

McLaren Print System Order

Order No: 24502
Order Date: 2017-01-09
User: Aimee Wallrath
Phone: 8103424817

Ship Location: Jan Nowaczyk
501 S Ballenger Hwy Ste B
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 32011
Dept Name: McLaren Imaging
Company Number: 60

Order Total Price: 322.00

Item Number: 17363
Item Description: Patient & Family Discharge-Transition Guide
Revision Date: 1/2017
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McLaren Print
PATIENT AND FAMILY DISCHARGE/TRANSITION GUIDE

Your Plan for Help at Home

Healthcare Partner: (Name & Contact Information Below) _____

Home Care: (Include Company & Contact Information Below) _____

Preferred Pharmacy: _____

Meals on Wheels: (Include Company & Contact Information Below) _____

Medical Equipment: _____ Hospice: _____

Oxygen: _____ Community Services: _____

Skilled Nursing Facility: (See Attached Package) Other: _____

Initial, Date & Time: _____ Initial, Date & Time: _____ Initial, Date & Time: _____

Medication Education

During your stay here, you will be educated on medications given to you. In your written discharge instructions you will receive a list of medications your physician wants you to continue after your hospitalization. Your discharging nurse will review this list with you and you are encouraged to ask them any questions. It is important to understand why you are taking each medication and the potential side effects.

Medication Reviewed Medications Side Effects Review

Initial, Date & Time: _____ Initial, Date & Time: _____ Initial, Date & Time: _____

Signs and Symptoms You and Your Family Should Watch For:

After leaving the hospital, call your doctor if any of the following occurs:

Worsening or persistent symptoms Other pertinent signs and symptoms: _____

Pain not relieved by medication prescribed _____

Unable to eat or drink _____

See attached patient discharge instructions for additional signs and symptoms.

Initial, Date & Time: _____ Initial, Date & Time: _____ Initial, Date & Time: _____

***Follow-Up Appointments**

Please refer to patient discharge instructions for appointments.

WHY COPY PATIENT
WHY COPY CARET
PATIENT AND FAMILY DISCHARGE/
TRANSITION CHECKLIST
17363 12/16


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Spec Info: Please deliver to Aimee Wallrath, 4S, Case Management