

Patient Discharge Instructions

Result Type:

Date:

Status:

Subject:

Author:

Electronically Signed By:

Encounter info:

Patient Discharge Instructions

Auth (Verified)

VCU Inpatient Discharge Instructions

DOB:

MRN:

Visit Time:

Phone:

Patient Code Status - Ordered

-- Do Not Resuscitate, Start: 0:10:00 EDT

VCU Health VCU Medical Center Patient Discharge Instructions

Your Care Team

Admitting Physician -

Attending Physician -

Primary Care Physician -

Referring Physician - SELF MD, REFERRED

Reason for Your Visit

Your Diagnosis

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider. If you need to reach a Health Care Provider in the hospital, call (804) 628-4347 and ask the operator to page the *Provider on Call* for

Printed by: MD,
Printed on: EDT

Medications

| | What | How Much | When | Instructions | Next Dose |
|------------------|---|----------------------|--|--|-----------|
| New | ██████████ 40 mg oral tablet) | 1 tablet(s) by mouth | Daily | Pickup at CVS/pharmacy ██████████ | |
| New | ██████████ carbonate) 500 mg oral tablet, chewable) | 1 tablet(s) Chewed | Three times a day | Pickup at CVS/pharmacy ██████████ | |
| New | ██████████ 1000 intl units oral tablet) | 1 tablet(s) by mouth | Daily | Pickup at CVS/pharmacy ██████████ | |
| New | ██████████ | 1 tablet(s) by mouth | Every 6 hours as needed ██████████ | Duration: 3 day(s) Printed Prescription | |
| Changed | ██████████ mg oral delayed release tablet) | 1 tablet(s) by mouth | Twice daily | | |
| Unchanged | ██████████ puff inh) | 2 puff(s) inhalation | Every 4 hours as needed ██████████ | | |
| Unchanged | ██████████ mg oral tablet) | 1 tablet(s) by mouth | Daily | | |
| Unchanged | ██████████ tablet) | 1 tablet(s) by mouth | Daily | | |
| Unchanged | ██████████ oral tablet) | 1 tablet(s) by mouth | Three times a day | | |
| Unchanged | ██████████ hydrochloride 50 mg oral tablet) | 1 tablet(s) by mouth | Four times daily as needed for for anxiety | | |
| Unchanged | ██████████ units/ mL ██████████) | ██████████ | Before meals three times a day | ██████████ | |
| Unchanged | ██████████ solution) | ██████████ | Bedtime | Duration: 14 day(s) | |
| Unchanged | ██████████ oral tablet) | 1 tablet(s) by mouth | Before meals and at bedtime | | |
| Unchanged | ██████████ oral tablet) | 1 tablet(s) by mouth | Bedtime | | |
| Unchanged | ██████████ oral tablet) | 1 tablet(s) by mouth | Twice daily | | |
| Unchanged | ██████████ oral tablet) | 1 tablet(s) by mouth | Bedtime | Duration: 30 day(s) | |

Pharmacy Information

CVS/pharmacy ██████████

| | What | How Much | When | Comments |
|--------------------|----------------------------|-----------------------|-------------|----------|
| Stop Taking | ██████████ oral tablet) | 1 tablet(s) by mouth | Daily | |
| Stop Taking | ██████████ mg oral tablet) | 25 Milligram by mouth | Twice daily | |

Printed by: ██████████ MD, ██████████
 Printed on: ██████████ EDT

Patient Discharge Instructions

| | What | How Much | When | Comments |
|--------------------|----------------------------|-------------------------|-------------|----------|
| Stop Taking | [REDACTED] oral tablet) | 1 tablet(s) by mouth | Twice daily | |

Printed by: [REDACTED] MD, [REDACTED]
Printed on: [REDACTED] EDT

What to do next

Patient Instructions

DISCHARGE INSTRUCTIONS FOR [REDACTED] VCU MEDICAL CENTER

ADMITTED [REDACTED] and DISCHARGED [REDACTED]

You were hospitalized for a **fall**. This was likely due to your **blood pressure being low**, which happens when you stand too quickly. **You will need to move slowly when you stand up. Please make sure that you change positions slowly and rest in a seated position before getting out of bed in the morning.**

You had a [REDACTED] from the fall. You should use [REDACTED] and take [REDACTED] as well as try different [REDACTED]

You had [REDACTED] which **improved** with fluids. You had [REDACTED] but you are back to your baseline strength.

You were started on [REDACTED] (a medication for high [REDACTED]) and [REDACTED] (a medication for [REDACTED]).

You also had low [REDACTED]. You were started on [REDACTED]

You had a repeat [REDACTED] which did not show another [REDACTED].

Please do NOT take your [REDACTED] until you see Dr. [REDACTED]. **You need to make an important to see [REDACTED]**

You also need to keep taking [REDACTED] mg three times a day to treat [REDACTED]. You have this medication at home. Please return to the hospital for signs of [REDACTED] or [REDACTED]

Please continue to check [REDACTED] before [REDACTED] and monitoring [REDACTED]

New Medications:

- [REDACTED] once a day ([REDACTED] medication to prevent [REDACTED])
- [REDACTED] three times a day with meals ([REDACTED])
- [REDACTED] daily (also for [REDACTED])
- [REDACTED] as needed [REDACTED] up to every 6 hours
- [REDACTED] Three times daily for 7 days.

STOP taking the following medications:

- [REDACTED] 25mg daily
- [REDACTED] mg daily
- [REDACTED] mg BID

Please follow-up with:

- **Your primary care doctor in 1 week to assess for restarting your [REDACTED] medications**
- [REDACTED] as scheduled
- **YOU need to see a [REDACTED] please make an appointment to see a [REDACTED] as soon as possible**

Please return to the hospital or seek medical attention if you have any of the following:

- **Falling or passing out**
- **Dizziness**
- **Severe headache or severe pain**
- **Low blood pressure**

Patient Instructions:

It is important you go to all your appointments listed in this packet.

Please take all your medications as instructed.

Please return to the emergency room if you have concerning signs or symptoms. Reasons to return to the hospital include shortness of breath, difficulty breathing, chest pain, fever, bleeding (including black stools), dizziness or lightheadedness, passing out, weakness, inability to tolerate fluids or any other new, concerning, worsening symptoms.

You will need a follow-up appointment with your Primary Care Physician in the next 1-2 weeks. If there are no appointments listed, the physician's office will be contacting you shortly to schedule the date. If you do not hear from these offices in the next 3-5 days, please call their office with the numbers found through the VCU Directory by calling telepage at 804-828-0951 and asking for the [REDACTED].

If you have any questions or concerns please contact the hospital at 804-828-0951 or call your PCPs office.

In case of medical emergencies please call 911.

Future Appointments

Follow Up with [REDACTED]

Where: [REDACTED]

C

RICHMOND, Virginia 23298-

When Within Days: 7-10

Test Results

Sign in to your Patient Portal to see your up-to-date test results, or contact your primary care provider.

VCU Health is dedicated to helping improve your overall health care experience by providing convenient, streamlined resources to help you better manage your health. We also offer the ability for you to securely connect some health management apps you may use (i.e. fitness trackers, dietary trackers, etc.) to your health record. If you have not yet registered, please visit <https://myvcuhealth.iqhealth.com/self-enroll/> to enroll where you can access your health information anytime.

Allergies

[REDACTED] (tongue swells, Angioedema)

[REDACTED] (Itching, Hives)

[REDACTED] (difficulty breathing, swelling)

[REDACTED] (rash, tongue swelling, swelling, itching, hives)

Other Health Conditions

Ongoing - Any problem that you are currently receiving treatment for.

Additional Information

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be routed to the closest possible crisis center in your area.

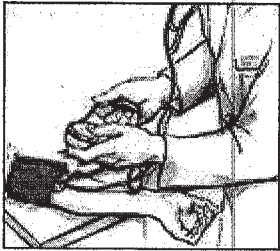
If you have heart failure follow the instructions from your provider. Remember to weigh yourself every morning after you go to the bathroom and write the result in a daily log. If you gain 4-5 pounds or more in a week, call your doctor.

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website (www.smokefreevirginia.org) or call 1-877-856-5177.

Education Materials

Hypotension

As your heart beats, it forces blood through your body. This force is called blood pressure. If you have hypotension, you have low blood pressure. When your blood pressure is too low, you may not get enough blood to your brain. You may feel weak, feel lightheaded, have a fast heartbeat, or even pass out (*faint*).



HOME CARE

- Drink enough fluids to keep your pee (*urine*) clear or pale yellow.
- Take all medicines as told by your doctor.
- Get up slowly after sitting or lying down.
- Wear support stockings as told by your doctor.
- Maintain a healthy diet by including foods such as fruits, vegetables, nuts, whole grains, and lean meats.

GET HELP IF:

- You are throwing up (*vomiting*) or have watery poop (*diarrhea*).
- You have a fever for more than 2–3 days.
- You feel more thirsty than usual.
- You feel weak and tired.

GET HELP RIGHT AWAY IF:

- You pass out (*faint*).
- You have chest pain or a fast or irregular heartbeat.
- You lose feeling in part of your body.
- You cannot move your arms or legs.
- You have trouble speaking.

- You get sweaty or feel lightheaded.

MAKE SURE YOU:

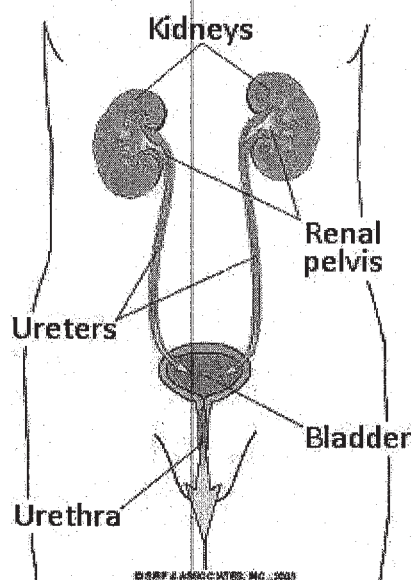
- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Kidney Failure

Kidney failure happens when the kidneys cannot remove waste and excess fluid that naturally builds up in your blood after your body breaks down food. This leads to a dangerous buildup of waste products and fluid in the blood.



HOME CARE

- Follow your diet as told by your doctor.
- Take all medicines as told by your doctor.
- Keep all of your dialysis appointments. Call if you are unable to keep an appointment.

GET HELP RIGHT AWAY IF:

- You make a lot more or very little pee (*urine*).
- Your face or ankles puff up (*swell*).
- You develop shortness of breath.
- You develop weakness, feel tired, or you do not feel hungry (*appetite loss*).
- You feel poorly for no known reason.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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