

# 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?

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What are my medication allergies?

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Where is my pharmacy?

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What exercises are good for me?

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What should I eat?

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What activities or foods should I avoid?

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# What medicines do I need to take?

Each day, follow this schedule:

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



# What medicines do I need to take?

Each day, follow this schedule:

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



# 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?



# 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?





## What other medicines can I take?

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

## 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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