

**McLaren Print System Order**

**Order No: 25045**  
**Order Date: 2017-01-31**  
**User: Aimee Wallrath**  
**Phone: 8103424056**

**Ship Location: McLaren Flint-4S-Case Management**  
**501 S Ballenger Hwy**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 91570**  
**Dept Name: Case Management**  
**Company Number: 60**

**Order Total Price: 322.00**

**Item Number: 17363**  
**Item Description: Patient & Family Discharge-Transition Guide**  
**Revision Date: 1/2017**  
**Print: 1 sided full color**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: color; ss; 2 part**

McLaren Flint  
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: \_\_\_\_\_

**Spec Info:**

**\*Follow-Up Appointments**  
Please refer to patient discharge instructions for appointments.