



AFFIX LABEL

Patient Discharge Summary

_____ 's Care Guide.

I came to hospital on _____ and left on _____

I came in because I have/had _____.



Medications I need to take

My Medications, their purpose and side effects, have been explained to me. ☐

My Notes



Changes to my routine

	Activity	Instructions
Everyday Activities Do I need:	Help to get up out of bed or a chair safely?	
	Help to go up and down stairs safely?	
	To use a walker/cane/wheel chair?	
	Help to use the toilet?	
	Help bathing and/or dressing?	
	Special equipment such as grab bars or bath chairs?	
	Help preparing or eating meals?	
Physical Activity	Do I have any restrictions to my activity, or special instructions to follow?	
Diet	Are there any changes or restrictions in the food I can eat?	
Support Services		

Additional Notes:



's Care Guide.



How I might feel and what to do

My Notes



How I might feel...	What to do...
Pain	Take your medication as prescribed, monitor pain and contact your health care provider if pain is not better or getting worse.
Difficulty Moving	If you are experiencing a big change in your ability to move around your home safely, consult your health care provider.
Confusion	If there is a big decrease in your alertness, memory or thinking, consult your health care provider.
Constipation	Take your medication as prescribed, drink fluids, eat a healthy diet and contact your health care provider if you have not had a bowel movement for more than 2 days.
New Diarrhea	Drink lots of fluids and contact your health care provider if you have more than 3 loose, watery stools in 24 hours.
Difficulty Urinating	If you have new pain, discomfort or burning when you urinate and are urinating more frequently and/or in small amounts, consult your health care provider.
Mood Changes	Track your mood changes and consult your health care provider. (i.e. depression)
Sleeping Patterns	Keep track of your sleeping patterns and contact your health care provider if you have difficulty sleeping.
Lack of energy	Take medications as prescribed, ensure you get enough sleep and a healthy diet and contact your health care provider if it continues.
Difficulty Swallowing	Consult your health care provider if you are unable to eat, drink or take your medications.
Skin sores/redness	Contact your health care provider for skin breakdown, swelling, redness or pain.



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Things to discuss with your health care provider when you are feeling better:

- Are your **immunizations** up to date? Over age 65 it could be beneficial to get your flu shot, pneumococcal (pneumonia) and shingles vaccination.
- Have you had **preventative screening** done such as a colonoscopy, mammography or bone mineral density testing?
- Do you have an **Advanced Care Plan**? Advanced Care Planning is a time for you to reflect on your values and wishes, and to let people know what kind of health and personal care you would want in the future if you were unable to speak for yourself. It means having discussions with family and friends, especially your Substitute Decision Maker – the person who will speak for you if you cannot speak for yourself.
- If you have a valid Ontario Health Card, you qualify for the **Ontario Drug Benefits program**. You will have to pay a \$100 deductible at the beginning of the ODB benefit year (August 1). After the deductible is paid, approved prescriptions will cost up to \$6.11.
- Talk to your doctor about a **fall risk assessment** and follow the provided Home Safety Checklist to make sure your home is a safe environment.

The following resources have been provided and explained to me:

- ☐ **English Discharge Package**
- ☐ **French Discharge Package**
- ☐ **Indigenous Discharge Package**
- ☐ **Health Teaching Information Sheets on** _____

Before leaving the hospital I have:

- ✓ Completed the satisfaction questionnaire.
- ✓ Collected all personal items from the room and those kept in safekeeping.

Date:**Time:****Patient/Family Signature:****Signature of Person Completing Discharge:**☐ Original to patient ☐ Copy to chart ☐ Copy for physician