your doctor right away if you think you are having trouble stopping opioid use or if you experience withdrawal symptoms.

If You are Prescribed an Opioid
• Remember that the goal is to get you back to your level of functioning, not to take away all your pain.
• Make the most of all your other pain management options (ice, activity, other medications) before you take an opioid.
• Ask your doctor how long you are expected to need an opioid. Have a goal for when you want to stop using it.
• Your doctor may give you an option of one or two tablets per dose. When at home, start with the lower dose and see if that works before taking the higher dose.
• We advise most patients to stop opioids within three days. However, if your pain is severe and expected to continue for some time, you may be given a longer course of opioids.
• Try to take the opioids less frequently each day. It is better to taper off gradually than to stop suddenly.
• Ask your doctor if you would like a tapering schedule. This is a good idea if your doctor expects you to need opioids longer than three days.
• Tell your medical team if you have side effects, like nausea or constipation. You can get help.

Proper Disposal of Opioid Medication
Many patients do not use all the opioids that are prescribed to them. Leftover medications sitting in a medicine cabinet can end up being misused by someone else, such as a child, a guest or someone working in your home. We recommend you take any unused opioids to a pharmacy with medication collection kiosks (such as Scripps’ retail pharmacies) or flush them down the toilet.
A Patient’s Guide to Blood Transfusion
This section provides written information regarding the benefits, risks and alternatives of transfusion of blood products, including red blood cells, plasma, platelets or others, collected from the patient (autologous) or another person. This material serves as a supplement to the discussion you will have with your physician. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your physician prior to consenting to receive a transfusion.

Information About the Treatment
Transfusions of blood products are provided to increase the amount of blood components in your body when they are below a reasonable level for your health. The transfusion may be made up of red blood cells, plasma, platelets or other specialized products made from blood. Your physician will decide on the right amount and type of blood product based on your medical condition or diagnosis.

Potential Benefits of the Treatment
Transfusion of blood products may be necessary to correct low levels of blood components in your body, and may also make you feel better. In some cases, failure to receive transfusion(s) may result in death.

Risks of the Treatment
Known risks of this treatment include, but are not limited to:
• Irritation, pain or infection at the needle site
• Temporary reaction, such as a fever, chills or skin rashes

Other rare but more serious complications include severe allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), hemolysis (destruction of red blood cells), shock or death.

Transfusion of blood products carries a very small risk of transmission of infectious diseases, such as HIV (about 1 in 1.5 million), Hepatitis C (about 1 in 1.2 million) and Hepatitis B (about 1 in 1 million). Other significant infections may also be transmitted by transfusion, but overall this risk is low.
Blood Transfusion Treatment Options and Alternatives

If you need blood, you have several options. Most patients requiring transfusion receive blood products donated by volunteer community donors. These donors are extensively screened about their health history and undergo numerous blood tests, as mandated by state and federal regulations in order to ensure the safest possible blood supply. Alternatives to transfusion with blood products from volunteer community donors include:

- Pre-operative autologous donation, which is using your own previously donated blood (see below for more information)
- Directed donation, which is blood donated by people who you have asked to donate for you (see below for more information)
- Intra-operative autologous transfusion, or hemodilution, which is collecting your own blood during surgery to be given back to you
- Medications which may increase blood volume prior to surgery or reduce active bleeding to lessen the need for transfusion

These options may be available only if your health, time and procedure permit. They may not be available at all locations or for all patients. You may also choose not to receive blood transfusion; however this decision may hold life-threatening consequences. Pre-operative autologous donation is not appropriate for all patients. Autologous donation involves collecting your own blood prior to a planned surgery for storage in the hospital blood bank. It is important to discuss with your physician if it is safe for you to donate, and the likelihood of needing a transfusion based on your surgery and current transfusion guidelines. Receiving your own blood may reduce, but will not eliminate, the risk of transfusion-related complications. Insurance company policies may vary regarding reimbursement for this service. Overall, although autologous donation is an option to consider for those who qualify, the number of autologous donations in the United States has significantly decreased in the last few decades, mainly due to major advances in blood safety and efforts to decrease unnecessary blood transfusions.

Directed donation refers to blood collected from “directed donors” who are donating blood for a specific patient by request. Directed donors are often family and friends of the patient and go through the same qualification process as volunteer donors. Directed donations are not considered to be safer than the general blood supply.

This information was developed by the California Department of Health Services, Laboratory Field Services (850 Marina Bay Parkway, Richmond, CA 94804) and adapted for Scripps patients.

In partnership with the Medical Technical Advisory Committee of the Blood Centers of California.

For information about the content included in this section, please call Laboratory Field Services at 213-620-6574.

References:
Discharge Planning Evaluation

It is important for you to know that you and your family representative have the right to request a discharge planning evaluation. If you would like to request an evaluation, 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
Be sure to speak with your nurse or doctor and ask for explanations, if you need more information. We want you to be fully informed and aware of things you will need to do to manage your health when you leave the hospital.

When you are discharged from the hospital, it doesn’t necessarily mean that 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.

What You Should Have or Do Before Leaving the Hospital
- A written copy of discharge information that includes what symptoms or health problems to look out for after you leave the hospital, follow-up care instructions, medications, 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 wounds or incisions you may have.
- A list of 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 look out for.
- Speak with your nurse or a discharge planner to 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 has 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.

Written Discharge Information
To help you manage your health when you leave our hospital, your nurse will review the following checklist of written discharge information with you:

- I understand what symptoms and health problems to look out for when I go home.
- I understand the following information about my new and continued medications:
  - Purpose for taking each medication
  - Potential side effects to be aware of
- I understand the items I am responsible for after discharge, such as:
  - Follow-up appointments
  - Outpatient follow-up tests
- The staff talked with me about whether I have the help I need.