**PATIENT ORIENTED DISCHARGE SUMMARY (PODS)**

I came in to Baycrest on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and left on \_\_\_\_\_\_\_\_\_\_\_\_.

I was on unit 3W (insert phone number).

I came in because I have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| **Medications I need to take** |
| * See the medication list provided by the pharmacist |
| * Prescription was faxed to my pharmacy |

My notes

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| **How I might feel and what to do** | |
| **How I might feel** | **Plan** |
| You may feel pain, fever, headache, constipation, mood changes, insomnia, lack of energy, or notice skin redness and irritation | In all these cases, take medications if you have been given medications for these issues. If you notice something new or getting worse, contact your family doctor for further assessment. |

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| **Go to Emergency if…** |
| You or your caregiver feel concerned about any of the following  changes in vision or blurred vision  Changes in speech  Suicidal thoughts  New weakness  New/worsening coordination  New onset of dizziness  New onset of confusion  Decrease level of consciousness  Difficulty of change in breathing  New seizure  Worsening headache  Chest pain  New Swelling |

My Notes

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| **Changes to my routine** |

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| **Activity** | **I can do it on my own** | **I need someone to help me** |
| Use the telephone |  |  |
| Shopping |  |  |
| Make a meal |  |  |
| Housekeeping |  |  |
| Laundry |  |  |
| Use public transit and/or taxis |  |  |
| Manage my medications |  |  |
| Manage my money |  |  |
| Walking |  |  |
| Use stairs |  |  |

Driving I am able to return to driving

I am not able to return to driving (see family doctor for more details)

My Notes

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| **Appointments I have to go to** | | | | |
| **Go to see…** | **For…** | **Date and Time** | **Location and phone number** | **Is it booked** |
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My Notes

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| **Where to go for more information** | | |
| **Resource** | **Contact information** | **Is it relevant for me** |
| Baycrest Hospital | <http://www.baycrest.org/> |  |
| Community Care Access Centre (CCAC) | 310-2222 (no area code needed)  CCAC healthline – <http://www.theheaelthline.ca/>  Navigation and access program –  1 (877) 540-6565 |  |
| Telehealth | 1 (866) 797 0000 |  |
| SPRINT (Senior People Resource North Toronto) | (416) 447 7244 |  |
| Meals on Wheels Toronto | (416) 225 6041 |  |
| Patient’s own pharmacy |  |  |
| Vendor list | See attached |  |
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| **To Do List** |
| Reviewed discharge summary with my care team |
| Received prescription |
| Received a home exercise program |
| Received vendor or private therapy clinic list if applicable |
| Aware of CCAC referral if applicable |
| Aware of booked appointments and appointments I need to book |
| Have a home safety assessment if applicable |
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|  |

My notes

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