



Your Company

Family Caregiver Resources

Questions? Call Us!

[Your Phone Number]

Aging well in

Learn more at

Hospitalizations: Coming home

Whether a hospital stay was planned or unexpected, everyone hopes for a steady recovery. But by definition, the person you care for is in a fragile state. As the eyes and ears at home, you are in a great position to help with the transition and alert the doctor if things appear to take a turn for the worse. Following are tips to promote a strong recovery.

Making the transition



There's a lot to do after bringing someone home from the hospital. The obvious goal is continued recovery.

Unfortunately, as many as one in five older adults (20%) is rehospitalized within 30 days because of problems that develop at home.

The good news is that research shows there are three things you can do to prevent a backslide.

It's important to get going on them even before your loved one is discharged.

- **Understand the new medication schedule.** Meet with the discharge planner to review medications. Bring a list of what your loved one was taking before hospitalization. If any drugs are not on the hospital's list, ask if they should be restarted. Review each new medication. When should it be taken? How long should it be taken? Any side effects? Before you leave the hospital, have new prescriptions phoned in to the pharmacy. Pick them up on the way home.
- **See the doctor for follow-up within a week.** Find out what doctor(s) your loved one should see. Request that the hospital forward records to all of them. Before you leave the hospital, call the doctor's office to set up an appointment for the next week. You may need to be firm with the receptionist and explain that your loved one has just been hospitalized. Bring the hospital discharge plan to the appointment.
- **Know the signs and symptoms of problems.** Before leaving the hospital, consult with the discharge planner about what to expect. Ask them to group symptoms as "green light," normal recovery; "yellow light," early signs of a possible problem; and "red light," a significant problem. Find out what to do and who to call in case of yellow or red light symptoms.

Focusing on these three tasks can significantly speed recovery and reduce your family member's chance of rehospitalization. If you are confused about any of these tasks, insist on having your questions answered before you leave the hospital.



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Elder Pages Online supports older adults in as they plan for their later years.

Give us a call at 707.477.0700 to find out how we can support you.

Medication review



An alarmingly high number of patients end up being readmitted to the hospital because of confusion about the medication instructions they received at discharge. Research indicates that one source of problems is an inaccurate list of the drugs the patient was taking before they entered the hospital.

As a family caregiver, you can make a big difference!

An up-to-date medications list

- The name of each drug
- The dosage (how strong it is: 10 mg, 100 mg ...)
- How often it is taken, and when
- The route of administration (by mouth, patch on the shoulder, injected)

Include over-the-counter drugs, too. Vitamins, laxatives, sleep aids, and pain relievers should be identified in case there is a conflict with a new medication.

Update the medications list. “Up to date” means that you refresh the list EVERY time there’s a change! It might be a simple adjustment in dosage. But acting promptly means you’ll have the right information when you need it in an emergency. Mark the date of the update at the top of the list. Keep a copy of the most current list in your purse or on your phone. Ensure your relative has one too.

Review your medications list with the hospitalist or nurse in charge. Make sure they know about all pills, ointments, patches, and over-the-counter preparations.

At discharge: reconcile your medications lists.

Compare the discharge list with your most recent home list and ask about every discrepancy. Get information about new medications. Ask about doses and when each drug should be taken, with food or without, etc. Ask about medicines that have been dropped. Also ask about resuming over-the-counter preparations.

The post-discharge appointment

Newly discharged patients are fragile and need special attention. A timely follow-up visit with the doctor can greatly reduce the chance of a relapse.

Start connecting with your relative’s doctor before leaving the hospital.

- **Get the hospitalist involved.** Ask the hospitalist to contact and update the primary care provider.
- **Schedule an appointment for the first week.** Contact your relative’s doctor and explain that your loved one has been hospitalized. Describe the diagnosis and any new medications to discuss. If you are not given a date within a week of discharge, ask to speak to a supervisor.
- **Assert yourself as necessary.** If your appeal to the staff did not yield a timely appointment, leave a voice or email message directly for the doctor.
- **Get copies of hospital records.** Bring lab results, x-rays, and the discharge summary to the doctor’s appointment. Get copies before you leave the hospital.

Make sure that your relative has transportation and any assistance needed to get to the appointment.

Be prepared to discuss

- **what led to the hospitalization.** Review the symptoms and events that occurred before the crisis. Perhaps it’s time to get a referral to a specialist.
- **what you understood happened in the hospital.** Review any tests, x-rays, or consultations so the doctor can recommend next steps.
- **medication changes.** Compare the hospital discharge list with the doctor’s running list and discuss revisions.
- **“red flags” to look out for.** Make sure you understand meaningful changes or symptoms. Make a plan for what to do if they occur, especially outside normal office hours.

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