**A readmission is when:**
I am admitted to the hospital after being discharged for the same diagnosis (condition)

**I can help prevent a readmission by:**

**Understanding my discharge instructions**
- Know what I need to do before and after I leave the hospital
- Ask questions early and often
- Ask when I do not understand my follow-up care instructions
- Arrange for the support and follow-up care I will need post-discharge

**Knowing my diagnosis (condition)**
- Understand my main medical problem or condition
- Know the potential complications and who to call if I need assistance
- Learn how my condition impacts me and my family

**Following up with my care: Things to do**
- Be sure to communicate with my primary care provider
- Ask my healthcare team to help me find a primary care provider if I don’t have one
- Schedule and go to all my follow-up appointments
- Keep a medical journal and bring it to all my appointments
- Tell my primary care physician and other providers that I was admitted to the hospital
- Ask my provider if they have received all of my test results and medical reports
- Ask questions at the follow-up visit about what I need to do and why I need to do it
- Understand and follow my post-discharge activity and dietary plans

**Protecting myself from infections**
- Avoid people who are sick
- Wash my hands often
- Learn how to care for my surgical site

**Managing my medications**
- Understand my post-discharge medications, and if they are different than before admission
- Keep a current list of my medications, including over-the-counter and herbal medications (note any allergies)
- Bring my current medication list to appointments and review the list with my doctors
- Update my medication list when my medications change
- Take my medications as directed
- Understand what medications to take and when, and why it is important to take my medications
- Know the reason for taking my medication and how they help with my condition
- Let my healthcare providers know if I am having problems taking my medications

*Developed for Patient Safety Awareness Week by the National Patient Safety Foundation®*
# My Information

## Post-Discharge Patient Tool

**Information about me and my follow-up appointments**

### Instructions

1. Complete this tool before I go home, with the help of a nurse or doctor.
2. Display this tool in my home where I will see it every day.
3. Share this information with my family members, providers and others who help me with my care.

### My Name/Medical Record Number:

### ICE (In Case of Emergency) Name/Number:

### Primary Care Provider Name/Number:

### Pharmacy Name/Number:

### Allergies:

### Follow-Up Appointment #1

**Where:**

**Date/Time:**

**Reason for Visit:**

**Things to Bring (e.g. my current medication list):**

**Questions to Remember:**

### Follow-Up Appointment #2

**Where:**

**Date/Time:**

**Reason for Visit:**

**Things to Bring (e.g. my current medication list):**

**Questions to Remember:**

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**In Case of an Emergency: Dial 911**

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*National Patient Safety Foundation*  
[www.npsf.org](http://www.npsf.org)
Information about my follow-up or post-discharge care

### MY DIAGNOSIS (CONDITION)

<table>
<thead>
<tr>
<th>My main medical problem is</th>
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### A FEW IMPORTANT THINGS (for additional tips review the Helpful Patient Tips sheet)

<table>
<thead>
<tr>
<th>Become familiar with the signs and symptoms that my doctor should know about immediately</th>
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<tbody>
<tr>
<td>Know when and who to call when I have questions or concerns</td>
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<tr>
<td>Make arrangements for my care at home</td>
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<tr>
<td>Order equipment and supplies that I will need at home</td>
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<tr>
<td>Understand follow-up care plan and schedule all necessary appointments with my providers</td>
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<tr>
<td>Learn how to take care of my surgical or wound site</td>
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<td>Make sure all test results and records are sent to my primary care provider</td>
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<td>Take steps to protect myself from infection</td>
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<tr>
<td>Carefully follow my post-discharge activity and dietary instructions</td>
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<td>Understand my post-discharge medications, and know if they are different than before admission</td>
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<tr>
<td>Make a list of all medications and take it with me to all my appointments</td>
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</tbody>
</table>
**MEDICATION LIST** *(take medicines as directed)*

INCLUDE: prescription medications, over-the-counter medications, herbals, vitamins and supplements

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Dose (amount)</th>
<th>How often and when? (morning, noon, evening)</th>
<th>How to take (with food or water)</th>
<th>Reason for taking</th>
<th>Allergies</th>
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In Case of an Emergency: Dial 911

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