MY CARE TRANSITION PLAN

Patients with caregivers and/or care partners are asked to complete this form, which lists their concerns on care needs at home. Hospital staff will work with you to address concerns on the list.

Name: _____

Care Partner: _____

Phone Number(s): _____

Follow-up Appointment: _____

My Pharmacy: _____

Case Manager: _____

Care Partners are **SMART**[1] and **AWARE**

- **S** Signs and symptoms to look for & who to call
- **M** Medication changes or special instructions
- **A** Appointments
- **R** Results on which to follow up
- **T** Talk with me about my concerns

- **A** Available
- **W** Writing notes
- **A** Alert me about changes
- **R** Receive information
- **E** Educate me about my home care needs

CARE PARTNERS

Taking care of yourself can be difficult at times, especially when you are sick. Sometimes you need help.

Care Partners can be family members, friends, neighbors, or paid help. They will help you with daily activities, such as dressing, going shopping, or cooking a meal.
Care Partners can also help by giving information—such as your list of medications, health history, or home care needs—to your doctor or nurse.

Care Partners can listen to doctors, nurses, and others for you, and ensure you get the information you need and that you understand it.

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ALLIANT QUALITY

[1] "SMART Discharge Protocol," The Institute for Healthcare Improvement. http://www.ihi.org/resources/Pages/Tools/SMARTDischargeProtocol.aspx (accessed July27, 2017).

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I AM CONCERNED ABOUT…	YES	NO	COMMENTS
Follow-Up Medical Care			
Having all the information I need when I leave			
Follow-up care after leaving			
Scheduling follow-up appointments and/or tests			
Who to call with questions or concerns			
How I will get to my doctor's follow-up appointment			
Whether I will need home nursing, therapists, nutritionists			
The type of medical equipment I will need (e.g., walker, crutches, insulin pump, oxygen)			
Managing my wound care			
Paying for the care I need			
Medications			
Which medications I should take at home			
When to take my medications			
Taking my medications as prescribed (e.g., swallowing)			
Understanding the side effects of my medications			
Paying for my medications			
Getting my medications from the pharmacy			
Activities of Daily Living			
Getting help with personal care (e.g., bathing, dressing)			
Cooking meals			
Getting help with grocery shopping			
Using medical equipment, changing a bandage, or giving an injection			
Care Partner			
How my family or other caregivers will help me when I am at home			
How my family or other caregivers will manage my illness			
Losing contact with friends and family, and feeling isolated or left behind			
Culture			
Whether I will be able to keep my core beliefs and values despite my illness			

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