

Your Hospital Stay



Tips for a safe hospital stay

Who can I call if I have immediate concerns about my care?

Immediately contact your nurse. If you can't reach your nurse, or still have concerns about the approach to the care of your loved one, then you contact **F.I.R.S.T.:**

Pick up a **hospital phone** and:

Dial 141 to reach F.I.R.S.T. (Family Initiated Rapid Safety Team)

Available 24 hours a day, 7 days a week

This phone number connects you to a team that provides immediate assistance within minutes.

Please also review the following safety tips to help you have a safe hospital stay:

- **Speak up.**
Speak up if you have any questions or concerns. You have the right to question anyone who is involved with your care.
- **Know who's in charge of your care.**
Many people may be involved in your care. Also, doctors can

change during your stay. You can encourage your care providers to write their names and roles on the whiteboard in your inpatient room so you can better understand who is on your care team.

- **Ask your doctor about your test results.**

Do not assume “no news means good news.”

- **Be informed about any procedures.**

Make sure you and your doctors all agree on exactly what procedures will be done.

- **Have an advocate.**

When you are unable to speak up (because you are sedated or have a breathing tube that prevents you from speaking), a trusted family member or friend can be your advocate.

Identification bracelet

When you arrive, an ID band with your name and medical record number (MRN) is put on your wrist. Staff will check your identity by looking at this ID bracelet. **Please do not remove the bracelet until after you are discharged home.**

What can I do to prevent falls?

All stroke patients in the hospital have an increased risk of falling. Fall **risk factors** are things that can make you more likely to fall while in the hospital. Some of these factors that can make it difficult to move safely on your own include:

- Effects of medications
- Side effects from the stroke
- New surroundings
- Pain

- Being attached to tubes and wires

Follow the ABC's of fall prevention:

- **A**sk for help: Call the nurse or nurse aide if you want to get up.
- **B**e aware of your body: Do you feel dizzy or weak?
- **C**autious: Is there enough light? Are you wearing slip-resistant socks or shoes?
- **D**anger: Do not use unsteady items such as bedside table or IV pole to get up.

Hand Hygiene

People in the hospital can get infections called **healthcare-associated infections**. These are infections that patients get while receiving medical care for another condition.

What can I do to protect myself from healthcare-associated infections?

- Clean your hands with soap and water or use alcohol-based hand sanitizer frequently
- Remind your visitors to clean their hands with soap and water or use alcohol-based hand sanitizer when they enter and leave your room.
- Make sure your health care providers wash their hands with soap and water or use alcohol-based hand sanitizer when they:
 - Enter and leave your room
 - Before and after they care for you

If you do not see your healthcare providers clean their hands, ask them to do so. “Would you please clean your hands again in front of me?”

Medication safety

While in the hospital you can expect staff to give you the right medications. Your doctor may also order new medications when you are in the hospital. Please speak up if you feel that any medication you receive is not right. Be familiar with your medications, be sure you know:

- The medication you are taking and why you are taking it
- What the medication looks like
- The dose (amount)
- How often you take the medication and what time of day
- What side effects may occur

Who is on my care team?

Our stroke team is dedicated to providing you with the best personalized care. The team includes staff with many different skills who work together to help you. Below is a list of the members on your care team. Feel free to ask any question to anyone on your team.



A care team “makes rounds” by visiting all their patients at the bedside.

Specific members of your care team and their roles are listed in the table below.

Type of specialist:	Responsibilities:
Attending Physician	Doctors who lead the stroke team. They decide on testing, treatment, and how you can prevent future strokes.
Cardiologists	Doctors who specialize in taking care of the heart. They determine if you have any heart problems that may have caused your stroke.
Care Managers	Registered Nurses who partner with you, your family, and the medical team to improve the coordination of care during your hospital stay and ensure a safe discharge.
Clinical Psychologist	Specialists who provide continued and complete emotional and behavioral healthcare for you and your family.
Consulting Physicians	Doctors who specialize in a specific area related to your medical condition and advise on your care.
Dieticians	Providers that create a diet plan to fit your needs.
Neuro-Intensivist	Doctor who specializes in Intensive Care Unit (ICU) procedures and care.
Neuro-Interventional Radiologist	Doctors that use scanning imagery to guide them while accessing vessels and organs or organ structures.
Neurologists	Doctors who specialize in neurology (the central nervous system) and treat disorders that affect the brain, spinal cord, and nerves.
Neuroradiologist	Doctors that specialize in the use of radioactive substances, x-rays and scanning devices to diagnose and treat diseases of the nervous system.

Neurosurgeon	Doctors who specialize in diagnosing and surgically treating the nervous system and brain.
Nurses	Members of your care team that assess, monitor, and care for you during your hospital stay. They advocate for your care with all team members. The nurses will teach you how to care for yourself and how to prevent another stroke.
Nurse Practitioners (NP)	Nurses who are trained and qualified to examine, diagnose, and treat certain medical conditions. They discharge patients under the supervision of the doctor.
Occupational Therapists (OT)	Therapists that provide a holistic approach (mind, body, spirit, and emotion) to help people reach the greatest level of function (activities of daily living) and independence. Their goal is to help you achieve the best result for health improvement during stroke recovery.
Physicians Assistants (PA)	Providers that practice medicine on teams with doctors, surgeons, and other healthcare workers. They examine, diagnose, treat certain medical conditions, and discharge patients under the supervision of the doctor.
Physical Medicine and Rehabilitation (PM&R)	Doctors dedicated to enhancing and restoring functional ability and the quality of life to those with physical weakening or disabilities after a stroke.

Physical Therapists (PT)	Therapists who are trained in all aspects of anatomy and physiology related to normal function, with an emphasis on movement. They help stroke survivors regain strength, coordination, balance, and control of movement including walking, climbing stairs, and getting into and out of bed.
Rehabilitation Psychologists	Specialists in clinical psychology that focus on applying their knowledge of psychology to people who have an injury or illness. They assess and treat cognitive, emotional, and functional difficulties, and help people overcome barriers to participate in life activities.
Resident Physicians	Doctors who practice medicine under the supervision of an attending doctor. They often help monitor and communicate with the attending doctor and other disciplines.
Social Workers	Specialists who support patients, care givers and families in managing the response to your illness or treatment, financial and emotional issues and grieving.
Speech-Language Pathologists	Therapists who assess and treat communication and swallowing disorders after stroke.
Stroke Fellow (doctor)	A doctor extending their training in the area of stroke.
Techs and Nurse Assistants	Specially trained assistants who provide care in many ways, for example taking vital signs, documenting your information, taking care of your hygiene and toileting needs, and giving important feedback to nurses.

Unit Hosts	Specially trained staff who support the nursing staff and facilitate the daily operations of the unit, such as gathering medical supplies and equipment. They help keep the unit organized and provide guest services.
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What is Care Management?

Care Management is part of your Care Team. It is led by a Registered Nurse (RN) case-manager and a social worker. They will partner with you, your family, your doctor, bedside nurse and other care providers to improve the coordination of your hospital stay (or that of a loved one) and to prepare a safe discharge. Care Management will begin working on your transition for a safe discharge as soon as you are admitted to the hospital.

Please share your concerns and questions with Care Management. It is important to remember that the team is not complete without your voice!

What services does Care Management help put together before and after I leave the hospital?

Care Management works to connect you with services and agencies that can support you or your loved one during the hospital-stay and after discharge.

Their duties include:

- Working with your insurance carrier to coordinate your benefits and obtaining authorizations for your hospital stay
- Counseling related to how illness, disability, and grief can impact you and your family
- Problem-solving with you on social and financial barriers that

impact your medical care

- Providing community resources information and referrals
- Connecting you with the following services as needed:
 - Hospice
 - Home care services such as:
 - Visiting nursing
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Private duty nursing
 - Out of hospital placement referrals including skilled nursing facilities and acute rehab facilities
 - Infusions at home (IV's and tube feeding) after discharge
 - Durable medical equipment (wheelchairs, oxygen, medical supplies)

If you have questions or concerns that are not listed here, Care Management can connect you with the appropriate resource to get you the answers you need.

Equipment you may see in the hospital

When you are in the hospital, it's normal to have tubes and wires attached to your body. They help the staff check your vital signs, take blood, give medications and provide nutrients. The following is a brief description of some of these tubes and what you and your family can expect.

Arterial Line (art line or a-line)	A thin tube (catheter) inserted into an artery to monitor blood pressure and obtain blood for lab tests.
Heart Monitor	A device that continually monitors heart activity and heart rhythm.
Central Line	An IV placed into a large vein in the neck, chest or sometimes in between the legs (groin).
Dobhoff Tube	A small flexible tube that is passed through the nose and into the stomach. It is used for giving medication or nutrition when swallowing is a problem. It is smaller and more comfortable than the Nasogastric Tube.
Feeding Tube, Percutaneous Endoscopic Gastrostomy (PEG) or G-Tube	A tube that's placed into your stomach through your abdomen. It's used to supply nutrition when you have trouble eating.
Nasogastric Tube (NG)	A narrow tube that is passed through the nose and into the stomach for medication, nutrition or to rest the stomach.
PICC (Peripherally Inserted Central Catheter)	A type of central line that carries fluid and medicine into the body through a vein in the upper arm.
Sequential Compression Device (SCD)	Sleeves wrapped around the legs that inflate and deflate with air to improve blood flow in the legs to prevent a blood clot.

Ventilator	A machine that moves air in and out of the lungs to assist you if you need extra support, or you are unable to breathe on your own.
Ventriculostomy	A device that is placed in the ventricle of the brain to drain fluid and measure pressure in the brain. The brain ventricles are a set of 4 connected cavities that produce special fluid that acts as a cushion or buffer for the brain.

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