



**FLINT**  
**Admission Packet**

McLAREN FLINT  
Flint, Michigan  
**Patient Information Number (PIN) Program  
Acknowledgement Form**

**Nursing Instructions:**

1. Enter the PIN on the card.
2. Provide the PIN card to the patient or their spokesperson.
3. Advise the patient or their spokesperson that they may share this PIN with anyone they wish to be able to obtain information on the patient's condition.
4. Advise the patient or their spokesperson that the staff will NOT provide the PIN to anyone on their behalf.
5. Obtain the patient's or their spokesperson's signature on the PIN acknowledgement form. The form will be maintained as part of the patient's record.

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**Patient/Spokeperson Acknowledgement for Receipt of PIN Card**

**By signing this form, I acknowledge:**

1. Receipt of the Patient Identification Number Card with PIN.
2. That I understand that the distribution of this number is solely my responsibility.
3. That the staff of McLaren Flint will not provide this number to anyone, even if expressly directed to do so by me.
4. That the staff of McLaren Flint will not release any information without being accurately provided with the PIN.

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Signature of Patient or Patient's Spokesperson  
Attachment A

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Date



PT.

MR.#/P.M.

DR.

# Passport to Transport

\* Use pencil

**Transport Mode:** Bed: \_\_\_ Bari Bed: \_\_\_ WC: \_\_\_ Bari WC: \_\_\_ Stretcher: \_\_\_ Other: \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Isolation:** \_\_\_\_\_

**Lines:**  
 AV FISTULA \_\_\_  
 VAS CATH \_\_\_  
 NGT/OGT \_\_\_  
 FOLEY \_\_\_  
 CVC \_\_\_  
 PICC \_\_\_

**O2:**  
 Yes \_\_\_  
 No \_\_\_

**Fall risk:**  
 Red \_\_\_  
 Yellow \_\_\_  
 Green \_\_\_

**Monitor:**  
 Yes \_\_\_  
 No \_\_\_

**Neuro:**  
 Alert \_\_\_  
 Oriented \_\_\_  
 Confused \_\_\_  
 Lethargic \_\_\_  
 Deaf \_\_\_  
 Blind \_\_\_

**IV:**  
 Yes \_\_\_  
 No \_\_\_

**Code Status:**  
 Full \_\_\_  
 No code \_\_\_ (see chart)

**Allergies:** \_\_\_\_\_

**Important info:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date:	Procedure:	Initials:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pt ID Stamper**

## Patient Identification Number (PIN) Program Protecting Your Privacy

**Your privacy is very important to us.** At the same time, we want to make sure your experience at McLaren Flint is a positive one, and we realize how important family and loved ones are during any hospital stay.

**We have established the Patient Identification Number (PIN) Program** to help manage our commitment to your privacy; along with your family and loved ones need for information to help in your recovery process.

(cut along dotted line)



The PIN **DOES NOT** allow family members or loved ones access to obtain copies from your medical records. The code is also only valid for this specific admission. **Future admissions require a new PIN.**

If you have any questions regarding the PIN program, please feel free to talk with your nurse.

Below is your visit specific PIN. You may share this number with whomever you wish.

The type of information that will be shared by Nursing staff to individuals providing a correct PIN is the Basic Patient Information. Basic Patient Information is related to your general well being, surgeries/tests/procedures which have been scheduled and completed; and that results/outcomes are available for discussion with your physician.

Our discharge goal is 11:00 a.m. on the day of discharge. Please be sure to let the nurse know who will be picking up your loved one. Be sure to contact the floor nurse if there are any questions or concerns that we may help with. Thank you for choosing McLaren Flint

**Due to patient confidentiality, in order for your family to obtain information about your health condition over the phone or in person, the PIN provided below must be communicated to the Nurse, prior to release of any health information. Please make sure anyone that you want to have access to Basic Patient Information has been given this number.**

**PIN:** \_\_\_\_\_

----- ✂

✂

**PIN:** \_\_\_\_\_

**Admission Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### PATIENT DISCHARGE CHECK LIST

To be completed as part of the discharge process for all patients

- The RN verifies the discharge medication physician Order sheet and/or the TMO; (if applicable)  
Verifying RN Signature \_\_\_\_\_.
- Pneumovax given and documented or n/a documented
  - If given, Vaccination information Sheet given.
- Influenza Vaccination given, Vaccine Record sent to pharmacy

#### FOR THE FOLLOWING CORE MEASURES:

##### ACUTE MI

N/A

- Aspirin or documented contraindication
- Beta Blocker or documented contraindication
- Statin if LDL  $\geq$  100 or documented contraindication
- ACS/MI Education Materials given and documented
- ACE or ARB if EF<40% or documentation contraindication; may take verbal order

##### HEART FAILURE

N/A

(Includes primary or secondary admitting diagnosis of CHF)

- Echo report or documented EF
- Heart Failure Education materials given/documentated
- ACE or ARB if EF<40% or documented contraindication; may take verbal order
- Cardiology follow up appointment made
- Transportation addressed with patient and family
- Diuretics
- BNP and CMP the day of discharge

##### STROKE/TIA

N/A

- Antithrombotic or documented contraindication
- Anticoagulant for Afib/Aflutter patients or documented contraindication
- Statin if LDL  $\geq$ 100 or documented contraindication
- Rehab Assessment (PT/OT/Speech)
- Stroke Education:
  - o Printed Stroke packet/info given
  - o Risk factors of a Stroke
  - o Warning Signs/Symptoms of a Stroke
  - o Activation of EMS/911
  - o Follow up appts.

I verify that the following activities have been completed prior to discharge:

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT DISCHARGE  
CHECK LIST



PT.

MR./P.M.

DR.

PHYSICIAN DISCHARGE READINESS  
COMMUNICATION CHECKLIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_

Please **sign/date** and **time** if patient is cleared for discharge by your services:

- Behavioral Health (Sign/Date/Time) \_\_\_\_\_
- Cardiology (Sign/Date/Time) \_\_\_\_\_
- Infectious Disease (Sign/Date/Time) \_\_\_\_\_
- Nephrology (Sign/Date/Time) \_\_\_\_\_
- Neurology (Sign/Date/Time) \_\_\_\_\_
- OB/Gynecological Services (Sign/Date/Time) \_\_\_\_\_
- Orthopedics (Sign/Date/Time) \_\_\_\_\_
- Primary Care Physician (Sign/Date/Time) \_\_\_\_\_
- Pulmonology (Sign/Date/Time) \_\_\_\_\_
- Surgery (Sign/Date/Time) \_\_\_\_\_
- Urology (Sign/Date/Time) \_\_\_\_\_
- Vascular (Sign/Date/Time) \_\_\_\_\_
- Other (Sign/Date/Time) \_\_\_\_\_

**Discharge Disposition:**

- Discharged to Behavioral Health
- Discharged to Correctional Facility
- Discharged to Home
- Discharged to Home with Home Health Care
- Discharged to Hospice
- Discharged to Inpatient Rehab
- Discharged to Long Term Acute Care
- Discharged to Other
- Discharged to Skilled Nursing Facility
- Discharged to Sub-Acute Rehab
- Discharged to Another Hospital as In-patient
- Discharged to Other \_\_\_\_\_

**Home Care Coordinator:**

- Eval requested (order written)
- Service needed/Comments:

\_\_\_\_\_

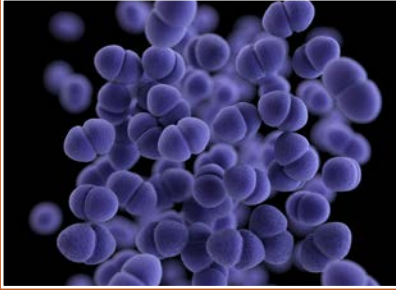


PT.

MR. #/PM.

DR.

# ANTIBIOTIC RESISTANCE: THE GLOBAL THREAT



Antibiotic resistance—when bacteria no longer respond to the drugs designed to kill them—is happening right now across the world.



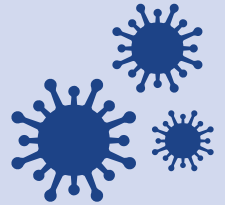
The full impact is unknown. There is no system in place to track antibiotic resistance globally.



Without urgent action, modern medicine will be obsolete and minor injuries will once again be deadly.

## Super-Resistant Bacteria: Problem Today, Crisis Tomorrow

- In India, **58,000+ babies died in one year** from super-resistant bacterial infections, which are usually passed on from their mothers<sup>1</sup>
- In the European Union, antibiotic resistance causes **25,000 deaths per year** and 2.5m extra hospital days<sup>2</sup>
- In Thailand, antibiotic resistance causes **38,000+ deaths per year** and 3.2m hospital days<sup>2</sup>
- In the United States, antibiotic resistance causes **23,000+ deaths per year** and more than 2m illnesses<sup>2</sup>



## Global Action to Slow Resistance

- **Improve Laboratory Capacity:** Countries need medical labs to identify bacteria and choose the right drugs to treat them. When people get antibiotics without this testing, they:
  - Often get treatment that doesn't help
  - Develop and spread resistant bacteria
  - Increase their risk for future resistant infections
- **Develop National Tracking Programs:** Countries need the infrastructure to collect resistance data and report results globally. This information is necessary to:
  - Target and measure prevention efforts
  - Drive policies that help stop spread
- **Implement Antibiotic Stewardship Programs:** To ensure antibiotics are here when we need them, they must be prescribed and taken correctly now.
- **Expand Infection Control Programs:** Improving infection control practices in healthcare settings is critical to prevent spread of antibiotic-resistant germs.



## CDC's Impact on a Global Threat

CDC's proposed Antibiotic Resistance Solutions Initiative will:

- **Allow standardized tracking** of antibiotic resistance internationally
- **Prevent** antibiotic resistance
- **Improve** antibiotic prescribing and use
- **Boost communication** of antibiotic resistance threats



<sup>1</sup>[http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(13\)70318-9/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(13)70318-9/fulltext)

<sup>2</sup>Antimicrobial Resistance Global Report on Surveillance, 2014. WHO Report. [http://www.who.int/drugresistance/documents/AMR\\_report\\_Web\\_slide\\_set.pdf?ua=1](http://www.who.int/drugresistance/documents/AMR_report_Web_slide_set.pdf?ua=1)

# RESISTANCE ANYWHERE IS RESISTANCE EVERYWHERE

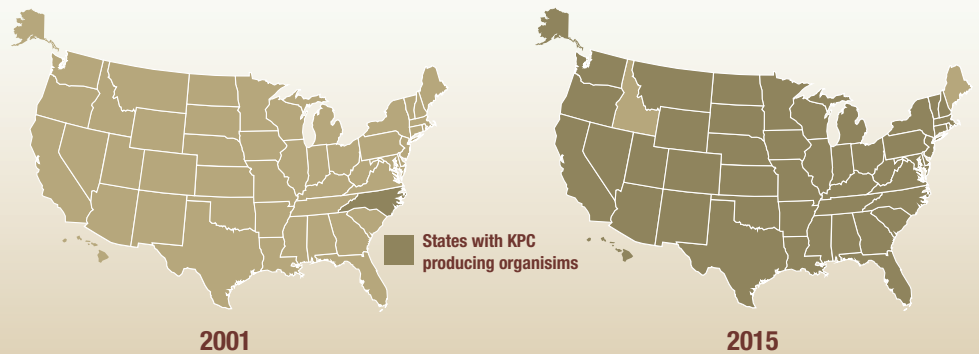


## Antibiotic Resistance Can Travel the Globe

- Often called superbugs, some bacteria are already resistant to most or all known antibiotics. One example is CRE, a family of germs that is resistant to our most powerful drugs of last-resort.
- Sometimes called “nightmare bacteria” because they are so difficult to treat, CRE was originally found in only one U.S. state but has spread.
- *Klebsiella pneumoniae* carbapenemase (KPC) infections, a type of CRE, were once seen in limited locations in the U.S. but are now found throughout the country.
- Another type of CRE, caused by New Delhi metallo-beta-lactamase (NDM-1), was initially identified in India, but is now present in several other countries including the U.S., Canada, Netherlands, United Kingdom, Australia, and beyond.

## Why We Must Act Now

Graphical Distribution of *Klebsiella pneumoniae* carbapenemase (KPC) Infection



## Did You Know?

1. Antibiotic resistance is one of the world’s most pressing public health threats.
2. Antibiotics are the most important tool we have to combat life-threatening bacterial diseases, but using antibiotics can have side effects.
3. Antibiotic overuse increases the development of drug-resistant germs.
4. Patients, healthcare providers, hospital administrators, and policy makers must work together to use effective strategies for improving antibiotic use—ultimately improving medical care and saving lives.

- The way we use antibiotics today or in one patient directly impacts how effective they will be tomorrow or in another patient; they are a shared resource.
- Antibiotic resistance is not just a problem for the person with the infection. Some resistant bacteria have the potential to spread to others—promoting antibiotic-resistant infections.
- Since it will be many years before new antibiotics are available to treat some resistant infections, we need to improve the use of antibiotics that are currently available.

### Outpatient antibiotic use: U.S. compared to Europe (2004)

Defined Daily Dose/1,000 inhabitants per day



Source: Goossens et al. CID 2007;44:1091-5; erratum CID 2007; 44:1259





## Global Health Professionals Can:

- **Spread the message** that antibiotic resistance is a global problem.
- **Implement hospital infection-control measures** to reduce the spread of multidrug-resistant strains and reinforce national policies on prudent use of antibiotics, reducing the generation of antibiotic-resistant bacteria.
- **Adhere to World Health Organization's strong recommendations** that governments focus control and prevention efforts in four main areas:
  1. Surveillance for antimicrobial resistance;
  2. Rational antibiotic use, including education of healthcare workers and the public in the appropriate use of antibiotics;
  3. Introduction or enforcement of legislation related to stopping the sale of antibiotics without prescription; and
  4. Strict adherence to infection prevention and control measures, including safe handwashing measures, particularly in healthcare facilities.
- **Develop relevant policies** and **coordinate international efforts** with the support of WHO to combat antimicrobial resistance.

### For more information, visit CDC's Get Smart Program Website

Get Smart About Antibiotics Week  
<http://www.cdc.gov/getsmart/week/index.html>

Get Smart Resources for Policy Makers  
<http://www.cdc.gov/getsmart/week/educational-resources/policy-makers.html>

### Centers for Disease Control and Prevention

For more information, please contact Centers for Disease Control and Prevention.  
1600 Clifton Road N.E., Atlanta, GA 30333  
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-63548  
Email: [getsmart@cdc.gov](mailto:getsmart@cdc.gov) Web: <http://www.cdc.gov/getsmart/>

# Viruses or Bacteria

## What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Condition: What's got you sick?	Common Cause			Are antibiotics needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

\* In some cases, acute bronchitis is caused by bacteria, but even in these cases antibiotics still do not help.

*Antibiotics Aren't Always the Answer*

[www.cdc.gov/getsmart](http://www.cdc.gov/getsmart)









U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention


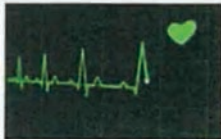





Nov. 16, 2016  
CS272279B



## Your New Medication Use and Side Effect Information

The purpose of this document is to provide you with some information about why you are taking a medication. This document will also explain the possible medication side effects of the medication you are taking. If you have any questions or concerns about this information listed below, please ask to speak with your nurse or pharmacist.

<b>What is my Medication? Medication: Generic (Brand)</b>	<b>Why am I taking it? This medication is for:</b>	<b>What are the Possible Side Effects:</b>
<p>Narcotics:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hydrocodone/Acetaminophen (Norco, Lortab)</li> <li><input type="checkbox"/> Hydromorphone (Dilaudid)</li> <li><input type="checkbox"/> Fentanyl</li> <li><input type="checkbox"/> Morphine</li> <li><input type="checkbox"/> Oxycodone/Acetaminophen (Percocet)</li> <li><input type="checkbox"/> Oxycodone</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Pain</b></p> 	<ul style="list-style-type: none"> <li>Dizziness</li> <li>Drowsiness (feeling tired)</li> <li>Itching</li> <li>Constipation</li> <li>Nausea/Stomach upset</li> <li>Slow/Difficulty Breathing</li> </ul>
<p>Antiemetics:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Metoclopramide (Reglan)</li> <li><input type="checkbox"/> Ondansetron (Zofran)</li> <li><input type="checkbox"/> Prochlorperazine (Compazine)</li> <li><input type="checkbox"/> Promethazine (Phenergan)</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Nausea or Vomiting</b></p> 	<ul style="list-style-type: none"> <li>Headache</li> <li>Weakness</li> <li>Dizziness</li> <li>Drowsiness</li> <li>Constipation</li> <li>Restlessness</li> </ul>
<p>Acid Reducers:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pantoprazole (Protonix)</li> <li><input type="checkbox"/> Famotidine (Pepcid)</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Heartburn or Reflux</b></p> 	<ul style="list-style-type: none"> <li>Headache</li> <li>Diarrhea</li> <li>Abdominal pain</li> <li>Dizziness (Pepcid)</li> <li>Constipation (Pepcid)</li> </ul>
<p>Statins:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Atorvastatin (Lipitor)</li> <li><input type="checkbox"/> Pravastatin (Pravachol)</li> <li><input type="checkbox"/> Simvastatin (Zocor)</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Decreasing Cholesterol</b></p> 	<ul style="list-style-type: none"> <li>Headache</li> <li>Nausea</li> <li>Diarrhea</li> <li>Muscle pain or weakness</li> <li>➤ Call Medical Provider</li> </ul>
<p>Non-Steroidal Anti-inflammatory Drugs (NSAIDs)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diclofenac (Voltaren)</li> <li><input type="checkbox"/> Ibuprofen (Advil, Motrin)</li> <li><input type="checkbox"/> Ketorolac (Toradol)</li> <li><input type="checkbox"/> Naproxen (Aleve)</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Help to decrease pain and /or Help to reduce inflammation</b></p> 	<ul style="list-style-type: none"> <li>Bleeding risk</li> <li>GI symptoms</li> <li>Dizziness</li> <li>Headache</li> </ul>
<p>Antiplatelets:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aspirin (Ecotrin, Bayer)</li> <li><input type="checkbox"/> Clopidogrel (Plavix)</li> <li><input type="checkbox"/> Prasugrel (Effient)</li> <li><input type="checkbox"/> Ticagrelor (Brilinta)</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Prevent Blood Clots</b></p> 	<ul style="list-style-type: none"> <li>Risk of Bleeding</li> <li>GI Upset</li> <li>Headache</li> <li>Difficulty breathing (Brilinta)</li> </ul>

Medication: Generic (Brand)	Medication Used For:	Possible Side Effects:
Anticoagulants: <input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Heparin <input type="checkbox"/> Apixaban (Eliquis) <input type="checkbox"/> Dabigatran (Pradaxa) <input type="checkbox"/> Rivaroxaban (Xarelto) <input type="checkbox"/> _____	<b>Preventing or Treating Blood Clots</b> 	Risk for Bleeding Bruising Abdominal pain (Warfarin) Fever (Enoxaparin) Nausea (Enoxaparin)
Antiarrhythmics: <input type="checkbox"/> Amiodarone (Cordarone, Pacerone) <input type="checkbox"/> Digoxin (Lanoxin) <input type="checkbox"/> Flecainide (Tambocor) <input type="checkbox"/> Propafenone (Rythmol) <input type="checkbox"/> Sotalol (Betapace) <input type="checkbox"/> _____	<b>Abnormal Heart Rhythm; Heart Failure</b> 	Dizziness Headache Nausea/vomiting Difficulty breathing Tiredness
Calcium Channel Blockers: <input type="checkbox"/> Diltiazem (Cardizem, Tiazac, Dilacor XR) <input type="checkbox"/> Verapamil (Calan, Verelan) <input type="checkbox"/> Amlodipine <input type="checkbox"/> _____	<b>Decreasing Blood Pressure and Heart Rate</b> 	Dizziness Headache Constipation (Verapamil)
Beta Blockers: <input type="checkbox"/> Atenolol (Tenormin) <input type="checkbox"/> Carvedilol (Coreg) <input type="checkbox"/> Metoprolol (Toprol XL, Lopressor) <input type="checkbox"/> _____	<b>Heart Failure; Decreasing Blood Pressure and Heart Rate</b> 	Dizziness Drowsiness Fatigue
ACE Inhibitors or ARBs: <input type="checkbox"/> Lisinopril (Zestril, Prinivil) <input type="checkbox"/> Valsartan (Diovan) <input type="checkbox"/> Entresto (CHF) <input type="checkbox"/> _____	<b>Decreasing Blood Pressure; Heart Failure</b> 	Dizziness Dry cough Headache
Corticosteroids: <input type="checkbox"/> Methylprednisolone (Solumedrol) <input type="checkbox"/> Dexamethasone (Decadron) <input type="checkbox"/> Prednisone (Deltasone) <input type="checkbox"/> _____	<b>Decreasing Inflammation</b> 	GI upset Increased appetite Increased blood sugar
Antibiotics: <input type="checkbox"/> Amoxicillin (Amoxil) <input type="checkbox"/> Cefazolin (Ancef, Kefzol) <input type="checkbox"/> Clindamycin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) <input type="checkbox"/> Vancomycin (Vancocin) <input type="checkbox"/> _____	<b>Treating Bacterial Infection</b> 	GI upset Rash Itching Diarrhea Headache

Miscellaneous Medications: \_\_\_\_\_