

Taking Care of Myself: A Guide for When I Leave the Hospital



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To use this guide you should:

- Talk with the hospital staff about each of the items that are listed in the guide.
- Take the completed guide home with you. It will help you to take care of yourself when you go home.
- Share the guide with your family members and others who want to help you. The guide will help them know how to help take care of you.
- Bring the guide to all of your doctor appointments so the doctor knows what you have been doing to care for yourself since you left the hospital.

This guide is adapted from *Project Re-Engineered Discharge (RED)*, which was funded by AHRQ and conducted by Brian Jack, M.D., and colleagues at Boston University Medical Center. Additional tools for implementing Project RED are currently being developed.

Taking Care of Myself: A Guide for When I Leave the Hospital

When you leave the hospital, there are a lot of things you need to do to take care of yourself. You need to see your doctor, take your medicines, exercise, eat healthy foods, and know whom to call with questions or problems. This guide helps you keep track of all the things you need to do.

My name: _____

When I'm leaving the hospital _____

If I have questions or problems, I should call:

Phone number: _____

If I have a serious health problem, I should call:

Phone number: _____

Bring this plan to all your medical appointments.

What is my medical problem?

What are my medication allergies?

Where is my pharmacy?

What exercises are good for me?

What should I eat?

What activities or foods should I avoid?



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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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? |
| | | | |
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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:

| 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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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 _____ | | | |

When are my next appointments?

| | |
|------------------------|-----------|
| Day | Date |
| Time | |
| Doctor's name | Specialty |
| Address | |
| Reason for appointment | |
| Doctor's phone number | |

Questions for my appointment

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 _____

Other questions or concerns _____

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AHRQ Pub. No. 10-0059
April 2010

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