Discharge Instruction Information

Prior to discharge patient Discharge Instructions are generated by the Patient Care Provider.

Two copies are printed out and placed on the patient’s chart.

The registered nurse or nurse practitioner reviews the discharge instructions with the patient and or family members. The patient and or family member, and nurse will sign and date the discharge instructions.

The signed copy is placed in the patient chart.

The unsigned copy is given to the patient and or family member.

Prescriptions

Prescriptions are printed out using the RX printer or Hand written by the Patient Care Provider.
# Discharge Instructions Report

**Date of Birth:** 5/24/1971

## Diagnosis
- Atrial Flutter
- Diabetes Mellitus

## Procedure(s)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Ablation</td>
<td>11/12/2008</td>
<td></td>
</tr>
</tbody>
</table>

## Important things To Do

### Appointment(s)

<table>
<thead>
<tr>
<th>To Do</th>
<th>Provider</th>
<th>Specialty - Location - Phone</th>
<th>Date and Time</th>
<th>or Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Howard H. Weitz, M.D.</td>
<td>Cardiology - 925 Chestnut Street, Mezzanine, Philadelphia, PA (215) 955-5050</td>
<td></td>
<td>Call now for appointment in 4 weeks</td>
</tr>
<tr>
<td></td>
<td>Arnold J. Greenspon, M.D.</td>
<td>Cardiology - 925 Chestnut Street, Mezzanine, Philadelphia, PA (215) 955-5050</td>
<td>11/21/2008</td>
<td>10:00 a.m.</td>
</tr>
<tr>
<td></td>
<td>John R. Cohn, M.D.</td>
<td>Pulmonary - 1015 Chestnut Street, Suite 1300, Philadelphia, PA (215) 955-7410</td>
<td></td>
<td>Call now for appointment in 3 months</td>
</tr>
</tbody>
</table>

### Tests

<table>
<thead>
<tr>
<th>To Do</th>
<th>Test</th>
<th>Location and Phone</th>
<th>Date and Time</th>
<th>or Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CT Chest</td>
<td>Jefferson CT Scan, 1 (800) 858-1662</td>
<td>01/21/2009</td>
<td>Call now to have test done in 2 months</td>
</tr>
</tbody>
</table>

## Test Results (Selected)

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Xray</td>
<td>11/12/2008</td>
<td>lung nodule in Right Upper lobe</td>
</tr>
</tbody>
</table>
## Medication Information

### Allergies

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBUPROFEN (MOTRIN)</td>
<td>GI Upset</td>
</tr>
</tbody>
</table>

### Medications

You should take the medications listed below when you leave Thomas Jefferson University Hospital. This list includes home medications that you have reported during your hospitalization here. I have reviewed this list, and have explained and noted contraindications (if any) between your home medications and any prescriptions you have received as a result of this hospital stay/visit. Please bring this form to all your physicians for their review. If you have any questions, please contact your physician.

### New Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Directions</th>
<th>Comment</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARVOCET N-100 TAB (PROPOXYPHENE/ACETAMINOPHEN 100/650MG)</td>
<td>Take orally 1 tablet every 4 hours as needed</td>
<td></td>
<td>New medication</td>
</tr>
</tbody>
</table>

### Other Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Directions</th>
<th>Comment</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPIRIN 81MG TAB EC (ECOTRIN 81MG LOW DOSE TABLET EC)</td>
<td>Take orally 1 tablet daily</td>
<td>Same as pre-admission</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE ER 10MEQ TAB (K-DUR 10MEQ TABLET SA)</td>
<td>Take orally 1 tablet daily</td>
<td>Same as pre-admission</td>
<td></td>
</tr>
</tbody>
</table>

### STOP taking these medications

Motrin 400mg tabs

### General Medication Comments:

Area for free text comments
Diabetes Management

You have Diabetes Type 2

Diabetes is a condition in which the amount of glucose in the blood-called blood sugar-is too high. A main goal of managing your diabetes is controlling your blood sugar. By following these instructions you can learn how to control your blood sugar and delay or prevent complications.

### Insulin

<table>
<thead>
<tr>
<th>Insulin 70/30</th>
<th>5 Units SQ</th>
<th>30-45 minutes Before Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin 70/30</td>
<td>5 Units SQ</td>
<td>30-45 minutes Before Dinner</td>
</tr>
</tbody>
</table>

### Checking Your Blood Sugar

You should test your blood before taking your insulin and/or your diabetes pills and before eating. Write your blood sugar results in your diary. Bring the diary with you to your doctor appointments.

Goals for blood sugar:
Before meals: 80-120
After meals (2 hours after eating): 140-180
Before bedtime**: 100-140
**If your before bedtime blood sugar is less than 100, then eat a snack (1 glass milk or half a sandwich)

If you have any questions or problems with your glucose meter, call the 1-800 number on the machine for advice.

Please check your blood sugar:

- [ ] Before Breakfast
- [ ] Before Lunch
- [ ] Before Dinner
- [ ] At Bedtime

### Insulin Administration

Unless you are instructed otherwise, you should give your injection in your abdomen (one-inch away from your belly button and any scars). Give each injection in a different spot on your abdomen. Your diabetes care team will teach you about other sites to inject your insulin when your blood sugar is under control. Keep your unopened insulin in the refrigerator.

### Nutrition Guidelines

Healthy eating is an important part of controlling your blood sugar. Living with diabetes doesn't mean you can't enjoy a variety of healthy and delicious foods.
- Eat a variety of foods every day from all the food groups
- Foods that are high in carbohydrate have the biggest effect on your blood sugar. It is important
that you spread these foods out among all your meals and snacks and not eat too much carbohydrate at any time. High carbohydrate foods are pasta, grains, cereals, starchy vegetables, beans, fruit, milk, yogurt, and sugar containing foods.

- Eat meals at regular times every day. Do not skip meals. Your registered dietitian will tell you if you should also eat snacks.
- If you are overweight, your doctor may advise you to lose weight to help your body's insulin work better.
- Talk to your doctor about use of alcohol. If allowed, limit to two drinks per day. Always eat food when your drink alcohol.

Attending outpatient nutrition classes is strongly recommended. For Jefferson patients, please call 215-955-1925. Or you can call the American Diabetes Association at 1-800-DIABETES for information about other local diabetes programs.

**When to Call Your Doctor related to your DIABETES:**

Call your doctor if you have any of the following:
- Blood Sugar below 70 two times in a row
- Blood Sugar above 300 two times in a row

* If concerns of **Low Blood Sugar** (Shakiness, dizziness, sweating, hunger, headache, pale skin color, sudden moodiness or behavior changes, clumsy or jerky movements, difficulty paying attention, confusion, tingling sensations around the mouth)
* If concerns of **High Blood Sugar** (Frequent urination, increased thirst, shortness of breath, breath that smells fruity, nausea and vomiting, dry mouth)

* Urine Ketones large (for Type 1 diabetes)
* Prolonged vomiting
* Temperature above 101° F
* Diarrhea for more than 24 hours
# Caring for yourself at home

## Symptoms to look for

**Call Physician for:**

The following are CONCERNING SYMPTOMS after a Cardiac Ablation.

**PLEASE CALL YOUR DOCTOR IF:**
- Pain or a large bump in groin / arm used for the procedure
- Numbness or tingling or change in sensation in the leg / arm used for the procedure
- Redness or increased warmth at the puncture site
- Any drainage from the puncture site
- Temperature greater than 100.4 F or chills
- Chest Pain or Shortness of Breath

## Activity

The following are ACTIVITY RESTRICTIONS after a Cardiac Ablation.

- You should NOT drive for 2 days
- You should NOT lift more than 10 pounds for 5 days

## Treatments/ Wound Care and Special Instructions

The following are WOUND CARE instructions after a Cardiac Ablation.

- Wash the area with mild soap and water, pat dry and cover with a band aid for 1 week
- You do not need to put any antiseptic ointment on the site

## Nutrition

- Eat meals at regular times each day to help control blood sugar. Never skip meals.
- Identify foods that are high in carbohydrate. These foods raise your blood sugar.

**High carbohydrate foods include:**
- Bread, Fruit, Milk, Sweets
- Cereal, Juice, Yogurt, Crackers
- Pasta, Potatoes, Chips, Pretzels
- Rice, Corn/Peas, Legumes, Regular soda

- Eat the same amount of carbohydrate at each meal everyday. There is no reason to totally avoid carbohydrate. Simply avoid eating large amounts of carbohydrate at one time. Spread your carbohydrate out evenly throughout the day to help keep your blood sugar from going too high or low.

- Choose high fiber carbohydrates such as whole grains, legumes, and fruit more often than less healthy carbohydrates like white bread and sweets.
- Enjoy low carbohydrate foods that do not affect blood sugar as much.
Low carbohydrate foods include:
Fish*, Broccoli, Tomatoes, Lettuce
Poultry*, Green beans, Carrots, Spinach
Meat*, Cabbage, Onions, Peppers
Eggs*, Radishes, Collards, Cucumbers

(*These do not have carbohydrate, but they still have calories and fat. A healthy portion size is 3 ounces or the size of a deck of cards.)

-Drink water and sugar-free beverages rather than sweetened beverages.
-Test your blood sugars to help you and your doctor know how to better manage your diabetes and to learn the effects of food on blood sugar.

Your doctor has placed you on this special diet. For a more personalized meal plan, you might want to follow-up with a Registered Dietitian (RD) who can help you meet your nutrition goals. Visit www.eatright.org or call 1-800-877-1600, ext. 5000 to locate an RD in your area. To learn about diabetes classes offered through Thomas Jefferson University, please call 215-955-1925.
Jefferson Cares About Your Health

Vaccine Assessment

<table>
<thead>
<tr>
<th>Influenza Vaccine Given:</th>
<th>Yes</th>
<th>If no, reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The influenza vaccine is given to reduce the risk of getting influenza (the flu). It is given yearly from October through March to patients based on their age or if they have certain health problems. Please follow up with your outpatient doctor to make sure you are up to date with your vaccinations. Influenza vaccination can be life saving.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pneumococcal Vaccine Given:</th>
<th>No</th>
<th>If no, reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pneumococcal vaccine is given to reduce the risk of getting pneumonia caused by this bacteria. It also may help decrease certain complications of pneumonia. It is usually given once to patients based on their age or if they have certain health problems. Some patients may require a repeat vaccination after a certain number of years. Please follow up with your outpatient doctor to make sure you are up to date with your vaccinations. Pneumococcal vaccination can be life saving.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Already received Pneumococcal Vaccine May 2007 |

Public Health Awareness

Jefferson cares about the overall health of you and your family. The following are important national public health priorities.

Tobacco: Smoking is a major cause of disease and premature death. If you smoke, stop smoking today to greatly reduce serious risk to your health. Secondhand smoke is also a concern since it can cause or worsen respiratory infections, asthma, heart disease and cancer. Resources are available to help you stop smoking. Please call the Smoking Cessation Program at the Center for Tobacco Research and Treatment at Thomas Jefferson by calling 215-955-7867. You can also contact the PA Quitline at 877-724-1090 for more information.

Weight

| Weight (kg): 71.9 | Weight (lbs.): 158.5 | Weight Date: 06/11/2007 | Height (cm): 177.8 | Height Date: 06/11/2007 | BMI (Body Mass Index): 22 |

BMI: The Body Mass Index (BMI) is calculated based on your weight and height. Overweight adults have a BMI between 25 and 29.9. Obese adults have a BMI greater than 30.

Weight Monitoring: Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems (sleep apnea), and changes in mood, such as depression. Discuss with your doctor the types of physical activity you should do to control your weight. The best time to weigh yourself is in the morning before dressing and before breakfast. It should be done on the same scale (if possible) on a hard surface (for example, tile or wood, not carpet).

In particular, if you are a heart failure patient, weigh yourself and write down your weight every day. If your weight increases by 2 or 3 pounds or more over 1 to 2 days, or 4-5 pounds per week, please call your Doctor’s office.
Important Reminders

You were under the care of doctor JEFFREY M RIGGIO. Please call this doctor’s office if you have any questions regarding your hospitalization or discharge instructions. Please call 215-955-6000 if you need assistance locating your doctor’s phone number.

It is very important that you schedule and complete any tests and appointments listed above immediately following your discharge from the hospital or as otherwise noted on this form. The results of these tests should be communicated to you by phone or letter within 7 days after the test has been completed. However, please contact your physician if you are not contacted with your test results within 7 days after the test has been completed and do not have a scheduled visit to review the test results.

Please bring this form to all follow-up appointments and if you go to any Emergency Department.

Thank you for choosing Jefferson for your care.

These discharge instructions have been explained to the Patient/Family. I have received and understood the above instructions.

<table>
<thead>
<tr>
<th>Discharge Destination:</th>
<th>Individual Responsible for Care:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient/Family Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Practitioner or RN Signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Practitioner or RN Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Prepared by Jeff Riggio 11/17/2008 10:17 PM

*** END OF REPORT ***