

PODS PCS Template (Jan 2015)

My Details	
Care Guide For	<input type="text"/> Enter first name of client.
I arrived at Holland Bloorview on	<input type="text"/> Enter date of admission.
I was/will be discharged from Holland Bloorview on	<input type="text"/> Enter discharge date.
I came to Holland Bloorview because I have/had	<input type="text"/> Use health literacy language to provide referring diagnosis.
Medications I need to take	
Scheduled Medication Report Attached?	<input type="radio"/> yes Discharge/LOA/Transfer Med Report
Comments about medications I need to take	<input type="text"/>
How I might feel and what to do	
How I might feel and what to do	<input type="text"/> Include significant signs, symptoms, reactions noted in clinical documentation, and recommended courses of action.
I should go to emergency if	<input type="text"/>
Changes to my routine	
I have the following advice/recommendations from my team	<input type="text"/> Enter nursing recommendations and refer to any discipline specific transition notes that the client/family should be aware of.
Appointments I have to go to	
Am I on connect2care?	<input type="radio"/> Yes <input type="radio"/> No If yes, guide client to view Holland Bloorview appointments on the connect2care portal.
My upcoming Holland Bloorview appointments	<input type="text"/>
My upcoming appointments outside of Holland Bloorview	<input type="text"/> Give date, time and location.
Where to go for more information	
Where to go for more information	<input type="text"/> Identify important community resources and contact information.
My Own Notes	
Space for my own notes	<input type="radio"/> yes