

AgePage

Hospital Hints

Going to the hospital is somewhat like traveling to another country — the sights are unfamiliar and the people you meet there often speak a foreign language. No matter what the reason for the trip — whether it's an overnight visit for a few tests or a longer stay for medical treatment or major surgery — nearly everyone worries about entering the hospital. Learning more about hospitals and the people who work there may help make your hospital stay less stressful.

The following hints are meant for people who plan to enter the hospital by choice rather than for those who go to the hospital because of an emergency. (Information about emergency care is at the end of this *Age Page*.) Relatives and friends of patients who are

admitted to the hospital also may find this information useful.

What to Bring

It's best to pack as little as you can. However, be sure to bring the following items:

- ◆ nightclothes, bathrobe, and sturdy slippers (label all personal items)
- ◆ comfortable clothes to wear home
- ◆ a toothbrush, toothpaste, shampoo, comb and brush, deodorant, and razor
- ◆ a list of your medicines, including prescription and over-the-counter drugs
- ◆ details of past illnesses, surgeries, and any allergies
- ◆ your health insurance card
- ◆ a list of the names and telephone numbers (home and business) of family members to contact in an emergency
- ◆ \$10 or less for newspapers, magazines, or other items you may wish to buy in the hospital gift shop

What to Leave Home

Leave cash, jewelry (including wedding rings, earrings, and watches), credit cards, and checkbooks at home or have a family member or friend

keep them for you. If you must bring valuables, ask if they can be kept in the hospital safe during your stay. In addition, leave electric razors, hair dryers, and curling irons at home.

Admission

Your first stop in the hospital will be the admitting office. Here you'll sign forms allowing the hospital staff to treat you and to release medical information to your insurance company. You also will be asked about advance directives (explained later in this *Age Page*).

Most people 65 and older have Medicare health insurance, which has two parts: Part A (hospital insurance) and Part B (medical insurance). Medicare Part A helps pay for care in hospitals, skilled nursing facilities, and hospices, as well as some home health care. It covers a semiprivate room, meals, general nursing, and other hospital services and supplies. It does not pay for private duty nursing, a television or telephone in your room, or a private room, unless medically necessary. For more information about Medicare coverage, call the

toll-free helpline at 1-800-MEDICARE (1-800-633-4227).

If you don't have health insurance, an admissions counselor can advise you about other payment methods and sources of financial aid, such as the Hill-Burton program. Hill-Burton hospitals provide free or below-cost health care to people unable to pay. Eligibility for these free services is based on family size and income. For more information, call the Hill-Burton hotline at 1-800-638-0742; Maryland residents should call 1-800-492-0359.

Hospital Staff

Once you've filled out all the forms, you'll be taken to your room. You will then begin to meet the health professionals who will care for you while you're in the hospital.

Doctors are in charge of your overall care. You'll have an attending physician, who may be your primary doctor, a doctor on the hospital staff to whom you've been referred, or a specialist. In a teaching hospital (where doctors train), several doctors care for each patient. For example, the attending physician directs the

house staff – medical students, residents (doctors who have recently graduated from medical school), and fellows (doctors who receive training in a special area of medicine or surgery after their residency training).

Nurses — registered nurses, nurse practitioners, licensed practical nurses, nurse’s aides, and nursing students — provide many patient-care services. For example, nurses give medicines, check vital signs (blood pressure, temperature, and pulse), provide treatments, and teach patients to care for themselves. The head nurse coordinates nursing care for each patient on the unit (the floor or section of the hospital where your room is located).

Physical therapists teach patients how to build muscles, increase flexibility, and improve coordination. They may use exercise, heat, cold, or water therapy to help patients whose ability to move is limited.

Occupational therapists work with patients to restore, maintain, or increase their ability to perform daily tasks such as cooking, eating, bathing, and dressing.

Respiratory therapists prevent and treat breathing problems. For

example, they teach exercises to help prevent lung infections after surgery.

Technicians perform a variety of tests such as x-rays and procedures such as taking blood.

Dietitians help plan specialized menus for patients and teach how to plan a well-balanced diet.


Pharmacists know the chemical makeup and correct use of drugs. They prepare the medicines used in the hospital.

Social workers offer support to patients and their families. They can help patients and families learn about home-care, social services, and support groups.

Discharge planners help patients arrange for health and home care needs after they go home from the hospital.

Geriatric Assessment

Some older people have many health problems that threaten their ability to live on their own after they leave the hospital. In some hospitals, a team that includes a doctor, nurse, and social worker addresses the special needs of older patients. This team also may



include other specialists and therapists. The team performs a thorough exam, called a geriatric assessment, to learn about the patient's physical and mental health, family life, income, living arrangements, access to community services, and ability to perform daily tasks. The team diagnoses health problems and develops a plan to help older patients get the health care and social services they need.

Hospital Geography

Hospitals have many patient-care areas. For example, patients may be in a private (one-bed) or semiprivate (two-bed) room. The intensive care unit (also called the ICU) has special equipment and staff to care for very ill patients. Coronary care units (CCUs) give intensive medical care to patients with severe heart disease. In both the ICU and CCU, visiting hours are strictly limited and usually only family members are allowed to see patients. Surgery is done in the operating room (OR). After an operation, patients spend time in the recovery room before going back to their own room.

In the emergency room (ER), trained staff treat life-threatening

injuries or illnesses. Patients who are badly hurt or very sick are seen first. Because the ER is so busy, less seriously ill patients may have to wait before they are seen by an emergency medical technician, nurse, or doctor.

Safety Tips

Because you may feel weak or tired, take a few extra safety steps while in the hospital:

- ◆ Use the call bell or button when you need help.
- ◆ Use the controls to lower your bed before getting in or out.
- ◆ Be careful not to trip over the wires and tubes that may be around the bed.
- ◆ Try to keep the things you need within easy reach.
- ◆ Take only prescribed medicines. If you bring your own medicines with you, tell your nurse or doctor. Don't take other drugs without your doctor's permission.
- ◆ Hold on to grab bars for support when getting in and out of the bathtub or shower.
- ◆ Use handrails on stairways and in hallways.

Questions

During your hospital stay, you'll probably have many questions about your care. Always feel free to ask your doctor these questions. Your doctor is there to help you get the care you need and to discuss your concerns. Your nurse or social worker also may be able to answer many of your questions or help you get the information you need.

You may find it useful to write down your questions as you think of them. For example, you may want to ask your doctor or nurse some or all of the following questions:

- ◆ What will this test tell you? Why is it needed, and when will you know the results?
- ◆ What treatment is needed, and how long will it last?
- ◆ What are the benefits and risks of treatment?
- ◆ When can I go home?
- ◆ When I go home, will I have to change my regular activities or my diet?
- ◆ How often will I need checkups?
- ◆ Is any other follow-up needed?

Patient Rights

You can decide in advance what medical treatments you want or don't want in the hospital in case you lose your ability to speak for yourself.

You can do this by preparing something called an advance directive. In an advance directive, you tell people how to make medical decisions for you when you can't make them for yourself. You also can name someone else to make medical decisions for you.

Two common advance directives are a living will and a durable power of attorney for health care.

In a living will, you write down the kind of medical care you want (or don't want) in case you are unable to make your own decisions. It's called a living will because it takes effect while you are still alive.

In a durable power of attorney for health care, you name someone else (a family member or friend, for example) to make medical decisions for you if you are unable to make them for yourself. You also can

include instructions about any treatment you want to avoid.

If you have an advance directive, tell your family and make sure they know where it's located. Also, tell your doctor and make sure that the advance directive is part of your medical records. If you have a durable power of attorney for health care, give a copy to the person you've chosen to act on your behalf.

If you need help to prepare an advance directive or if you would like more information about them, contact your doctor or lawyer. You also can consult your State Attorney General's Office or State Office on Aging.

Discharge Planning

Before going home, you'll need discharge orders from your doctor and a release form from the hospital business office. Discharge planning before leaving the hospital can help you prepare for your health and home-care needs after you go home. The discharge planner can help you arrange for a visiting nurse,

hospital equipment, meals-on-wheels, or other services. The discharge planner also knows about senior centers, rehabilitation centers, nursing homes, and other long-term care services.

In Case of Emergency

In a medical emergency, every second counts! You may have severe pain, a bad injury, or sudden severe illness. In such a life-threatening emergency, seek medical help right away. In many areas, you can reach emergency help by calling 911 or the telephone operator. Be sure to tell the operator the type of emergency and your location.

When you need care for a sudden illness or injury that you don't think is an emergency, call your doctor or urgent care center. Often a visit to the emergency room (ER) isn't needed. If you do need to go to the ER, your doctor can make things easier for you by calling the hospital to let them know you are coming.

If there is time, try to take the following items with you to the ER:

- ◆ your health insurance card or policy number
- ◆ your doctor's name and telephone number
- ◆ a list of the medicines you take, including prescription and over-the-counter drugs
- ◆ the names and telephone numbers of close family members

It's a good idea to write this information on a note card and carry it in your wallet or purse. If you have a medical problem such as epilepsy, diabetes, or allergies, you should wear an ID bracelet or carry an ID card to let rescue workers and hospital staff know about these hidden conditions.

If possible, ask a relative or friend to go to the hospital with you for support.

For More Information

The American Hospital Association provides information about hospitals and patient rights. Their address is:

American Hospital Association

One North Franklin

Chicago, IL 60606

Telephone: 312-422-3000.

For more information about health and aging, contact:

National Institute on Aging (NIA) Information Center

Telephone: 1-800-222-2225 or

TTY: 1-800-222-4225

The website address is

<http://www.nih.gov/nia>.



National Institute on Aging

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