



Patient Admitting Packet

Davis Hospital and
Medical Center

A STEWARD FAMILY HOSPITAL



In Partnership with Physician Owners



Questions to ask your nurse when you are admitted to Davis Hospital and Medical Center

- How do I use my call light?
- How do I order food?
- What is the communication whiteboard?
- How will my family and I be updated on my care?
- What is my fall risk and what do I need to know to prevent falls in the hospital?
- Any other questions you may have about your stay.

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Welcome to Davis Hospital

On behalf of the staff and physicians of Davis Hospital and Medical Center, we would like to welcome you to our hospital. Thank you for trusting us with your care.

Our goal is to provide excellent service in all aspects of your hospital visit. Our entire staff is committed to working together as a team to coordinate and manage your care, pain, and recovery. We invite your feedback! If there is anything we can do to make your stay more comfortable, please let us know.

If you have any concerns, please contact our nursing supervisor anytime at 801-807-7008. If you still have questions, please reach out to the nurse leaders on your unit by calling the nurse's station.

We strive for safety, quality, and above all, compassionate health care. Thank you for allowing us the opportunity to serve you.

Sincerely,

Your Health Care Team

Davis Hospital and Medical Center



The Features of Your Room

Using Your Call Light

Look for the red cross on the handheld remote. This is the call light button that will alert staff members that you need assistance.

We encourage you to use the call light should you need assistance of any kind. Please don't hesitate to notify our staff of your needs.

Communication Whiteboard

The Communication Whiteboard is one of the ways staff members at Davis Hospital and Medical Center communicate with patients. The whiteboard will be visible by patients when in bed and will include information such as the names of your nurse and the staff members who will be working with you that day.

Nurses will review your whiteboard with you when you are admitted to the unit and during change of shift.

Patient Phone

Each room will have a bedside phone available for use by the patient and family members.

- To dial the nurse's station or Cuisine on Call, simply dial the four-digit extension.
- To dial out of the hospital press 9 and then dial the phone number, including the area code.
- If you need a large print or braille telephone, please let your nursing staff know and they will be able to accommodate your needs.

Internet Access

Connect to our free Wi-Fi by going into your internet settings and picking "StewardGuest". It should ask you to agree to the terms and conditions of use, and then you will be connected.

Ordering Food, Housekeeping, Lost and Found

Ordering Food

Cuisine on Call is the hospital's patient room service. Order your meals by dialing 7700 on the hospital phone anytime between 7 a.m. and 7 p.m. A boxed lunch may be provided during off-hours.

Breakfast: 7:00 a.m. to 10:30 a.m.

Lunch/Dinner: 11:00 a.m. to 7:00 p.m.

Look for the menu on your bedside table.

Requesting Housekeeping

Housekeeping staff will routinely clean and disinfect your room and bathroom. Housekeeping is available 24/7. If you feel like your room needs additional attention, please let any staff member know and they will reach out to Housekeeping for you.

Lost and Found

The hospital's lost and found is managed by the Security Department. If you believe you have misplaced a personal item, reach out to a member of your care team and they will see if it has been turned into our Security personnel. We encourage you to leave valuable personal items at home to reduce the risk of them getting lost.

If you've since been discharged from the hospital and believe you have left behind a personal item, feel free to reach out the unit's front desk or call our operator at 801-807-1000.



Your Health Care Team

During your stay at Davis Hospital and Medical Center, a full team of interdisciplinary healthcare providers will work together to provide cohesive, high quality care. Depending on your individual needs, you may encounter some or all of the following members of our healthcare team:



Hospitalists

During your stay in the hospital, you will be under the care of our hospitalists. Hospitalists are board-certified medical professionals with specialized training in the care of complicated hospitalized patients. They lead the hospital medical team and coordinate your daily care.



Registered Nurses (RN)

The nursing staff will guide you throughout all phases of your hospital stay - from preoperative care to discharge. They will coordinate your daily activities and help you with mobility, treatments, personal care, pain management and discharge planning.



Certified Nursing Assistants (CNA)

Working under the direction of the registered nurses, certified nursing assistants will provide personal care, obtain vital signs and assist with mobility.



Physical Therapists

Tailoring an exercise program for your specific needs, a physical therapist will work with you to strengthen your joints and muscles, instruct you in mobility, transfer techniques, and teach you how to safely use any necessary medical aid or equipment.



Occupational Therapists

Occupational therapists will teach you how to complete daily tasks as independently as possible after discharge, including getting in/out of bed, dressing, maintaining personal hygiene and completing household chores - all while abiding to the precautions and/or restrictions outlined by your provider.



Respiratory Therapists

Respiratory therapists will teach you how to fully expand your lungs through coughing, deep breathing and/or using an incentive spirometer (instrument for measuring volume of air you breathe in). Respiratory therapists will monitor your oxygen needs.



Case Managers

Case managers will work closely with you to help plan your discharge. For example, they can provide you with information regarding available community resources and can help you to better understand your insurance benefits.



Pharmacists

The pharmaceutical team will review medication orders and dispense all medications prescribed by your physician. Pharmacists can also provide pain management recommendations.



Dietitians

Dietitians will be available for consultations regarding any special dietary needs or education (i.e., diabetic, vegan, etc.).



Staying Involved in Your Care

Being a partner during your stay helps you get the best care possible.

Bedside Shift Report

Nurse bedside shift report happens every day between 6 – 6:30 a.m. and 6 – 6:30 p.m. We encourage patient and patient family members to ask questions and voice concerns.

During bedside shift report, the nurses going off and coming on duty will:

- Introduce themselves and write his or her name and phone number on the white board in your room.
- Talk with you about your health, including the reason you are in the hospital and your plan of care. The nurses will review your medical chart with you.
- Check the medications you are taking. The nurses will look at your IV's, injuries, and bandages. They will also follow up on any tests that were done or lab work that was ordered.
- Discuss what you want to accomplish during the next shift. For example, you may want to get out of bed or take a shower. The nurse will try to help you meet that goal.
- Encourage you to ask questions and share your concerns.

Nurse Leader Rounding

Nurse Leader Rounding happens daily. The Nurse Leader of your unit will visit you and your family member daily to discuss the quality and safety of your care. They will ask you questions about your experience at the hospital and encourage you to ask questions or voice any concerns you may have. If you are asleep or out of your room for a procedure or test, they will stop by when you are back.

Purposeful Hourly Rounding: The 5 P's

We practice purposeful hourly rounding to maintain a safe environment and address your needs in a timely manner. A caregiver will come into the room to assess what we call “The Five P’s”.

Positioning: We reposition our patients routinely for both comfort and health. We may help you sit up in a chair, turn from side to side in bed, or take a brief walk down the hall. These simple shifts in movement will decrease the risk of skin breakdown or infection.

Personal Possessions: We offer bedside tables so that you can easily keep small personal items within reach. Please help us keep this table close to the bedside. We encourage you to store clothing and additional personal items in the closet located in your room.

Personal Needs: A routine purposeful rounding is an excellent time for our staff to provide you with bathroom assistance. Please take advantage of this visit to reduce the chance of an unexpected visit to the bathroom.

Pain: Most pain medications are ordered by your physician on an “as needed” basis. Please let your caregiver know if you are experiencing excessive pain. While we cannot make all pain go away, we strive to keep pain at a manageable level. We can use the whiteboard in your room to list the time medication was given. This makes it easy for both you and our staff to know when pain medication can be given again. Also, we may be able to offer alternative pain alleviating therapies, including ice, heat, and positioning or imagery techniques. Talk to your nurse to learn more.

Plan: We find that when patients are more involved in their care, they are likely to recover more quickly. We encourage patients and family members to be proactive in the care process by participating in purposeful rounding and the bedside shift report. Your physician, for example, may set goals for completing tests, x-rays, or labs. Other providers may assist with physical therapy, respiratory therapy, and discharge planning for home services. Once the plan is set, staff may write the daily intervention on the white board in your room so that you remain informed and involved.

Medication Management

Please list all the medications you take at home, including eye drops, vitamins, supplements, and other over-the-counter medications. Notify the nursing staff of any food and drug allergies. When listing medications, please include the name, dose, and time you take each medication, as well as the name of your pharmacy. Please do not bring your medications from home, as our pharmacy will provide you with your prescribed medications during your hospital stay.

Medication Opt-Out Program

We are committed to the safe practice of opioid prescribing as recommended by the CDC. Unintentional overdose deaths have risen significantly since 2000. Many of these are from addictions that began with a legal prescription to treat a short-term injury or surgery. The CDC recommends opioids be reserved for treating cancer and end-of-life care. Most other pain can be better treated with safer medications.

Our goal is to manage pain while minimizing the risk of addiction or overdose. Our providers will carefully consider our patients' medical condition and the risks associated with medications needed to manage pain and will prescribe the safest and lowest effective dose. Talk with your doctor about alternative pain control options including ice, heat, distractions, patches and other non-medication strategies.

Be involved in your care:

- Talk to your doctor about non-opioid medications
- If you are prescribed opioids, ask for the lowest and safest dose
- Ask for the shortest duration prescription

Safely dispose of extra medications:

The U.S. Food & Drug Administration recommends using one of three methods to safely dispose of unused opioids.

- Drop off in a secure take-back location
- Mix with household garbage
- Flush down the toilet

To learn more about the risk of opioids and alternatives to pain management, visit www.cdc.gov.

Commonly Used Medications: Know Your Side Effects

Below is a table of medications, their use, and common side effects. If you experience any side effects not listed, or that are listed under serious side effects, please contact your physician or your healthcare team.

Medications	Why am I taking this?	What are the common side effects?	What are some serious side effects? <i>(contact your physician)</i>	How do they work?
<u>NARCOTICS</u>				
hydromorphone (Dilaudid) oxycodone (Percocet) hydrocodone (Norco) morphine	For moderate to severe pain	Constipation Sleepiness Nausea Dizziness	Respiratory depression Decreased blood pressure	Block pain receptor sites
<u>NON-NARCOTIC</u>				
acetaminophen (Tylenol) tramadol (Ultram)	For mild to moderate pain	Nausea		
<u>ANTI-INFLAMMATORY</u>				
ibuprofen (Motrin/Advil) ketorolac (Toradol) celecoxib (Celebrex)	To decrease swelling and discomfort	Stomach pain Nausea	Bleeding (nasal, rectal)	Work by reducing inflammation and swelling
<u>LAXATIVES</u>				
senna polyethylene glycol (Miralax) docusate (Colace)	To help prevent constipation	Diarrhea Nausea	Persistent cramps or stomach pain	Various ways to help relieve constipation
<u>ANTI-NAUSEA</u>				
ondansetron (Zofran) promethazine (Phenergan)	To help prevent or treat nausea	Sleepiness	Irregular heart rhythm	Work on nausea receptors in the brain
<u>ANTICOAGULANTS</u>				
coumadin (Warfarin) heparin enoxaparin (Lovenox) rivaroxaban (Xarelto) apixaban (Eliquis)	Prevention of clots	Minor bleeding of gums, nosebleeds, and bruising	Major bleeding Black tarry stools Uncontrollable bleeding	Decrease the ability of the blood to form a clot
<u>ACID CONTROL</u>				
pantoprazole (Protonix) famotidine (Pepcid)	To help prevent stomachaches and ulcers	None	Diarrhea (C.diff)	Decrease the production of acid in the stomach
<u>DIURETICS</u>				
furosemide (Lasix) bumetanide (Bumex) hydrochlorothiazide	Lower blood pressure and reduce fluid	Nausea Loss of appetite Dizziness	Rash	Prevent the reabsorption of fluid in the kidneys
<u>ANTIBIOTICS</u>				
cefazolin (Ancef) ceftriaxone (Rocephin) vancomycin (Vancocin) piperacillin/tazo (Zosyn) levofloxacin (Levaquin) azithromycin (Zithromax)	To prevent or treat infection	Diarrhea	Rash Difficulty breathing	Antibiotics target and kill harmful bacteria to help prevent or treat infection
<u>ANTI-ITCHING</u>				
diphenhydramine (Benadryl) hydroxyzine (Vistaril)	To help prevent itching	Sleepiness	Low blood pressure	Work on various receptors to lessen itching

Cardiovascular Medication Information and Side Effects

Medications	Why am I taking this?	What are the common side effects?	What are some serious side effects? <i>(contact your physician)</i>	How do they work?
<u>ANTI-PLATELET</u> aspirin clopidogrel (Plavix) prasugrel (Effient)	To help prevent clots and stent blockage	Minor bleeding Headache	Major bleeding Rash	Reduces platelets ability to aggregate or bind
<u>ACEI</u> lisinopril (Prinivil) benazepril (Lotensin)	To control blood pressure and decrease the workload of your heart	Dizziness Headache Dry cough	Swelling of the lips and tongue	Work on pathways in the kidneys to lower blood pressure
<u>ARB</u> losartan (Cozaar) valsartan (Diovan)				
<u>BETA BLOCKERS</u> carvedilol (Coreg) metoprolol (Lopressor, Toprol)	To control heart rate and decrease blood pressure	Dizziness Fatigue	Rash Asthma	Block beta receptors in the heart
<u>ANTICOAGULANTS</u> coumadin (Warfarin) heparin enoxaparin (Lovenox) rivaroxaban (Xarelto) apixaban (Eliquis)	Prevention of clots	Minor bleeding of gums, nosebleeds and bruising	Major bleeding Black tarry stools Uncontrollable bleeding	Decrease the ability of the blood to form a clot
<u>ACID CONTROL</u> pantoprazole (Protonix) famotidine (Pepcid)	To help prevent stomachaches and ulcers	None	Diarrhea (C. diff)	Decrease the production of acid in the stomach
<u>DIURETICS</u> furosemide (Lasix) bumetanide (Bumex) hydrochlorothiazide	Lower blood pressure and reduce fluid	Nausea Loss of appetite Dizziness	Rash	Prevent the reabsorption of fluid in the kidneys
<u>STATINS</u> atorvastatin (Lipitor) simvastatin (Zocor) pravastatin (Pravachol) rosuvastatin (Crestor)	Improve your cholesterol profile	Nausea Headache Constipation	Muscle pain Memory loss	Prevent the formation of cholesterol in the liver
<u>ANTIARRHYTHMICS</u> amiodarone (Cordarone) digoxin (Lanoxin)	Helps control heart arrhythmias including atrial fibrillation	Fatigue Dizziness Headache Chest pain	Talk to your healthcare provider about anything unusual	Multiple pathways

How You Can Prevent Falls in the Hospital

Help staff to keep your room free of clutter and trip hazards. We encourage you to use the closets in your room to store clothing and other large personal items.

When you first come onto the unit, your nurse will go over your fall risk level with you. They will outline ways to prevent falls, such as using your call light when you need to get up and out of bed and provide you with any mobility equipment you need while in the hospital.

Intensive Care Unit Patient and Family Information

Visitor Information*

Visitors are welcome at the Intensive Care Unit (ICU). We maintain an open-door visiting policy that is flexible to accommodate the needs of patients, family, and staff.

The permitted time and length of each visit is based on each patient's condition and family situation.

Visitors must be at least 14 years of age.

We ask that visitors please respect the privacy of other patients by not standing in halls.

Balloons and flowers are not allowed in the ICU.

For your comfort, there is a family waiting room outside the entrance of the ICU, where you can find a vending machine, drinks, Internet, TV, and lounge furniture.

Please wash your hands before and after any visit with your loved one. Frequent hand washing is the best proven way to decrease the spread of infection.

Accessing the ICU

The main ICU phone number is 801-807-7145.

To provide privacy and safety for the patient, an access code will be given to a designated family spokesperson.

Privacy code: _____

To access the ICU, press the call button on the outside door. You will be asked to provide the code for the unit secretary to open the doors.

Communication in the ICU

To facilitate good communication, we encourage you to select one family member to act as a spokesperson. Please direct other family members or friends to contact that spokesperson for updated patient information. This allows the staff more time to care for your loved one.

Due to HIPPA and federal privacy laws, patient information can only be released to next of kin or the designated spokesperson.

Feel free to ask questions about machines, tubes, and any care your loved one is receiving. The more you understand, the more comfortable you will be. To keep our patients safe, we ask that you do not touch the monitoring equipment. If you feel there is a problem, please contact the nurse.

Around 11:00 a.m., the primary care team will begin rounding on each patient. We invite immediate family to attend rounding reports.

Let your patient know you are there, even if they appear to be unresponsive. A familiar voice can be comforting. Be aware that your loved one may be able to hear your conversations.

Don't be afraid to touch your loved one.

Be positive and supportive.

Take care of yourself. Very few people are prepared for a loved one's critical illness.

Please eat well, get adequate rest, take breaks, or walks and attend to your personal needs.

**The ICU visitor policy is subject to change, especially during the COVID-19 pandemic. Please refer to the posted visitor information on the wall outside of the ICU entrance for updated visitor policies. We appreciate your cooperation as we adjust policies to provide a safe environment for our patients.*



Women's Center Patient and Family Information

Breastfeeding

We offer lactation assistance for mothers who choose to breastfeed. All our nurses are trained in lactation and can help you learn the best techniques for feeding your baby.

Infant Security

Our comprehensive infant security plan is designed to protect our tiniest patients and to help ensure they stay safe in the hospital. In addition to other security measures, we use a high-tech electronic surveillance system to keep track of each baby. Following the delivery of your baby, we place a small monitoring band around your baby's ankle, where it remains until you take the baby home. The band, which is completely safe, transmits an electronic signal to a nursing station and alerts nurses if a baby ever moves too close to a maternity unit exit. This band also provides reliable location-tracking and monitoring throughout the entire hospital. With this secure system in place, you can have peace of mind that your baby is safe at Davis Hospital and Medical Center.

NICU Visiting Hours

The NICU is open to parents and grandparents for visitation at any time. Children under 18 years of age are not allowed due to the high-risk nature of infants in the NICU. Please do not visit if you have a cold or fever or have recently been exposed to a contagious disease.

Commonly Used Medications in the Women's Center: Know Your Side Effects

Medications	Why am I taking this?	What are the common side effects?	What are some serious side effects? <i>(contact your physician)</i>	How do they work?
<p><u>NARCOTICS</u> hydromorphone (Dilaudid) oxycodone (Percocet) hydrocodone (Norco) morphine</p> <p><u>NON-NARCOTIC</u> acetaminophen (Tylenol) tramadol (Ultram)</p>	<p>For moderate to severe pain</p> <p>For mild to moderate pain</p>	<p>Constipation Sleepiness Nausea Dizziness</p> <p>Nausea</p>	<p>Respiratory depression and decreased blood pressure</p>	<p>Block pain receptor sites</p>
<p><u>ANTI-INFLAMMATORY</u> ibuprofen (Motrin) ketorolac (Toradol) celecoxib (Celebrex)</p>	<p>To decrease swelling and discomfort</p>	<p>Stomach pain Nausea</p>	<p>Bleeding (nasal, rectal)</p>	<p>Work by reducing inflammation and swelling</p>
<p><u>LAXATIVES</u> senna polyethylene glycol (Miralax) docusate (Colace)</p>	<p>To help prevent constipation</p>	<p>Diarrhea Nausea</p>	<p>Persistent cramps or stomach pain</p>	<p>Various ways to help relieve constipation</p>
<p><u>LABOR INDUCTION</u> oxytocin (Pitocin)</p>	<p>To induce or augment labor</p>	<p>Uterine cramping</p>	<p>Contractions too close together</p>	<p>Dilates the cervix and induces contractions of the uterine muscle</p>
<p><u>CERVICAL RIPENING</u> dinoprostone (Cervidil)</p>	<p>To ripen the cervix for labor</p>	<p>Uterine cramping</p>	<p>Contractions too close together</p>	<p>Induces contractions of the uterine muscle</p>
<p><u>CONTROL BLEEDING</u> carboprost (Hemabate) methylergonovine (Methergine)</p> <p>oxytocin (Pitocin) misoprostil (Cytotec)</p>	<p>Post delivery hemorrhage</p> <p>To control/prevent bleeding</p>	<p>Uterine Cramping Diarrhea Vomiting Hypertension</p> <p>Stomachache Loose stools</p>	<p>Increased heart rate High blood pressure</p> <p>Extreme blood pressure changes</p>	<p>Various ways to help control bleeding</p>
<p><u>SLEEP AIDS</u> temazepam (Restoril) zolpidem (Ambien)</p>	<p>Insomnia</p>	<p>Sedation, amnesia, gas pain</p>	<p>Depression</p>	<p>Various ways to help sedation</p>
<p><u>ANTIBIOTICS</u> cefazolin (Ancef) clindamycin penicillin</p>	<p>To prevent or treat infection</p>	<p>Diarrhea</p>	<p>Rash Difficulty breathing</p>	<p>Target and kill harmful bacteria to help prevent or treat infection</p>
<p><u>VITAMINS</u> iron</p> <p>prenatal vitamin</p>	<p>Mineral deficiency</p> <p>Recommended during breastfeeding</p>	<p>Nausea</p>	<p>Severe vomiting Rash</p>	<p>Vitamin and mineral replacement</p>

Financial Information

Our team at Davis Hospital and Medical Center is dedicated to providing the highest quality of individualized care. Your health and well-being are our primary concern. We appreciate the consideration you give to the cost of your care.

For Labor and Delivery financial information, please reach out to the Labor and Delivery Financial Counselor at 801-807-7089.

You are responsible for the financial obligations associated with the care and services you receive. Most patients have medical insurance to assist with covering the costs of hospital services. However, every insurance policy is different. We suggest that you contact your insurance company to learn more about your contracted benefits and authorization requirements. As a courtesy to you, our insurance verification team will also contact your insurance company to obtain your benefits and authorization requirements for your services. Our financial counselor will then contact you about your estimated patient's out-of-pocket expense based on your specific insurance benefits.

We require a deposit on any patient's out-of-pocket expenses at the time of service.

We welcome and encourage the discussion of services and fees prior to any treatment.

In the event of an overpayment, you will receive a refund after the payment from your insurance company has been received.

If you are unable to pay your estimated portion at the time of discharge, our financial counselors will offer suggestions and options for your stay or services.

If you do not have health insurance for your hospital stay and services, our financial counselors may be able to offer self-pay options.

Our goal is to help manage the burden of your unexpected financial responsibility.

Need Assistance? Davis Hospital Financial Counselors can be reached at 801-807-7445 or 801-807-7056.

Your Rights and Responsibilities

We are committed to honoring your rights as patients. Please visit davishospital.org/patient-rights-and-responsibilities to review our patient rights and responsibilities. If you have any questions, feel free to ask the members of your care team or call the Patient Advocate at 801-807-7580.

Your Feedback Matters

We want to hear from you! You will be receiving a discharge survey either by mail, email, or text asking you about the quality of care you received at Davis Hospital and Medical Center. These comments are reviewed daily by staff and providers to ensure we are doing everything we can to deliver compassionate care.

Please feel free to fill out a comment card, located on the units, telling us how your stay has been and if there are any staff members who have impressed you. During your daily visits with Nursing Leadership, let them know of any concerns you have.

Patient Family Advisory Council

The Patient Family Advisory Council is a wonderful way to offer constructive feedback to hospital leadership and work on improvement projects that impact the care we deliver at the hospital. We welcome any patients or their family members to join the council and use their skills to improve the hospital.

If you are interested in joining the Patient Family Advisory Council, please reach out to our Patient Navigation Team at 801-807-7792.



Health Information

Preventing Ground Level Falls

What can you do to prevent falls?

- 30 minutes of daily physical activity
- Have all prescriptions filled at one pharmacy and review medicine with a pharmacist
- Move slowly out of bed and chairs
- Clear walkways of clutter and cords
- Avoid excessively loose clothing
- Wear non-slip footwear
- Have your vision and hearing checked regularly
- Have snow and ice removed from driveways and walks
- Use grab bars and non-slip surfaces
- Use nightlights
- Be cautious around pets

Are you at risk for a fall?

Age, changes in health, and some medication can cause falls. However, most falls can be prevented.

Check any questions that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Do you worry about falling? | <input type="checkbox"/> Have you noticed a change in your vision? |
| <input type="checkbox"/> Have you fallen in the last six months? | <input type="checkbox"/> Do you have trouble sleeping at night? |
| <input type="checkbox"/> Do you take any daily medication? | <input type="checkbox"/> Do you have trouble hearing? |
| <input type="checkbox"/> Do you have any difficulty walking or standing? | <input type="checkbox"/> Do you exercise less than 30 minutes a day, twice a week? |
| <input type="checkbox"/> Do you live alone? | <input type="checkbox"/> Do you have numbness or tingling in your hands and feet? |
| <input type="checkbox"/> Do you use a walker or a cane? | <input type="checkbox"/> Do you drink alcohol daily? |
| <input type="checkbox"/> Do you ever feel unsteady on your feet or weak and dizzy? | |

If you answered yes to any of the questions above, then you are greater risk for a fall.

Attend a class from your local health department on how to prevent falls, identify home hazards that could lead to a fall, and how to cope after a fall. Talk with your doctor about how to reduce your chances of falling.

Early Heart Attack Care

Like other disease, heart attacks have early signs and symptoms. These early symptoms occur in 50% of patients. Recognize the signs of a heart attack early so you can get treatment before heart damage occurs.

Heart Attack Risk Factors

Discuss your risk of a heart attack with your doctor. These are the general risk factors:

- Chest pain, pressure, burning, aching or tightness that may come and go
- A family history of cardiovascular disease
- High blood pressure
- Overweight or obese
- Sedentary lifestyle
- Using tobacco products
- Metabolic disease, diabetes, or other illnesses
- For women, risk factors can include using birth control pills, a history of pre-eclampsia, gestational diabetes, or having a low birth weight baby

Early Signs and Symptoms of a Heart Attack

- Feeling of fullness
- Pain that travels down one or both arms
- Jaw pain
- Excessive fatigue or weakness
- Anxiety
- Nausea or vomiting
- Back pain
- Shortness of breath
- Chest pressure, squeezing, aching, or burning

Survive. Don't Drive. Call 911

If you recognize any of these symptoms, call 911. Do not attempt to drive yourself or the person experiencing these symptoms to the hospital and instead call an ambulance.

For more information on heart care services and prevention, visit davidshospital.org/services-directory/heart-care.

Infection Prevention

Masks

We prioritize the safety of our patients, visitors, and staff. When entering the hospital, please adhere to posted signs regarding the wearing of masks. The signage will convey the current safety standards and where face masks are required within the hospital.

Hand Hygiene

Hand Hygiene is an important tool for infection control and prevention. We ask staff to thoroughly clean their hands prior to attending to your care needs. We encourage you or your visitors to remind anyone entering your room to wash their hands—including nurses, aides, therapists, housekeepers, and even doctors. Our goal is to keep you safe while we help to make you well.



Recognizing the Signs of a Stroke:

Healthcare workers use the acronym **B.E.F.A.S.T** to remember the signs of a stroke. It is a helpful reminder to act quickly when you believe someone is having a stroke.

- **B**alance
- **E**yes – trouble seeing out of one or both eyes
- **F**acial drooping
- **A**rm weakness
- **S**lurred Speech
- **T**ime – last known well-time/ time to call 911.

If someone shows any of these symptoms, immediately call 911.

For more information on stroke care and prevention, visit davidshospital.org/services-directory/stroke-services.



Preparing to Leave the Hospital

The Case Management and Social Service team collaborate with your clinical providers to prepare you for discharge from the hospital. They are available to assist in establishing the resources you need to manage your health after you leave.

Here are a few examples of issues they may help you find solutions for before you leave the hospital:

- Setting up home health
- Discharge to a Skilled Nursing Facility, Rehab Center, or Long-Term Care Center
- Acquiring special medical equipment (i.e., hospital beds, walkers, wheelchairs)
- Resources for community assistance
- Help with scheduling post-discharge physician appointments
- Connecting you with other health services to help meet your needs (i.e., dialysis services, oxygen)

Your Case Manager or Social Worker will check in with you frequently while in the hospital. Don't hesitate to ask them any questions about your care.

As you prepare to leave, your nurse will give you discharge instructions and a summary. This summary will include your medications and your after-hospital care plan. It will also include a schedule of when you should make an outpatient follow-up appointment with your doctor.

Please discuss any questions you or your family may have with the nurse during the discharge review.

Thank you for choosing Davis Hospital and Medical Center.

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