LABETTE HEALTH

DISCHARGE PHONE CALL v3 021015

LH Form Code: DCCB3, Version Date: 021015

Patient Name: TEST ERIKA **Room Number:** **Admit Date:** 000000 **Admit Time:**
Account Number: **Stay Type:** **MRN:** XXXXX **Date of Birth:** XXXX1995 **Age:** **Gender:**
Primary Care Provider: **Secondary Physician:** **Family Physician:**

Current Date: Time: Pt Phone Number:

Sources of Information Used: ☐ Hospital Discharge Summary ☐ Medication Reconciliation Form

All Patients ☐ High Risk

Hello (Patient Name), this is (Caller Name) from Labette Health and I am calling to see how you are doing after your recent visit to the hospital. Is now a good time?

How are you feeling today?	☐ Good ☐ Fair ☐ Poor	
Do you know when your followup appointment is?	☐ Yes ☐ No ☐ None scheduled at discharge	If no, is it ok if I have (call you for an appoint ☐ Yes ☐ No
Were you able to make your follow-up appointment? (If before call)	☐ Yes ☐ No	
Are you experiencing pain or other symptoms now?	☐ Yes ☐ No	If yes, describe:
We want to make sure that you continue to improve now that you are home. Can you tell me about your discharge instructions and how you are doing at home?		
Did you get your prescriptions filled? (See DC MAR)	☐ Yes ☐ No	If no, can you tell m
Can you please tell me how you are to take your new medications?		
Do you have any questions about your medications or side effects?	☐ Yes ☐ No	
Have you had any problems or concerns since you were discharged that I can help you with?		

☑ **CHF/AMI**

Are you checking your weight every day?	☐ Yes ☐ No	If no, do you have a sc ☐ Yes ☐ No Can you see your scal ☐ Yes ☐ No
Have you gained more than 3-5 lbs?	☐ Yes ☐ No	If yes, notify doc?
Have you had swelling in your legs, ankles or feet?	☐ Yes ☐ No	
Tell me about your diet. Are you followng your diet plan?		

RED FLAGS - Follow up Appt / ED Referral		

☑ **Pneumonia/COPD**

How are you feeling? Are you coughing or wheezing more or less since you have been home?		
Do you have a fever 100.5 oral or 99.5 arm?	☐ Yes ☐ No	
How are you sleeping?		
Are you coughing up sputum? What color?		
Tell me how you use your rescue inhalers?		
Are you using your rescue inhalers/medication every 4-6 hrs if you have increased SOB?	☐ Yes ☐ No	If no, why not?
Are your flu and pneumonia shots current?	☐ Yes ☐ No ☐ I don't know	If no, or unknown, we \ sure that you go over t follow-up appointment doctor.
Tell me what pursed lip breathing is? Have you been practicing on a daily basis or during activity?		
Do you know what triggers your shortness of breath? Have you been avoiding pollutants or allergens?		
RED FLAGS - Follow up Appoint / ED Referral: Increased SOB, wheezing, anxiety, noisy breathing, cough more frequent / severe, change in skin color and nail color (blue/grey), No interest in eating.		

I appreciate you taking the time to speak to me today. You may receive a call for a survey asking about the care you received at the hospital. I'd appreciate it very much if you took the time to complete the survey because your input is valuable to us and we use it to improve. Thank you for choosing Labette Health for your healthcare needs.

Additional Comments:

FIRST ATTEMPT RN: ______ **Date:** ______ **Time:** ______

Method of First Attempt: ______

SECOND ATTEMPT RN: ______ **Date:** ______ **Time:** ______

Method of Second Attempt: ______

THIRD ATTEMPT RN: ______ **Date:** ______ **Time:** ______

Method of Third Attempt: ______