

# Hospital Advocacy Notes



DOB \_\_\_\_\_

First name \_\_\_\_\_

PHN: \_\_\_\_\_

Last Name \_\_\_\_\_

## WHAT BROUGHT US IN TODAY:

Note:

## WHAT HAS CHANGED FROM BASELINE

New or worsening symptoms: \_\_\_\_\_

Changes in seizures: \_\_\_\_\_

Note:

## WHAT HAS CHANGED FROM BASELINE

Changes in breathing: \_\_\_\_\_

Changes in feeding: \_\_\_\_\_

Other concerns: \_\_\_\_\_

Note:

Location: ER / Ward / Clinic / Other



WHAT WE ARE SEEING RIGHT NOW

Alertness: \_\_\_\_\_

Breathing: \_\_\_\_\_

Seizure activity: \_\_\_\_\_

Comfort/distress: \_\_\_\_\_

Note:

CONCERNS I WANT DOCUMENTED

WHAT I NEED FROM THE CARE TEAM RIGHT NOW

*Examples: further assessment, monitoring, explanation, escalation, or reassurance.*











# DISCHARGE PREP



## BEFORE WE LEAVE, WE NEED TO UNDERSTAND

WHAT DIAGNOSIS OR CONCERN ARE WE LEAVING WITH?

---

WHAT SHOULD WE WATCH FOR AT HOME?

---

WHEN SHOULD WE RETURN?

---

WHO DO WE CONTACT IF THINGS CHANGE?

---

---

---

## NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# FOLLOW-UP



## NEXT STEPS

FOLLOW-UP APPOINTMENTS:

---

---

---

---

REFERRALS:

---

---

TESTS TO COMPLETE:

---

---

## WHO TO CONTACT AFTER DISCHARGE

CLINIC:

---

---

SPECIALIST:

---

---

EMERGENCY CONTACT INSTRUCTIONS:

---

---

CLINIC:

---

---

SPECIALIST:

---

---

EMERGENCY CONTACT INSTRUCTIONS:

---

---

CLINIC:

---

---

SPECIALIST:

---

---

EMERGENCY CONTACT INSTRUCTIONS:

---

---

CLINIC:

---

---

SPECIALIST:

---

---

EMERGENCY CONTACT INSTRUCTIONS:

---

---

