Preparing for unexpected
and planned hospitalization

Gail's Guide to Going to the Hospital

- What to do at home before an emergency or elective surgery occurs
- Going to the Emergency Room
- Admission to the Hospital
- Coming Home from the Hospital

This guide is intended to help you organize your medical information at home and be as prepared as anyone can be for a medical emergency or elective surgery. It is filled with information gleaned over a lifetime of medical experiences and vetted by my sister, who is a Nurse Practitioner, my brother, who is a Physician, and my husband, who was most recently a patient and whose experience inspired this guide. This does not mean that everything in it is pertinent for all possible medical situations, but you will at least be forewarned and forearmed if you have to go to a hospital.

Most importantly, this guide is intended to empower you with knowledge. I hope you will read it through at least once before you need it, and that you will send comments and suggestions to me so that I can keep it accurate and updated.

And may you never need this…

Gail Ostrow

Table of Contents

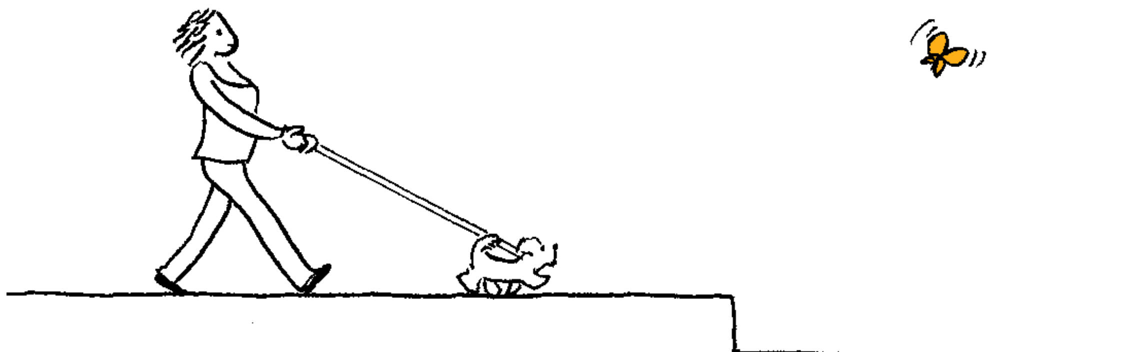
At home before an emergency or elective surgery occurs	1
Going to the Emergency Room (ER)	2
Admission to the Hospital	4
Comfort items to have for patient and caretaker	7
Going to the hospital for elective/non-emergency surgery	8
Day of surgery	9
Post-surgical care	10
Coming home from the Hospital	11
Hints & tips	12
Personal experience	13
Appendix A: Personal Medical Information	15
Appendix B: Resources & Links	16

At home before an emergency or elective surgery occurs

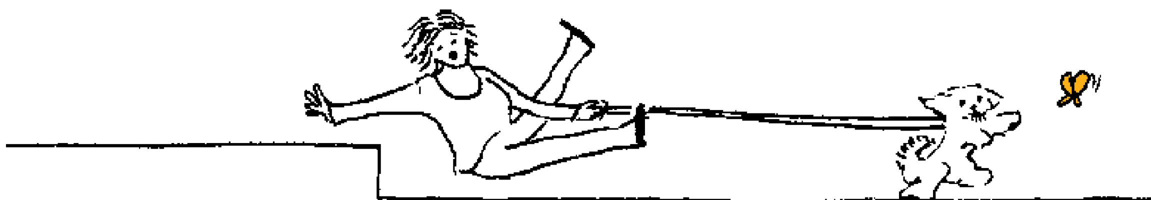
- Have a list of all medications, including supplements and over-the-counter pain medications handy for each member of the household
- List of all doctors and their phone numbers (program their numbers into your cell phone).
- A typed medical history with all pertinent insurance information and phone numbers is even better (see Appendix A)
- Maintain accurate and up-to-date files of all your medical information.
- This includes keeping copies of all medical tests (blood work, x-rays, etc.) in a folder (if you don't have them, ask your doctor to make copies – you are entitled to these). When possible, put your name and address on all lab test requests so that a copy is sent to you as well as to the doctor; or ask the doctor or nurse at the office to do it for you.
- Keep your Living Will, and Medical Power of Attorney (POA) (hospitals often refer to these as "Advanced Directives") handy as well.
- Good idea to give copies to both your primary care physician and any persons named as POAs in case of emergency.

If you become ill,

- Keep a log of all symptoms, including a timeline so that you can accurately describe symptoms and duration.



- Grab medications and medical history if time.
- Keep a pad or notebook and pen or pencil in your purse or in your pocket.
- Grab cell phone and charger for you and for patient.
- If necessary, have the patient get into a wheel-chair at the door and wheel them in. If that is not possible, go in the ER entrance and ask for help.
- If you are coming into the ER in an ambulance, follow in your own car so you have a way to get home. Or go in the ambulance and call a friend to meet you there or come later to take you home.
- Be honest. This is not the time to be shy or em-barrassed or concerned about what others might think. You can not receive proper treatment if you do not accurately describe your symptoms and medical history.
- Don't be afraid to ask every ER person who comes to examine you to wash their hands or put on gloves. You would be amazed how many doctors/nurses/etc. forget to do this – this includes transport people who usually take your chart and other things and lay them on top of your body while wheeling you to and fro.
- Remember that the hospital admitting staff and ER personnel are people just doing their job – try to keep as calm and friendly as you can, while still being assertive. Being pushy, raising your voice, or getting angry will only alienate the staff.
- Request that your regular doctors be promptly notified: family doctor, specialists, etc. as they have no way of knowing you are there. They may have specific instructions for the ER staff to follow but won't tell them unless notified you are in the ER. If possible, call your primary care physician and/or specialist before leaving for the ER. (Good idea to have their phone numbers in your cell phone.)



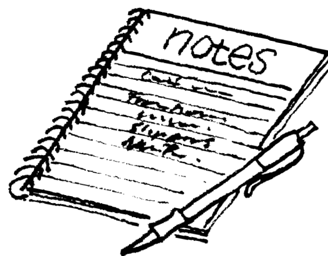
- If you are on any special or experimental medicines, be sure to take an adequate supply with you to the ER or hospital as they may not have that medicine in stock.
- Write down everything that is happening, along with the time – keeping a timeline is essential, as neither it is unlikely that you nor the patient will remember any of this accurately.
- If possible, do not leave the patient alone to do registration – someone must be with the patient at all times to answer questions and offer information whenever a nurse or doctor appears, which will happen as soon as you leave the examination area. If you are alone with the patient, call a family member or friend to come join you.
- Don't be afraid to ask each person who they are and what they are here to do. You are not required to allow new residents, interns, and students to attend to the patient.
- Accompany the patient to all x-ray and test areas – your presence will be calming and appreciated and you can ask questions, take notes, and keep track of what is happening.

Note: You may request that the surgeon perform the surgery and not a surgical resident – even in teaching hospitals – so discuss with surgeon.

- Look on the back of your insurance card and call your insurance company to notify them of hospital admission. Do this as soon as possible. Some policies require notification within 48 hours or there is a penalty.
- Admission may take many more hours than you expect. The doctors decide if an admission is necessary but a bed may not be available. There is a lot of paperwork that must be filled out before the patient can be transferred. A transport person may not be available to take the patient to the floor/room. Any number of things can happen. Do not leave the hospital thinking that your loved one is going to their room and that they will be properly attended to when they get there. Be sure to ask if all the “orders” have been written; otherwise, no move to a room, and no medications, etc. when they get there. Doctors often leave the ER area forgetting to write their orders and must then be tracked down. They may have even left the hospital.
- If you haven’t already done so, notify all your regular doctors where and why the patient has been admitted. Ask them to see the patient as soon as is possible. If you don’t have a surgeon or other specialist that may be required, start calling family and friends for recommendations. Unless it is a matter of life or death in the next 30 minutes, you do not necessarily want the surgical residents or doctor on call operating on the patient, unless you know who they are and their reputation is excellent. (If you have the opportunity, ask the nurses what they think of the assigned doctor – they work with the doctors everyday and their input will very often be honest and invaluable.)
- The patient may be under the care of one or more doctors and their “services.” There is the surgeon and his or her surgical residents and interns, who may or may not speak intelligible English, may be senior or so junior that they have just come on the service for the very first day, or have little or no bedside manner and/

or people communications skills. The residents and interns are the doctors the patient will see most often as the regular doctors make rounds in the morning and the residents and interns are there all the time (sleepless!)

- There will also be your family doctor, who if they have privileges in the hospital will also see the patient every morning. He or she should be monitoring your prescribed medications that you may or may not be able to take if you are on IV only or nothing by mouth (NPO). Only thyroid, pain, and anxiety medication may be available for IV injection. If you take anti-depressants, anti-cholesterol, and other medications, check with your prescribing doctor about substitutes while in the hospital. In any event, make sure everyone knows which medications you are supposed to be taking in addition to what the surgeon has ordered.
- Note that you are not allowed to bring your own medications into the hospital; however, if you have a special need, you can bring those medications in, and they will be turned over to the hospital's pharmacy, which will control the prescription.
- Given the nature of your problem, you may also have another doctor (e.g., a specialist) who is on your case, such as a Pulmonologist, Radiologist, Internist, etc.
- Do not assume all these doctors are talking with each other. And if they are, it is usually in the form of "notes" in your chart… not really communication at all.
- You may request that the Nurse Manager on your floor coordinate all these doctor notes and orders. You may also request a list of all medications, tests, procedures, etc. that have been ordered so you can track whether or not they have been done and the results.
- If there is a Hospitalist assigned to your case, he or she will coordinate your medical care.
- If you cannot have an IV inserted in or blood pressure taken on a specific arm, write on that arm in black magic marker AND put a sign above the bed.
- If you know when the doctors make rounds (usually very early in the morning), try to be there or at least have a list of questions written out as the patient may be groggy or simply forget to ask the question and, more importantly, the answer.



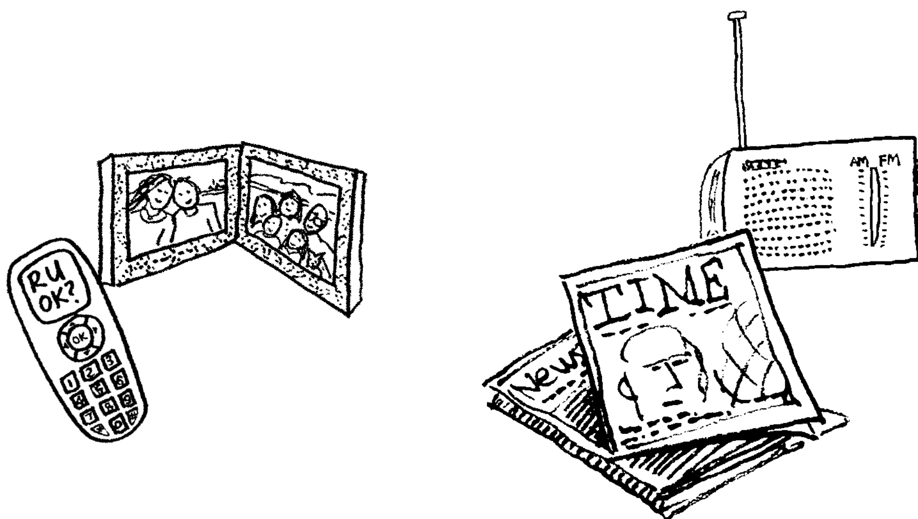
- If you are having problems or difficulty with any of the nursing staff attending to your care, request to speak with the Nurse Manager – they need your feedback to know if proper care is being given and procedures are being followed.
- Be prepared to see lots of different nursing staff; each time there is a nursing shift change, the incoming nurse, as well as the nurse's aide assigned to your care for that shift, is required to check in on you and to take your "vitals" (but they almost never come at the same time). Note that a shift change almost always introduces a delay in getting your pain medications, so see if you can either arrange for a self-medicating pump, or ask if the pain medications schedule can be arranged to not coincide with any shift changes.
- The average patient hospital stay is usually between 4 - 7 days; patients are typically given IV fluids with electrolytes to keep them hydrated. If your stay is expected to be longer than 7 days, and you are unable to drink or be fed orally, request a consultation with a Dietician to determine what type of nutrition program can be provided. Make sure that the appropriate size IV needle is provided if IV nutrition is being given – nutritional IV drip requires a larger bore needle than a typical saline IV.

Resources available in hospital:

- Hospitalist - M.D.s on staff at hospital who coordinate your care (does not replace your primary care physician or specialist). This is a relatively new medical specialty not found in all hospitals.
- Nurse Floor Manager - coordinates nursing care on floor
- Department of Patient Relations
- Infection Control Program
- Chaplain/Ministry Services
- Patient Grievance Committee

Comfort items to have for patient and caretaker

- List of important phone numbers
- Cell phone and charger so patient can contact caretaker and others without having to reach room phone
- Pictures of loved ones
- Get well cards sent to the home (many hospitals now have an online "send a card" service so ask friends and relatives to check the hospital web site)
- Pictures drawn by friends and grandchildren
- Magazines and books
- Books on tape from library that play on mp3 player
- Notepad and pens and pencils
- Games like Bananagrams, Dominoes, Scrabble, Uno, Boggle, Apples to Apples
- iPod or MP3 player with favorite music
- Computer with DVDs to watch – some hospitals have wireless access
- Bathrobe and slippers
- Afghan or special blanket
- Pajama bottoms if you can wear them – often they run out of hospital pants before they run out of hospital gowns
- Healing Threads - stylish and comfortable alternative to standard-issue hospital gown (healingthreads.com)
- Neck pillow or backrest
- Radio – only TV provided in hospital rooms
- Pillow and blanket for caretaker
- Snacks
- Decaf coffee or hot chocolate or soup packets



If you cannot have an IV inserted in or blood pressure taken on a specific arm, write on that arm in black magic marker AND put a sign above the bed.

Important Note: If possible, always schedule surgery on Monday or Tuesday. Surgery on Thursday or Friday will be followed by the weekend when most med-surgery floors may be understaffed (and junior residents and interns are often the primary doctors on duty).

1. Elective surgery often requires diagnostic tests before admission. These may include but are not limited to the following:

- Blood work
- Chest x-ray
- EKG
- Colonoscopy
- Barium enema
- CAT scan
- Blood type and match at the hospital a few days before surgery

Also, you may have a pre-op visit with the surgeon and your primary care physician.

This is the time to ask questions about:

- Your pre-op blood work and other test results
- Anesthesia options. Be sure to discuss intubation and possible side effects as your airway may be restricted after intubation. (see **Anesthesia & Me Checklist** in Resources and Links on page 16)
- Incision options
- Stomach prep – what not to eat or drink the day/night before surgery?
- What time to arrive at the hospital?
- What medicines and supplements need to be discontinued before surgery—and when.
- Can you take your medications the day of your surgery?
- Your allergies and past problems with surgery
- Does your doctor use the Surgical Safety Checklist? (see **Surgical Safety Checklist** in Resources and Links on page 16)
- Pre-approval from insurance company – ensure that your surgeon's office has contacted your insurance and received approval

2. Leave jewelry and valuables at home!
3. Arrange for ride to hospital (and home if this is same-day surgery)
4. Arrange for child care and pet care

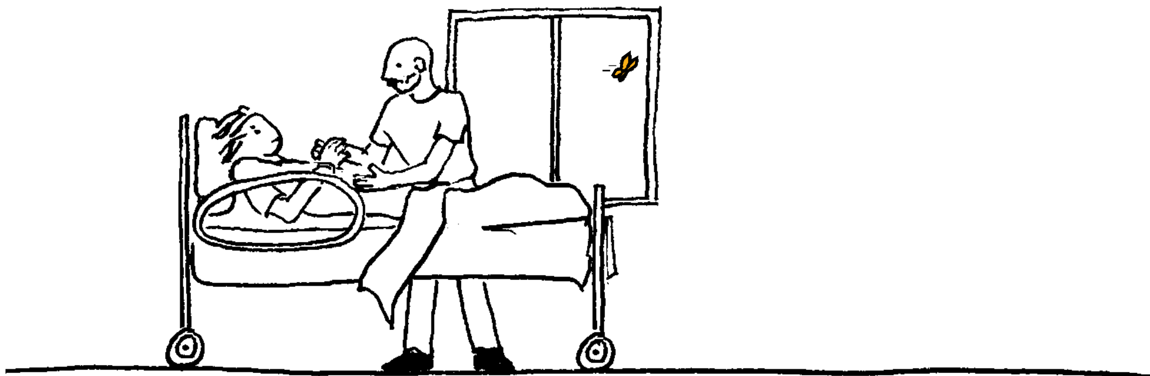
Note: You may request that the surgeon perform the surgery and not his/her surgical residents – even in teaching hospitals – so discuss with surgeon.

Note: You will need to stop all blood-thinning medications (e.g., aspirin, vitamin E, multi-vitamins) one week before surgery (check with your doctor)

Be sure to discuss other supplements or medications you are taking with surgeon or primary care physician.

- Assuming your prep went well and you are not sick with a cold or have an active infection anywhere on your body, you will probably have to be at the hospital around 0600 the day of your surgery.
- Have someone take notes when the surgeon and anesthesiologist meet with you so they can follow your post-surgical care.
- Most hospitals will let you stay with the patient until he or she is taken to the pre-op area.
- The patient's belongings will be put into a brown paper bag with their name on it and will go with them to their room when it is assigned. Be sure to take glasses, wallet, jewelry, iPod, and other valuables with you – do not leave in paper bag. Take patient's car keys.
- The surgeon will tell you that he or she will come and talk to you in the surgical waiting area as soon as the operation is over. Some hospitals have beepers (just like restaurants) so you can wait somewhere else in the hospital or get something to eat and not miss when the surgeon is looking for you.
- The patient will typically be in the Recovery Area for 30-90 minutes. When they wake up and are stable, you will be brought back to see them.
- A room may not be ready when the patient is ready to leave the Recovery Area. This is not necessarily a bad thing as they are under almost constant care in Recovery and have access to more pain medications than they will get once they are in their room.

- Doctors often say something and then forget to write the orders. So, if you were told you can only have the PCA pump for 24 hours and it is still hooked up, ask your nurse to check with your doctor or one of the surgical residents.
- Orders to change dressings may not always be followed; if it is time for a dressing change, be sure to ask your nurse why it isn't being done.
- If you do not understand why you are being tested for something, be sure to ask. Incorrect information can and does find its way into your chart; for example, if you are not diabetic, why are they testing your blood sugar every 4-6 hours?
- Medications you take at home will be given to you (you cannot take your own) after a few days. Be sure to check the dose – often information is lost in translation.
- Probably the most important part of your recovery is getting out of bed and walking. Of course, you must be steady enough to stand and walk, usually pushing an IV pole along with you. It helps to have someone there with you to help you navigate getting out of bed, unplugging the IV machine(s), and walking into the hallway.
- If you know you are on a liquid diet and solid food shows up, do NOT eat it.
- If you are supposed to wear the pneumatic leg pressure cuffs, be sure to put them back on whenever you are back in bed.
- Be honest and direct with nurses and doctors when asked about your pain level.
- Often, pain medication orders are written "as needed," so if you don't ask for the medications, you don't get them.



The discharge process always takes longer than you think and will have at least one frustrating wrinkle.

You should have been contacted by the Case Manager in charge of your Discharge Plan before the day of discharge. If not, ask the doctor and the Nurse Manager for a discharge planning consultation ASAP.

- Bring help to pack up patient's belongings. If you know for sure when patient is being discharged, you can start bringing home stuff a day or two before.
- Find out in advance what appliances or assistive devices you will need at home, such as walker, cane, wheel chair, potty chair, etc.
- Do you need to make changes to your house? For example: a ramp, safety bar in bathroom, raised toilet seat and bar.
- Come earlier than the time they say you should and be prepared to stay at least an hour longer than they say.
- Drive a car in which the patient can comfortably and safely ride home.
- Be sure to check all prescriptions before you leave the hospital; if possible have whoever is with you take them to the pharmacy and fill them for you.
- Be sure you understand what services you will need at home and that they have been ordered: Visiting Nurse or Aide, IV nurse and supplies, etc.
- Be sure you understand the written discharge plan: diet, wound care, medicines, PT, OT, exercises, etc. You should have a copy to take home that lists your medications, care plan and more.
- Be sure you know when next doctor appointment is – especially if there are stitches or staples to remove.
- Discuss how long before patient can go up and down stairs, lift heavy objects (like grandchildren), drive, resume sexual activity, go back to work, etc.

- Ask for a second gown to put on with the opening in front to use as a robe.
- If taking antibiotics, ask for Nystatin Suspension or Mycelex lozenges at the first sign of a fuzzy or a metallic mouth. The same is true if you have any vaginal yeast infection symptoms – ask the doctor for a prescription or use the over-the-counter Monistat.
- Chew gum at least four times a day after bowel surgery to stimulate enzyme production and gastric function.
- The more opiate medication you receive, the more constipated you will be. Be sure to ask that a stool softener be ordered for as soon as you are cleared to take it.
- If you need to pass gas or have a bowel movement in order to leave the hospital, ask for a stool softener (Colace) and some milk of magnesia. Works wonders.
- Adding an anti-anxiety drug such as Ativan will often lessen the need for more pain medication.
- The nurse or respiratory therapist will give you an Incentive Spirometer - a plastic breathing exercisor device - to use every hour after surgery. Do the breathing exercises! No matter how good you feel, lying in bed is not good for lung function and hospitals are filled with patients who are recovering well from their surgery but are in danger of developing pneumonia.
- Walk! Walk! Walk! The way to stimulate your bodily functions is to walk.
- If you have a massage or reflexology or shiatsu therapist and he or she is willing to come to the hospital, by all means arrange for them to treat you a couple of days after your surgery.
- It is almost impossible to sleep or rest well in the hospital. Bring an eye mask and ear plugs with you. If you have a white noise machine, bring it along, Ask for medication to help you sleep. Tell people to stay away or ask everyone to come at the same time so you are not entertaining visitors throughout the day when you could be catching a nap.

Personal Experience

In late August, with no prior symptoms, my husband developed a virulent infection and abdominal blockage, which required eight days of hospitalization before the surgeon could remove the blockage, along with his appendix, secum, and a large section of his colon. A temporary colostomy was performed to allow the colon time to heal from the infection and blockage. His surgery was followed by a cellulitis infection as a result of improperly tended IV sites. Altogether, he was in the hospital for 17 days, beginning in the ER and ending on the medical-surgical floor. During his recuperation at home, we wrote a letter to the CEO of the hospital complimenting the many people whose care and expertise contributed to his recovery. A few weeks before his return to the hospital in early December to have the colostomy reversed, we again wrote a letter to the CEO, this time detailing all the things that went wrong, along with suggestions for fixing some of the problems. My husband's second surgery was uneventful and successful. But even with the CEO and others "watching" my husband's care, we still had to be vigilant.

What follows is a summary of our experiences.

We did not have a copy of Robb's colonoscopy for a baseline – we did not locate it until a month after his surgery (records are now being purged in 3-4 years so don't count on your doctors having your information)

When I took Robb to the emergency room, he was having trouble breathing because of the pressure in the abdomen, and not because we suspected a heart attack but it got him immediate attention and entrance to an ER examination area. I asked our doctor to call ahead to the ER and tell them we were coming since he told us to go to the ER ASAP, but he said it wouldn't make any difference.

Our policy requires immediate notification of admission (within 48 hours). I erroneously thought the hospital would call the insurance company, but they did not. Fortunately, Robb was admitted Friday evening and Cigna is closed Saturday and Sunday so when I called on Monday, there was no penalty.

Robb was admitted to a medical/surgical ward. According to my sister, no one with seniority wants to work on a med/surgery floor; this is very disheartening. While most of the nurses and CNAs were dedicated and very attentive and caring, some of their nursing decisions and skills were sub-par. For example, IVs must be checked every shift and removed/changed if there are problems. Nursing staff needs to know when to call in the Infection Prevention people and the

special IV nurses. In addition, when warm moist compresses were prescribed for the infection in Robb's left arm, no such thing existed on the floor and the nurses' make-shift solutions did not work. Finally, Robb designed his own compress set-up only to learn later from the Doctor of Infections Diseases that moist was bad – it was breaking down his skin. Again, no one advised Robb to only use the compresses intermittently so being a good patient, he kept it on all the time.

Pay attention to blood pressure readings that common sense says are wrong. We discovered that readings from the automated blood pressure units are not as accurate as readings taken manually. Ask the nurse's aid or nurse to repeat the reading. If it is still out of range for what you know is normal, ask to have someone else take the reading with a manual blood pressure cuff. Because Robb's arms were no longer available for blood pressure readings due to IV infiltrations in his right arm and phlebitis from the infection in his left arm, they were taking readings from his lower legs. Robb was given high blood pressure medication, unnecessarily, because the automated readings from his lower leg were so inaccurate.

Robb was discharged after his second surgery in a rush – the discharge plan had nothing on it except a list of the medications he was taking before he came to the hospital and a warning to come to the ER if there was bleeding or pus from the incisions. As a result, he was not taking some of the medications at home that he should have been taking.

Appendix A: Personal Medical Information

Type an Individual Medical History for each member of the family.

Include the following:

- Name
- Address
- Phone numbers
- Date of Birth
- Social Security Number
- Insurance/Medicare Number
- Who to Notify in case of emergency (list at least two people)
- Contact Information for your Medical POA
- Employer, if applicable
- List all Chronic Conditions
- List all current treatments
- List all Prescriptions & Supplements
- List all Allergies
- List all Surgeries
- Family History (who died of what and when)
- Primary Care Physician
- Specialist 1
- Specialist 2

Keep copies of current blood work and tests for each member of the family.

Free wallet Med ID card available at medids.com/free-id.php

An excellent Medications Form is available at doctormarion.com/forms.php

A friend suggests keeping information in plastic “go-bag” in freezer - let every-one know where it is!

Appendix B: Resources & Links

- Companion web site to the Hospital Guide at AskGail.com/wordpress

Patient Support

- Surgical Safety Checklist at who.int/patientsafety/safesurgery/ss_checklist
- Check out the ER show when Dr Benton saves Dr Carter's life by insisting that his surgeon use the Surgical Safety Checklist at SafeSurg.org
- American Society of Anesthesiologists Anesthesia & Me Checklist at www2.asahq.org/publications/pc-251-8-anesthesia-me-checklist.aspx
- American Hospital Association Patient Bill of Rights at patienttalk.info/AHA-Patient_Bill_of_Rights.htm

Research

- Check your hospital's ER report card at EMReportCard.org
- Compare your local hospitals at HospitalCompare.hhs.gov

Forms & IDs

- Medical ID tags and free wallet Med ID card at medids.com/free-id.php
- American Academy of Family Physicians Sample Advance Directive Form at aafp.org/afp/990201ap/617.html
- Get excellent information and medical forms before an emergency from the American College of Emergency Physicians Foundation at EmergencyCareforYou.org/
- An excelent Medications Form is available at DoctorMarion.com/gcu{ ahqto u

Products

- Stylish and comfortable alternative to standard-issue hospital gown at y y y (HealingThreads.com

Gratitude to my husband Robb Sauerhoff, whose hospitalization and surgery inspired me to write this guide book.

Thank you to Wendy Ostrow, RN, MSN, NP of San Francisco and David Ostrow, MD, PhD of Chicago for their expert assistance in the final editing of this book.

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Please visit my web site at AskGail.com/wordpress
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lots more interesting stuff!

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Information in this Guide, web site, and related materials is for educational purposes only and is not intended as medical advice for individual conditions or treatments, and is not a substitute for or replace the need for services provided by medical professionals.

Each state may have different requirements for Living Wills, Powers of Attorney, etc., so be sure to check with your attorney, especially if you move from one state to another. If you already have documents from Florida, for example, they may not be the right ones for Connecticut.