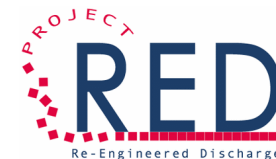


Attachment K. Electronic template for the After Hospital Care Plan (example)

After Hospital Care Plan Manual Entry Example, English speaking patients

**\*\* Bring this Plan to ALL Appointments \*\***



After Hospital Care Plan for:

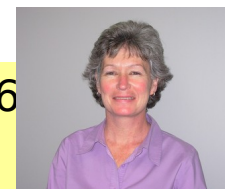
**John Doe**

Discharge Date: October 20, 2006



Question or Problem about this Packet? Call your Discharge Advocate: (617) 432-1111


Serious health problem? Call Dr. Brian Jack: (617) 432-1111


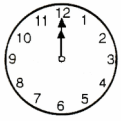




**EACH DAY** follow this schedule:

# MEDICINES



What time of day do I take this medicine?	Why am I taking this medicine?	Medication name Amount	How much do I take?	How do I take this medicine?
 Morning	Blood pressure	PROCARDIA XL NIFEDIPINE 90 mg	1 pill	By mouth
	Blood pressure	HYDROCHLOROTHIAZIDE 25 mg	1 pill	By mouth
	Blood pressure	CLONIDINE HCl 0.1 mg	3 pills	By mouth
	cholesterol	LIPITOR ATORVASTATIN CALCIUM 20 mg	1 pill	By mouth
	stomach	PROTONIX PANTOPRAZOLE SODIUM 40 mg	1 pill	By mouth

 Morning	heart	ASPIRIN EC 325 mg	1 pill	By mouth
	To stop smoking	NICOTINE 14 mg/24 hr	1 patch	On skin
	Then, after 4 weeks use →	NICOTINE 7 mg/24 hr	1 patch	On skin
	Blood pressure	COZAAR LOSARTAN POTASSIUM 50 mg	1 pill	By mouth
	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5 % soln	1 drop	In your left eye
 Noon	Blood pressure	ATENOLOL 75 mg	1 pill	By mouth
	Blood pressure	LISINOPRIL 40 m	1 pill	By mouth
	Infection in eye	VIGAMOX MOXIFLOXACIN HCl 0.5 % soln	1 drop	In your left eye

 <p>Evening</p>	Infection in eye	<p>VIGAMOX MOXIFLOXACIN HCl 0.5 % soln</p>	1 drop	In your left eye
 <p>Bedtime</p>	Blood pressure	<p>CLONIDINE HCl 0.1 mg</p>	3 pills	By mouth
If you need it for headache	headache	<p>TRAMADOL HCl 50 mg</p>	<p>1-2 pills Every 6 hours If you need it</p>	By mouth
If you need it for chest pain	Chest pain	<p>NITROGLYCERIN 0.4 mg</p>	<p>1 pill every 5 minutes (if need more than 3 pills, call 911)</p>	Under your tongue
If you need it to stop smoking	To stop smoking	<p>NICORELIEF NICOTINE POLACRILEX 4 mg gum</p>	Gum	chew
If you need it for headaches	headache	<p>PERCOCET OXYCODONE- ACETAMINOPHEN 5-325 mg</p>	<p>1 pill 3 times each day If you need it</p>	By mouth

**\*\* Bring this Plan to ALL Appointments\*\***

John Doe

What is my main medical problem?

Chest Pain

When are my appointments?

What exercises are good for me?

Walk for at least 20 minutes each day.

What should I eat?

Eating food that is low in fat and low in cholesterol will help you stay healthy.

What are my medication allergies?

**REMEMBER you are ALLERGIC to MOTRIN.**

Where is my pharmacy?

CVS Pharmacy  
1500 Lincoln Ave.  
Boston, MA 02121  
(617) 555-8888

**TRY TO QUIT SMOKING: call Jane Jones at (617) 444-8888 at Boston Medical Center**



# Questions for

Dr. Jack

For my appointment on  
Tuesday, October 24<sup>th</sup> at 11:30 am



Check the box and write notes to remember what to talk about with Dr. Jack

I have questions about:

my medicines \_\_\_\_\_

my pain \_\_\_\_\_

feeling stressed \_\_\_\_\_

What other questions do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• I am having trouble with the stairs in my house.

• Someone I know smokes with smokes.

• I feel stressed and overwhelmed.

• I am having trouble getting food.

• There are other things going on in my life that are affecting my health.

Dr Jack:





When I left the hospital, results from some tests were not available. Please check for results of these tests.

# October 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b> Left hospital	<b>21</b>
<b>22</b>	<b>23</b> Pharmacist will call today or tomorrow	<b>24</b> Dr. Jack at 11:30 am at Boston Medical Center ACC – 2 <sup>nd</sup> floor	<b>25</b>	<b>26</b> Dr. Jones at 3:20 pm at Boston Medical Center Doctor's Office Building – 4 <sup>th</sup> floor	<b>27</b>	<b>28</b>
<b>29</b>	<b>30</b>	<b>31</b>				

- I am having trouble with the stairs in my house.
- Someone I live with smokes.
- I feel stressed or overwhelmed.
- I am having trouble getting food.
- There are other things going on in my life that are effecting my health.

# November 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<b>1</b> Dr. Smith at 9:00 am at Boston Medical Center Doctor's Office Building – 4 <sup>th</sup> floor	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b> Boston Medical Center will call about study	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		

# Noncardiac Chest Pain

Noncardiac chest pain is chest pain that is not caused by a heart problem.

- If your chest pain gets different or worse, call your doctor.
- Take your medications as prescribed.
- Carry your medicine with you.
- See your doctor and ask questions.

My Medical Problem:

# Hypertension

Hypertension means high blood pressure.

- Try to walk for 20 minutes each day.
- Avoid salty foods.
- Take your medications as prescribed.
- Carry your medicine with you.
- See your doctor and ask questions.

After Hospital Care Plan Manual Entry Template, English speaking patients

**\*\* Bring this Plan to ALL Appointments\*\***

After Hospital Care Plan for: [patient name]

Discharge Date: [discharge date]



Question or problem about this packet? Call your Discharge Advocate: (xxx) [ ] x


**DA Picture  
HERE**

Urgent health problem or concern? Call Dr. [name]: (xxx) xxx-xxxx

**PCP  
Picture  
HERE**

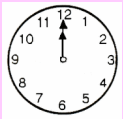
**EACH DAY** follow this schedule:

# MEDICINES

What time of day do I take this medicine?	Why am I taking this medicine?	Medication name Amount	How much do I take?	How do I take this medicine?
 Morning				



Morning



Noon



Evening

Morning				
Noon				
Evening				





Bedtime

Bedtime				
Only If you need it for				
Only If you need it for				

**\*\* Bring this Plan to ALL Appointments\*\***

[Insert Patient Name]

What is my main medical problem?

[Insert Primary diagnosis]

When are my appointments?

Date/time of appt		
Provider name		
Provider site information		
Reason for appt		
Provider phone number		

What exercises are good for me?

Default (if applicable):

[Walking is a very healthy form of exercise. Please do your best to walk for at least 20 minutes every day.]

What should I eat?

Default (if applicable):

[Eating food that is low in fat and low in cholesterol will help you stay healthy.]

What are my medication allergies?

**REMEMBER you are allergic to [list medication allergies].**

Where is my pharmacy?

[Insert pharmacy name, location, contact information]

*{If applicable, include:}*

**TRY TO QUIT SMOKING: call [contact information]**



## Questions / Concerns

For my appointment with  
[PCP Name]



Check the box and write notes to remember what to talk about with Dr. [PCP name]

I have questions about:

my medicines \_\_\_\_\_

my pain \_\_\_\_\_

feeling stressed \_\_\_\_\_

What other questions do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dr [PCP Name]:  
• I am having trouble with the stairs in my house.

When I left the hospital, results from some tests were not available. Please check for results of these tests:

[List tests done]  
• I am having trouble getting food.

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• There are other things going on in my life that are affecting my health.



After Hospital Care Plan Manual Entry Template, Non-English speaking patients (interpreter to write in translation below English text)

**\*\* Bring this Plan to ALL Appointments\*\***

After Hospital Care Plan for: [patient name]

Discharge Date: [discharge date]





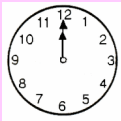

Question or problem about this booklet? Call your Discharge Advocate: (xxx) xxx-xxxx

**DA Picture  
HERE**

Serious health problem or concern? Call Dr. [name] : (xxx) xxx-xxxx

**PCP  
Picture  
HERE**

What time of day do I take this medicine?	Why am I taking this medicine?	Medication name Amount	How much do I take?	How do I take this medicine?
 <p data-bbox="153 683 365 740">Morning</p>				

				
 Noon				
 Evening				





Bedtime

Bedtime				
Only If you need it for				
Only If you need it for				

**\*\* Bring this Plan to ALL Appointments\*\***

[Insert Patient Name]

What is my main medical problem?

[Insert Primary diagnosis]

When are my appointments?

Date/time of appt		
Provider name		
Provider site information		
Reason for appt		
Provider phone number		

What exercises are good for me?

Default (if applicable):

[Walking is a very healthy form of exercise. Please do your best to walk for at least 20 minutes every day.]

What should I eat?

Default (if applicable):

[Eating food that is low in fat and low in cholesterol will help you stay healthy.]

What are my medication allergies?

**REMEMBER you are allergic to [list medication allergies].**

Where is my pharmacy?

[Insert pharmacy name, location, contact information]

*{If applicable, include:}*

**TRY TO QUIT SMOKING: call [contact information]**

- I am having trouble with the stairs in my house.
- Someone I live with smokes.
- I feel stressed or overwhelmed.
- I am having trouble getting food.
- There are other things going on in my life that are effecting my health.



# Questions / Concerns

For my appointment with  
[PCP Name]



**Check the box and write notes to remember what to talk about with Dr. [PCP name]**

I have questions about:

my medicines \_\_\_\_\_

my pain \_\_\_\_\_

feeling stressed \_\_\_\_\_

What other questions do you have?

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Tests done in the hospital: Dr [PCP Name]:

When I left the hospital, results from some tests were not available. Please check for results of these tests:

[List tests done]

- I am having trouble getting into my house.
- Someone I know with smokes.
- I feel stressed and overwhelmed.
- I am having trouble getting food.
- There are other things going on in my life that are effecting my health.

