

Fractured Hip Post Acute Program Patient Information

The Fractured Hip Post Acute program provides rehabilitation services to patients after surgery for hip fractures. Our goal is to offer the best care and therapy to allow your discharge home to occur as quickly and safely as possible.

You will need to bring the following for your stay:

- Personal hygiene items (including incontinence products if you use these)
- Comfortable clothes and proper footwear (rubber sole with a closed in heel)
- Equipment you may have at home that will benefit your recovery (such as a reacher, sock-aide, shoe horn, walker).

You and your family are part of the team that may include nursing staff, physicians, therapists, dietary, social work and pharmacy.

Expectations of Patient and Family:

- Your participation is expected and is important for successful discharge.
- You will be expected to follow physician orders to reduce complications and health risks.
- You will be expected to work to improve level of function by :
 - participating in rehab therapy two to three times per day
 - by taking part in 'day-to-day' activities such as washing, dressing
 - And walking to the dining room for all meals.
- You are responsible for arranging assistance at home, as well as ensuring equipment is in place by discharge.
- You are responsible for arranging a follow up appointment with your family doctor and surgeon at the time of discharge (if one has not been arranged already).
- You are responsible for arranging a ride home on your scheduled day of discharge.

Discharge time is ten o'clock in the morning

Our goal is for you to be discharged home within fourteen days or less and will be based on a number of safety factors that are individually assessed and may include:

- Ability to reposition, get into and out of bed safely.
- Ability to walk safely with appropriate gait aide.
- Ability to use the necessary equipment
- Able to manage stairs safely if necessary.
- Able to follow through with exercise program.
- Ability to get in and out of a car with minimal assistance.
- Appropriate assistance and support are available at home (if required) for all of the above needs (may include family/friend support, home care, community agencies, etc.)

Please provide the address where you will be discharged following your stay in Post Acute.

Address: _____

Please print and sign your name indicating that you have read the above and understand what is required. If you have any questions please discuss with the nurse prior to leaving the hospital.

Name: _____ Relationship (if not client) _____

Signature: _____ Date: _____

Original to Grandview

Copy to Patient/Family

Copy on Chart