



50 N. Perry Street Pontiac, MI 48342

mclaren.org/oakland

TAKING CARE OF ME

Preparing for Discharge

at McLaren Oakland

Name:		
I am going home:		

This booklet is to help you get ready for discharge. A nurse will go through each page with you and your family when your discharge is written.

If you have questions, write them down and we will do our best to answer them.

Bring this booklet with you when you go to your follow up doctors' appointments.

WHAT OTHER MEDICINES CAN I TAKE?

	Medicine name and amount	How much do I take?	How do I take this medicine?
If I need medicine for a headache			
If I need medicine to stop smoking			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			
If I need medicine for			

WHAT MEDICINES DO I NEED TO TAKE? EACH DAY FOLLOW THIS SCHEDULE:

Bedtime Medicines			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

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IMPORTANT NOTES:

Hospital Case Manager is:
Phone Number:
Primary Care Physician:
Phone Number:
Appointment:
Reason for Appointment:
Specialist Physician:
Phone Number:
Appointment:
Reason for Appointment:
Home Health Care Agency:
Phone Number:
First Visit:
Medical Equipment Company:
Phone Number:
Equipment ordered:
Specialist Physician:
Phone Number:
Appointment:
Reason for Appointment:
Specialist Physician:
Phone Number:
Appointment:
Reason for Appointment:
My pharmacy is:
Phone Number:

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Other appointments, testing, follow up services: I was in the hospital for: ______ I am allergic to: _____ What can I eat? Do I need to watch how much I drink? _____ What can I do? _____ Are there things that I cannot do?_____ Do I need to weigh myself every day? What should I look for?_____

WHAT MEDICINES DO I NEED TO TAKE? EACH DAY FOLLOW THIS SCHEDULE:

Evening Medicines			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

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WHAT MEDICINES DO I NEED TO TAKE? EACH DAY FOLLOW THIS SCHEDULE:

Afternoon Medicines			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

ALWAYS CALL MY DOCTOR IF:

- 1 have a temperature of 101 or higher.
- I have pain that is not helped with the medicine.
- I am sick to my stomach and vomiting.
- 4 My incision site is red, swollen or has drainage.
- My legs are red or swollen.
- 6 I have gained 5 pounds in 1 week.

If I have a serious medical problem, I will call 911 or go to the closest ER.

QUESTIONS FOR MY DOCTORS:

I have questions about my medicines:
I have questions about my pain:
I have questions about my tests:
I am feeling stressed about:

WHAT MEDICINES DO I NEED TO TAKE? EACH DAY FOLLOW THIS SCHEDULE:

Morning Medicines			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

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