

## Section 1: Care Transition Guide

The Care Transition Guide helps you prepare for the transition home or to your next care facility. You and your supportive individuals should get as much information as possible before you leave the hospital or facility.

Place a check mark in each box if the statement is true for you. If you cannot check a box, discuss the topic with the staff assigned to help you.

### A. Preparing to Leave the Hospital

- I understand the reasons why I am in this hospital or facility.
- I know healthy ways to manage my symptoms and recovery on my own.
- I know what I can do to feel better.
- I know how to keep myself healthy and safe.
- I know what I need to do so I can successfully leave this hospital or facility.
- I know symptoms to look for after I leave this hospital or facility.
- I know where and how I will get help after I leave this hospital or facility.
- I know who to contact if I am not feeling safe.

If the following are true for you, please check the box and fill in notes about why.

- I need help communicating:
- I do not have safe housing:
- I need help with transportation:
- I need help deciding who can help me:
- I have other needs:

## Section 1: Care Transition Guide (continued)

### B. Discussing the Discharge Plan

A discharge plan or continuing care plan includes information that you need to know when you leave the hospital or facility. Your discharge coordinator is the person who will explain the information to you and your supportive individuals. Place a check mark in each box if the statement is true for you. If you cannot check a box, discuss the topic with the staff assigned to help you.

- I discussed my discharge plan with my discharge coordinator. This person may have other titles but their job is to help you get ready to leave.
- I have a clearly written copy of my discharge plan. This plan may have other names but it is set up to help you know what happens next.
- I understand my discharge plan.
- If I have supportive individuals helping me through discharge, they understand my discharge plan.
- If I have questions about my discharge plan, I will get help from:

Name

Phone Number

- If I am not going home after the hospital, I am going to:

Name of Facility

Address Street

Address Zip Code (XXXX)

Address State (XX)

Phone Number

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## C. Understanding My Medications

Place a check mark in each box if the statement is true for you. If you cannot check a box, discuss the topic with the staff assigned to help you.

- I know medication is part of my continuing care plan.
- I know what my medications are.
- I know where and how to get my medications.
- I know how and when to take my medications.
- I know what I should feel like if my medications are working.
- If I have questions about my medications or side effects, I will get help from:

Name

Phone Number

- If I need help getting a prescription for a medication, I will get help from:

Name

Phone Number

- I know who I can talk to if my medication is too expensive, like my doctor, pharmacist, nurse, or case manager.
- I updated my **Medication Tracking Tools**.
- I know which medications I need to throw away and how to throw them out correctly.
- I use a trustworthy method to keep track of my medications (such as a pillbox, medication lock-box or medication alert application for a mobile phone).
- I know the side effects of my medications and will report any side effects to my doctor or nurse.
- If I am taking a prescribed and managed opioid medication, I talked to my physician about Naltrexone.

## D. Preparing to Return Home

Place a check mark in each box if the statement is true for you. If you cannot check a box, discuss the topic with the staff assigned to help you.

- I have a safe and secure place to live.
- My family or supportive individuals know I am coming home.
- My family or supportive individuals will support me once I am home.
- My family or supportive individuals know what help I need when I return home.
- If needed, I have hired other personnel to help with my care.
- If needed, I already have a home care referral and physical therapy assessment.
- If needed, I have home health care when I leave the hospital or facility:
- Agency Name
- Phone Number
- I have an appointment with my local primary care provider after I leave the hospital or facility:
- Provider's Name
- Phone Number
- I have an appointment with my local mental health and/or substance abuse treatment provider after I leave the hospital or facility:
- Provider's Name
- Phone Number
- I have someone to call if I need help at home:
- Person's Name
- Phone Number
- I or someone else has removed things from my home that may cause me to trip or fall.
- I have all the supplies I need (e.g., nutritional supplements) for my return home.
- I have the medical equipment I need for my return home.
- If I need equipment or have questions about how to use it, I will call:
- Name
- Phone Number
- I do not have alcohol or illegal drugs in my home.
- I do not have weapons in my home.
- I have support for making healthy life choices.

## D. Preparing to Return Home (continued)

- I have made contact with a peer support resource.
- I have made all of the follow-up appointments I need (*such as mental health, substance abuse treatment, primary care, specialty care, self-help/Fellowship, etc.*).
- I know which, if any, other follow-up appointments I need to make after leaving the hospital or facility.

When I go home, I may need help with (*place a check mark in each circle that your doctor or nurse discusses with you*):

- Bathing and/or personal hygiene
- Dressing
- Preparing meals or eating (*diet restrictions, only eat soft foods, certain foods not allowed*):


- Household chores
- Shopping, errands
- Making appointments and keeping schedules
- Remembering to take medications
- Managing pain or nausea
- Physical or occupational therapy exercises
- Special equipment
- Finding a meaningful job
- Locating a safe place to live
- Locating nearby food pantries
- Making friends, attending Fellowship meetings and finding healthy social activities
- Taking care of finances and living expenses
- Transfer (*moving from bed to chair*)
- Transportation
- Using the toilet
- Walking
- Other 

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