

McLaren Print System Order

Order No: 53762
Order Date: 2020-03-31
User: Lori Pidick
Phone: 810-989-3320

Ship Location: McLaren Port Huron
1221 Pine Grove Avenue
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 6005
Dept Name: Materials Management
Company Number: 480

Order Total Price: 16.70

Item Number: PH-372
Item Description: DISCHARGE PREP CHECKLIST Form (Port Huron)
Revision Date: 3/20
Print: 1 sided full color
Paper: 70# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; color; 70# White text



Discharge Preparation Checklist
We Care About Your Care



Before I leave the care facility, the following tasks must be completed:

- | | |
|--|---|
| <input type="checkbox"/> I participated in decisions about the plan after I leave the hospital. | <input type="checkbox"/> I know who to call if I have medication side effects. |
| <input type="checkbox"/> I understand why I was in the hospital and symptoms to watch for when I get home. | _____ |
| <input type="checkbox"/> My most important questions were answered by my health care team. | <input type="checkbox"/> I am able to get the medications I need and have a plan to manage my medication schedule at home. |
| <input type="checkbox"/> I have important contact numbers should a problem occur after I leave. | <input type="checkbox"/> A family member or someone I have identified to help care for me knows when I am coming home and what I will need. |
| _____ | _____ |
| <input type="checkbox"/> I understand my medications and any changes. | <input type="checkbox"/> I understand the follow-up appointment(s) I need to schedule or that have been scheduled on my behalf and have a way to get there. |
| _____ | _____ |
| _____ | <input type="checkbox"/> I understand equipment I will need at home and how I will get it. |
| _____ | _____ |

Spec Info: medication side-effects to watch for and report.