

# GOING HOME

## A Preparation Booklet

*Beneficial information to help you return home from a hospital,  
nursing home or other health care facility.*

Prepared for \_\_\_\_\_

**CAREWORKS**  
HEALTH SERVICES



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## Important Questions to Ask Before Discharge

What are the options for care after discharge? \_\_\_\_\_

\_\_\_\_\_

What sorts of medical equipment will be needed (such as a walker)? \_\_\_\_\_

\_\_\_\_\_

Who is arranging the delivery of the medical equipment? \_\_\_\_\_

\_\_\_\_\_

What is the number to call with questions about the equipment? \_\_\_\_\_

Check the tasks below that you would like help with after discharge and notify the staff of these needs:

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Bathing            | <input type="checkbox"/> Dressing     | <input type="checkbox"/> Food shopping                    |
| <input type="checkbox"/> Climbing stairs    | <input type="checkbox"/> Cooking      | <input type="checkbox"/> Picking up prescription drugs    |
| <input type="checkbox"/> Housecleaning      | <input type="checkbox"/> Paying bills | <input type="checkbox"/> Getting to doctors' appointments |
| <input type="checkbox"/> Using the bathroom |                                       |   |

Are there any special tasks such as changing a bandage or giving a shot that need to be demonstrated and taught? ☐ Yes ☐ No

Name and phone number to call if help is needed. \_\_\_\_\_

\_\_\_\_\_

Are there support groups or a social worker to speak with regarding any concerns about how you or your family is coping with the illness? \_\_\_\_\_

\_\_\_\_\_

Are there ways to get help with the cost of care? ☐ Yes ☐ No

What will insurance cover? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Questions for the Caregiver

Can you give the patient the help he or she needs? ☐ Yes ☐ No

Any concerns to address with the staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Important Phone Numbers

**Emergency contact:** Name \_\_\_\_\_  
Phone number(s) \_\_\_\_\_

**Pharmacy** (location and phone) \_\_\_\_\_

**Primary physician's office** (location and phone) \_\_\_\_\_  
\_\_\_\_\_

**Discharge planner or social worker:** Name \_\_\_\_\_  
Number \_\_\_\_\_

**CareWorks Health Services:** Number \_\_\_\_\_



## Checklist of Important Information to Receive Before Discharge

Ask for written discharge instructions that you can read and understand and a summary of your current health status. Bring this information and your drug list with you to your follow-up appointments. Make sure the written discharge instructions include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Summary of current health status | <input type="checkbox"/> List of medical equipment needed              |
| <input type="checkbox"/> Steps to take to improve health  | <input type="checkbox"/> Anticipated symptoms                          |
| <input type="checkbox"/> Problems to watch for            | <input type="checkbox"/> How to respond to anticipated symptoms        |
| <input type="checkbox"/> Exercise instructions            | <input type="checkbox"/> How to respond to problems                    |
| <input type="checkbox"/> Exercise restrictions            | <input type="checkbox"/> Contact name and number for questions         |
| <input type="checkbox"/> Dietary restrictions             | <input type="checkbox"/> Follow-up appointment date, time and location |



Upcoming Appointments

Date	Appointments / Tests	Phone Number

## Questions to Ask the Doctor

Check any of the boxes below and write notes to remember what to discuss with your doctor.

### I have questions about:

- ☐ My medicines \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ My test results \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ My pain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Feeling stressed or depressed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Changes in my health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other questions or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Over-the-Counter Medications (check all that are used regularly)

- |   |  |
|---|--|
| <input type="checkbox"/> Allergy relief, antihistamines | <input type="checkbox"/> Antacids  |
| <input type="checkbox"/> Cold / cough medicines         | <input type="checkbox"/> Aspirin / other relief from pain, headache or fever |
| <input type="checkbox"/> Diet pills                     | <input type="checkbox"/> Sleeping pills                                      |
| <input type="checkbox"/> Laxatives                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Vitamins, minerals             | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Herbal, dietary supplements    | <input type="checkbox"/> Other: _____  |

Date this form was updated: \_\_\_\_\_

Sources: The Agency for Healthcare Research and Quality, United Hospital Fund,  
The Centers for Medicare and Medicaid Services



# Medications

**Medication Allergies** \_\_\_\_\_ **Pharmacy Name/Phone** \_\_\_\_\_

List prescription drugs, over-the-counter drugs, vitamins and herbal supplements. Be sure to inform the staff what drugs, vitamins or supplements were taken regularly before admission. Ask if you should still take these after you leave. Write down a name and phone number to call if you have questions.

Medication Name		Dosage		Time of Day to Take			Notes	
Prescribing Physician / Number		How Often		Morning	Noon	Evening	Bedtime	Side Effects / Danger Signs
<b>Medicine Name</b>								
Dr. Who 123.456.7890				X		X		Take w/food
								Possible rash - notify Dr.
Dr.								
Dr.								
Dr.								
Dr.								
Dr.								
Dr.								
Dr.								
Dr.								
Dr.								



[illegible]

## Stay Properly Hydrated

### Your body depends on water to heal.

Our bodies use water to:

- Help the heart pump blood more easily
- Maintain body temperature
- Remove waste and toxic substances from the body
- Help the body absorb vitamins and minerals
- Help prevent urinary tract infections

### Hydration and the older adult

- As we age, our sense of thirst becomes less acute
- Frail adults have a harder time getting up to get a drink when thirsty
- As we age our bodies lose kidney function and are less able to conserve fluid

### How much should I be drinking?

Different people require different amounts of water to remain hydrated, but in general, a reasonable goal for an adult is 6-8 glasses of water each day. Keep in mind that water can be consumed via food as well, such as fruit, vegetables and soups.

TIPS:

- Keep a water bottle next to the bed and a favorite chair
- Recognize that sometimes hydration may be needed even if you are not thirsty
- If the urine color is light and the output is adequate, those are good signs that enough water is being consumed.

### How do I know if I'm dehydrated?

Symptoms of dehydration include:

- Little or no urine, or urine that is darker than usual
- Dry mouth or sticky tongue
- Fatigue
- Increased thirst
- Sunken eyes
- Rapid heart rate
- Headache
- Confusion
- Dizziness or feeling of being lightheaded
- No tears when crying or inability to sweat

### When to call the doctor

Call your doctor if:

- For more than one day you have been too sick to drink as much fluid as you should
- You are not passing very much urine and urine is very dark in color
- There are signs of a urinary tract infection
- Increased or constant vomiting for more than a day
- Fever over 101°F
- Diarrhea for more than 2 days
- Weight loss
- Confusion or weakness



## Reduce Your Chances of a Readmission to the Hospital

- **Hospital to home smooth transitions:** Patients are at their most vulnerable when transitioning from hospital to home. CareWorks Health Services can help immediately upon discharge and provide the needed support until home healthcare arrives.
- **Care coordination:** CareWorks Health Services works seamlessly with all healthcare providers and family, providing ongoing, timely reporting regarding changes in health status.
- **Disease management education:** CareWorks Health Services has an extensive supply of disease-specific educational materials targeted to encourage family involvement in care, helping them to better understand the condition and monitoring of the disease.
- **Key health indicators recognized by staff:** Because of regular interaction with patients, our specially trained staff are often the first to recognize potential health issues and will take action quickly before they could lead to a hospital readmission.

## Protect Yourself by Understanding the Differences in Home Care Options

Below are protections a home care agency offers that a registry or an independent hire do not offer.

Agency	Registry/Private Hire
Checks references and performs thorough background check	Client responsible
Pays all caregiver payroll taxes along with necessary reporting	Client responsible
Provides caregiver backups for emergencies or vacations	No backup caregiver provided
Provides supervisions of all caregivers by a qualified individual	No oversight of care, danger of abuse
Carries liability insurance	Client responsible
Covers workers' compensation and unemployment insurance	Client responsible
Provides assessment and detailed plan of care developed by a qualified individual	No care plan or assessment

For more information call **CareWorks Health Services** at **(949) 859-4700** or **(714) 421-4005** or visit **[www.CareWorksHealthServices.com](http://www.CareWorksHealthServices.com)**.

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Our care coordinators are specially trained to create a customized care plan specific to your needs. We want you to experience compassionate care with a personal touch.