

Welcome to the Hospital

Care Journal for Patients and Families

	Patient laber
This booklet	belongs to:
The reason	I am in the hospital:
The medical	word for this condition:
I also have th	nese other conditions:
My main doc	etor is:
	gives you information to help you during your hospital stay and for going home.
	klet to record treatments, tests, and results. Write down concerns so you can remember to talk to us about them.
Hospital	Phone number:
Hospital:	
Unit:	Phone number:
Manager:	Phone number:

The information in this document is intended solely for the person to whom it was given by the health care team
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Welcome

To learn more about the hospital, refer to the Hospital Services Directory booklet or go to www.fraserhealth.ca and select the 'Your Stay' tab.









Your Stay



Prepare for your hospital stay with us

While we will do our best to provide you with a comfortable environment, your stay in hospital can be an emotional and stressful experience. To help ease your anxiety and answer your questions, we have provided some basic information to better help prepare you for your experience in hospital.

While the environment may vary slightly between the different hospitals, we have provided some basic information about:

- · Our hospitals and visitor information
- · How to prepare for your stay in hospital
- · The types of amenities and services we provide
- · What to do in an emergency situation
- Infection control measures to prevent the spread of germs
- · How to address your comments and concerns
- · Information about your privacy, rights, and confidentiality
- · Planning for your discharge from hospital



I completed the form and gave it to my nurse



I must remember to tell my nurse or doctor about...



Taking part in your care

Share your information

✓ Tell us about your health before you came to the hospital.

When you first came to the hospital, we asked you to complete a form called 'Before you came to the hospital'. This helps us create a plan of care that helps meet your known needs within the first 48 hours.

✓ Give us information at any time about yourself that will help us care for you and plan for your return home.

Keep track of your care

- ✓ Use pages 3, 5, 6, and 7 to record:
 - The doctors involved in your care
 - The medications you are taking
 - Any tests, procedures, and treatments
 - Any questions you might have along with the answers

My doctors Caring for ...

Example:

Dr. Smith, Hospitalist overall treatment of my condition





☆ I must remember to tell my nurse and doctor I take ...



Ask before taking any of your own medicines

- ✓ Tell us about all the medicines you are taking at home. Include vitamins, herbal medicines, diet supplements, natural remedies, samples from your doctor, and other medicines you buy either from the store or over the Internet.
- ✓ Ask to speak to our pharmacist if you have questions about the medicines we are giving you or the medicines you take at home.
- ✓ If you think you missed getting a medicine, ask your nurse.
- ✓ Please do not take any of your own home medicines while in hospital.
 - We give you all the medicines you need unless you are taking a medicine at home that we do not have in-hospital. If this happens, we ask you to give it to your nurse. Our pharmacist labels it for use in hospital. We return any of your own medicines that were not used while you were in the hospital.
- ✓ Write down the medicines you are taking and what they are for on the next page.

To learn more about medication safety, refer to the pamphlet: You and Your Medications – For your Safety

My medication	How I take it	My Health Plan Why I take it
Example		
Example Extra Strength Tylenol	How I take it At 8:00AM, 4:00PM, and 10:00PM	Why I take it For my arthritis pain
		I and the second

Tests and procedures

Some tests and procedures are done at your bedside. If you need to go to another place for a test or procedure, a porter comes and gets you.

If you are away from the unit at meal time and your meal tray is not there when you return, tell your nurse.

My tests and procedures

My test showed

Example Chest x-ray Clear

My treatments

The reason for the treatment

Example Híp Protector To protect my hip if I should fall

My question	Answer to my question

Going home

'Home is best' so our goal is to get you well as soon as possible.

We start planning for your going home from the time you come into the hospital.

Before you leave, we will go over the form called the 'Discharge Checklist'. It covers these items. We will ask you to sign off on the form.

My Going Home Checklist		ate Time
The plan is for me to go home on:		
	Yes	Does not apply
My family knows the date and time I will go home. This family member knows:		
I understand my health condition.		
I know what the plan is to treat my condition.		
I know what problems to watch for:		
I know I can call for help.		
I have written instructions that I can easily read and understand.		
I have been taught about:		
I know I can call HealthLinkBC (8-1-1) for information.		
, ,	_	

	Yes	Does not apply
I have clothes, jacket, and shoes to wear home.		
I have all my personal belongings ready to take home: ☐ Dentures ☐ Glasses ☐ Hearing aid ☐ Other:		
I have a ride.		
I am going by: ☐ Car with family ☐ Ambulance☐ Taxi (☐ I have money to pay)☐ Patient Transport Service☐ Other		
I am going:		
Home		
To this care facility:		
I have the paperwork to give to the facility staff. To (other):		
10 (other).		
Medications	Yes	Does not apply
I know what medicines I am to take and why.		
I have my written prescription(s).		
I know when and how to fill my prescription(s).		
I know when and how to fill my prescription(s).		
I know when and how to fill my prescription(s). I have a complete list of all my medicines, including what medicines I have already taken today.		
I have a complete list of all my medicines, including what	Yes	Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today.		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic Other		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic Other At home, I will get help from:		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic Other At home, I will get help from: Home Health Services		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic Other At home, I will get help from: Home Health Services Home Support Services		Does not apply
I have a complete list of all my medicines, including what medicines I have already taken today. Follow up I have an appointment with: My family doctor/nurse practitioner My specialist The Out-Patient Clinic Other At home, I will get help from: Home Health Services		Does not apply

Home supplies	Yes	Does not apply
I have these already		
I have arranged for		
I know I still need to get		
Home equipment		
I have these already		
I have arranged for		
I know I still need to get		
Reminders:	I	

My Safety

Keeping you safe

Your safety is important to us. The hospital is the best place for you to be treated and cared for right now. Help us and you be safe.

Review how to help prevent any problems.

The faster you are able to return home from hospital and continue your recovery to your usual level of health, the less likely you are to be exposed to other sick patients.

Communicate with us

✓ You and your family can use the communication board (or white board) in your room to write down notes, questions, or reminders. For example, you might write the name you prefer us to call you.

Your care team will use this board to tell you and your care providers about any special care needs.

✓ If you do not speak or understand English well enough to have conversations about your health or to make medical decisions, ask us to arrange for a medical interpreter. You do not pay for this. For informal conversations and daily care, your family or friends are welcome to help explain what you need.



Communication Board



I have told my nurse I need a medical interpreter

My Safety

I have checked my identification bracelet and my information is correct.







I have told my nurse I am allergic or sensitive to...

Wear your identification bracelet

- ✓ Make sure the information on your identification bracelet is correct.
- ✓ Make sure you leave your identification bracelet on until you leave the hospital to go home.

Your identification bracelet is one way to make sure we are caring for the correct person.

Before we do any procedures or tests, expect us to ask to see your identification bracelet or ask you to identify yourself by stating your name and birth date.

Ask who is caring for you

✓ If you are not sure who is caring for you, ask to see their Fraser Health identification.

Everyone who works or volunteers in our hospital wears identification with their photo, name, and their title.

Tell us about any allergies

✓ Tell your nurse and doctor about any allergies and sensitivities you have to medicines, food, latex, or other products.

To alert everyone to your allergy or sensitivity, we put an allergy band on your wrist.

Blood Clots

How can I prevent blood clots?

Move frequently and do your exercises. You might need blood thinning medication by pill or injection. If needed, your nurse will teach you about this.

What are the signs?

- Red, tender, or painful calf or lower leg
- Swollen or shiny calf or lower leg

What do I do if I think I have a blood clot? Tell your nurse right away.

Infection

How can I prevent infection?

The best way to stop the spread of germs is to clean your hands often.

- If you cannot get to a sink, use alcoholbased hand rub.
- If you are not able to clean your hands yourself, ask the staff caring for you to clean your hands.

Clean your hands before:

- eating and drinking
- touching any cuts, sores, or bandages
- touching your eyes, nose, or mouth
- entering and leaving your room

Clean your hands after:

- using the toilet
- blowing your nose
- touching any cuts, sores, or bandages
- touching surfaces that others use

To learn more about preventing infections, refer to the pamphlet:

Clean Hands Save Lives

Falls

Move carefully to prevent slips and falls

Most falls happen when you are:

- not feeling well
- in an unfamiliar place
- needing to go to the toilet
- getting out of the bed or a chair

How can I prevent falls?

Make sure you can easily reach your call bell, telephone, or anything else you might need.

If you feel unsteady or have problems getting up and walking on your own, use your call bell to have someone come and help you (especially at night). Please wait for them to arrive.

Always wear the hip protectors we give you even while you are in bed. These help prevent any injury to your hips should you fall.

When up and walking:

- Wear shoes or slippers with fully closed heel and toe as well as non-slip soles, or wear non-skid socks.
- Wear your glasses and hearing aids.
- Use your mobility aid (cane, crutch, or walker) even if only walking short distances.

To learn more about preventing falls, refer to the pamphlet:

Staying Safe While in the Hospital

My Safety



- I told my nurse that I smoke
- I asked my nurse for nicotine replacement therapy
- I told my nurse how much alcohol I drink.
- I told my nurse I use drugs.

If you smoke tobacco or electronic cigarettes

✓ Tell us if you smoke (or chew tobacco). We can arrange for you to manage your nicotine needs with nicotine patches or nicotine gum.

Remember, you cannot smoke anywhere in the hospital or on hospital property.

If you regularly drink alcohol

✓ Tell us if you regularly drink alcohol so we can support you.

If you use recreational or street drugs

✓ Tell us so we can plan ways to support you.

During your stay

Understand your care

- ✓ Ask us questions about your care, especially if we use words you do not understand.
- ✓ Write down your questions and the answers to those questions on page 8.
- ✓ Your doctor usually visits you every day. Use this time to ask your questions.
 - If you want to talk with your doctor at any other time, let your nurse know. We will leave a note for your doctor.

Keep your family informed

- ✓ Give us the name of one person (a family member or trusted close friend) who will be your 'family contact person'. This person is the one we give detailed updates to and can share this information with your family and friends.
 - At times, we might ask your contact person to come in if you are feeling overly worried, anxious, or confused. A familiar face can often help calm your fears.
- ✓ Tell your family who you have selected as your family contact person so your family can direct their questions to that person.

My Stay

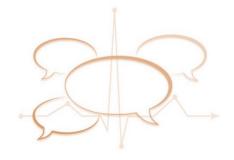






- I have picked someone to be my family contact person
- I have told that person that he or she is my family contact person
- I have told my family and friends who I chose as my family contact person

My Stay





I have a completed:

- Advance Directive
- Representation
 Agreement
- Power of Attorney
- I told my doctor about the personal documents and what is in them
- My MOST decisions include...



Decide about your care

✓ Decide what care you want or do not want.

We always ask you to consent to healthcare treatment as long as you are able.

We can help you and your family with any difficult decisions about your care. Situations can include:

- when you are not sure which treatment to choose
- when you are not able to decide for yourself

Talk to your nurse, social worker, or doctor if you would like help. We can arrange for a family meeting to discuss options.

✓ Tell us if you have an 'Advance Directive' or a 'Representation Agreement'.

These are personal documents that you might have completed before coming into the hospital. They spell out your wishes for medical treatment as well as health and personal care.

Note A 'Power of Attorney' is only for property and finances, not your health care.

Your doctor will talk with you about the level of care you wish to have should you become critically ill, or have a chronic or life-limiting illness. The doctor records your wishes on the Medical Order for Scope of Treatment or MOST form.

To learn more, refer to the pamphlet: Medical Order for Scope of Treatment or 'MOST' – What is it? Should I have one?

Plan for your needs

✓ Tell us if you have any needs such as these ones here. We will do our best to meet your needs. We will talk with you about why we might not be able to meet a specific need.

Problems with vision

Tell us if you need us to read forms to you or you need a Braille communication board.

Problems hearing

If you do not use or do not have hearing aids with you, our speech language pathologist can lend you a voice amplifier (called a Pocket Talker).

If you are deaf, tell us if you read lips or use sign language. We can arrange for a communication device and/or a sign language interpreter.

Special diet needs

If you need special foods or supplements, our registered dietitian can help arrange what you need.

Cultural, spiritual, or other needs

If you have certain cultural or spiritual needs related to clothing, hygiene, hair care, and/or food, we want to include these in your care plan.

You are welcome to have your spiritual or cultural leader visit you.

There is a Sacred Space in the hospital. Ask us where it is located.

My Stay









I told my nurse:

- I have trouble seeing
- I have trouble hearing
- I read lips
- I need a sign language interpreter
- my special diet needs
- I have cultural or spiritual needs

My Stay

Your personal items

A hospital is a public building with many people coming and going.

To keep your personal items safe, have someone take home as much as possible, especially your valuables.

☑ Check off the items you bring to the hospital and if you have labelled them.	I have	I labelled
Eye glasses and case Magnifying glass		
Hearing aid(s) and case Hearing aid spare batteries		
Toothbrush Toothpaste		
Dentures and container		
Deodorant (unscented)		
Hand cream or lotion (unscented)		
Comb and/or brush		
Shaving supplies (unscented)		
Hair care supplies (unscented)		
Underwear (a few pairs)		
Comfortable casual clothes that can be put on and taken off easily		
Socks		
Shoes or slippers with a fully closed heel and toe and with non-slip sole (such as running shoes)		
Mobility aid to help you get around: Cane Walker Wheelchair		

A typical day in the hospital

The day usually begins with the change of shift for the nurses (between 7: 00 and 7:30AM). This does not mean you have to wake up at this time, just that the activity and noise level increases.

Meals

Meal times vary but meals usually arrive around these times:

Breakfast 8:00 – 9:00AM Lunch 12:00 – 1:00PM Supper 5:00 – 6:00PM

We encourage you to sit in the chair at your bedside for meals.

Cleaning your teeth

Clean your teeth **before** <u>and</u> **after** every meal. This helps reduce the chances of getting an infection in your lungs (pneumonia). Ask for help if you need it.

Washing your body

Depending on how able you are, we will help you to wash your body at the bedside or in the bathroom. This can happen any time during the day.

My Stay



I usually get up at...

☆ My meal times are at...





I usually bathe at...

My Stay



Quiet time is at...

☆ I usually go to bed at...

Quiet time

We have a set time when we turn the lights down so our patients can rest during the day. Rest helps promote healing. Everyone knows to be quiet during this time.

Try to have your visitors come at a different time, especially if you are in a shared room.

If you choose to have visitors during this time and you share a room, ask your nurse if you can take your visitors to another place for the visit (if you are able to leave your bed).

Bedtime

There is no set bedtime but we turn down lights around 10:00PM.

My Stay

If you have to be moved

We do our best to keep you in your same room throughout your hospital stay. We only move people when absolutely necessary. We realize this change is hard for everyone involved. We will talk with you about the reasons for the move.

Some reasons why we need to move patients:

- A very ill patient needs your room for privacy, equipment, or close monitoring.
- You or another patient has an infection and changing rooms helps prevent the spread of infection.

Depending on the care you need, you might be moved to:

- another room
- a different unit in the hospital
- a different hospital

My Visitors

Visiting

Your family is welcome to visit you anytime. If a visitor is ill or recently exposed to an infectious disease, please ask them not to come.

We ask that your visitors:

- Check with your nurse to see if there are any times when tests or procedures are scheduled.
- To be quiet and respectful. Noise can be disturbing to other patients.
- Respect the 'Quiet time' on your unit.
- Limit the number of visitors in your room, especially in rooms with more than one patient.

If you have too many visitors, we might ask some of your visitors to wait in the patient lounge or ask you to visit with them in the patient lounge.

Note

We might restrict visitors to the hospital or a specific area when:

- we are trying to control an outbreak of an infectious disease
- there is an emergency



Children as visitors

Children 12 years old and younger must be supervised by an adult visitor.

Pets as visitors

Check with your nurse before agreeing to have your pet visit. We have guidelines for pet visits.

Preventing the spread of germs

Ask your visitors to clean their hands before and after visiting using either soap and water or alcoholbased hand rub.

Safety notices

Ask visitors to look for and follow any instructions on signs posted outside your room.

Visitor bathrooms

Direct your visitors to use the public washrooms. The bathroom in your room is only for patients to use.

My Visitors

Scent and balloon free

Remind your visitors that:

- Only scent-free flowers are allowed.
 Strongly scented flowers are not allowed.
- Strongly scented products are not allowed (example - perfume and aftershave).
- Only Mylar balloons are allowed in the hospital.
 Latex balloons or other latex products are not allowed.

Some people have serious allergic reactions to latex and perfumes.

Cell phones and other electronic devices

Please put all cell phones and other electronic devices in silent or vibrate mode.

We restrict the use of cell phones in some areas of the hospital.

Bringing in food

Before having food brought in for you, ask your nurse if it is okay.

Ask your visitors to take home any leftovers.

Photos, videos, recordings

Taking pictures and videos of you and your family is allowed. However, make sure you do not include other patients, other visitors, or hospital staff in the background.

Note To protect the privacy of others, no one is allowed to take pictures or record videos of other patients or other visitors in the hospital without them agreeing to it.

If you wish to take pictures or record videos of hospital staff, you must ask permission first. If any staff do not wish to have their picture taken or be videotaped, please respect their wishes, and stop if asked.

My Resources

Healthy living tips	Resources to help you
Eat healthy foods	Canada's Food Guide www.hc-sc.gc.ca Select your language Select 'Food & Nutrition' from the left-hand menu Select 'Canada's Food Guide' from left-hand menu
	Healthy Families BC www.healthyfamiliesbc.ca Go to the 'Food & Nutrition' tab Select 'Nutrition Basics'
	HealthLinkBC Healthy Eating www.healthlinkbc.ca/healthyeating
	Dial-A-Dietitian 8-1-1
Exercise for at least 15 minutes each day	Physical Activity Line www.physicalactivityline.com 604-241-2266 or 1-877-725-1149
	Healthy Families BC www.healthyfamiliesbc.ca Go to the 'Activity & Lifestyle' tab Select 'Physical Activity'
	ParticipACTION www.participaction.com Select the 'Get Moving' tab Select the 'Easy Ways to Start' section
Build in time for rest and relaxation	HealthLinkBC www.healthlinkbc.ca Enter 'relaxation' in the 'Search Health Information' section. Choose any of the topics that come up.
	Positive Coping with Health Conditions Select 'Relaxation' www.comh.ca/pchc Select 'Relaxation Method Audio' (turn your speakers on!)
Get enough sleep each night	Here to Help www.heretohelp.bc.ca Enter 'Getting a good night's sleep' in the search field
	Healthy Families BC www.healthyfamiliesbc.ca Enter 'always tired' in the search field at the top
Build or maintain social connections	HealthLinkBC www.healthlinkbc.ca Enter 'social network' in the 'Search Health Information' section for 'Social Connections' and 'Support Groups and Social Support'
	Positive Coping with Health Conditions Select 'Relationship Building' www.comh.ca/pchc

Pamphlets and Information Sheets

My Resources

(Print Shop or Stores number)

General	I have it	I read it
Hospital Services Directory		
Information For Our Patients, Residents, And Clients (Stores 324055)		
Medical Order Scope Of Treatment Or 'MOST' – What Is It? Should I Have One? (Stores 436874)		
Making Informed Decisions About CPR (Stores 350960)		
Safety		
Staying Safe While In The Hospital (257034)		
Your Guide To Preventing Falls And Related Injuries (255426)		
Products That May Reduce Falls And Injuries (264153)		
Hip Protectors – Always On Your Side (254857)		
About Restraints – Acute Care (255727)		
Clean Hands		
Clean Hands Save Lives (254374)		
Viral Gastrointestinal Illness (Stomach Flu) (264181)		
Multi-Drug Resistance Organisms – Acute Care (264215)		
Clostridium Difficile Infection (253976)		
Medications		
You And Your Medications – For Your Safety (264122) includes My Medication Card (264017)		
Nicotine Replacement Therapy And Stop Smoking Medications (254975)		
Preventing Blood Clots		
Take Part In Your Recovery: Do Deep Breathing, Coughing, Exercising In Bed, And Walking To Prevent Pneumonia And Blood Clots (264043)		
How To Prevent A Thrombo-Embolism (262747)		
Available through the Patient Education Catalogue	(https://patient	reduc.fraserhealth.ca/)

My Resources

Give us feedback

We welcome your feedback about your care. Your feedback is our chance to improve our care or services.

- ✓ Share compliments with the person who provided the care or service. You can also share it with the manager of the unit.
- ✓ Speak up when you have concerns about your care. We will work with you to address your concerns.
 - The first step is to talk with the person who provided the care or service as soon as possible.
 - If they cannot address your concern, ask to speak with the nurse in charge, patient care coordinator, or manager.
 - If your concern is not resolved, contact our Patient Care Quality Office.



1-877-880-8823



pcqoffice@fraserhealth.ca



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My Note

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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