

Enhanced Recovery After Surgery (ERAS)





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Chapter One | General Information

Learning as much as you can before your surgery will help you play a more active role in your recovery. This book will help you prepare for surgery and guide you through recovery.

Enhanced Recovery After Surgery (ERAS)

Enhanced recovery is an approach to help you recover from abdominal surgery. The benefits of ERAS include:

- Faster recovery and return to home
- Better surgical outcome
- Reduced chance of problems after surgery

Your Involvement

The ERAS approach requires that you be involved in the healing process. Keeping a positive attitude and following the plan will speed your recovery and ensure a more positive outcome.

Your Team

It's important for your body to return to its normal function as soon as possible after surgery. Your surgeon will lead the team who'll help you recover. This team will work together to address your concerns, guide you through the surgery, and help you and your family/caregivers create a recovery plan. The team will use the plan to measure your progress. Your team will include BayCare team members who specialize in:

- Surgery
- Anesthesiology
- Pain management
- Nursing
- Nutrition therapy
- Physical and occupational therapy
- Respiratory therapy

The most important team members are you and your family/caregivers. It's up to you to carry out the activities that your health care team recommends. To prepare for your home recovery, it's important to let the health care team know if you have a support person who can provide emotional support and help with:

- Personal care (toileting, bathing, dressing, eating)
- Household tasks (laundry, cleaning, grocery shopping, preparing meals)
- Managing medications
- Getting to and from doctor and/or therapy appointments

Your ERAS Book

We want you to have as much information as possible, but you may find this book a little overwhelming at first glance. Read it at your own pace, but try to read the entire book as soon as possible.

This book is intended only for your information. It should not be considered a substitute for medical advice.



*Bring this book,
your driver's license
and insurance card
when you come
to the hospital for
your Pre-Admission
Testing (PAT) visit.*

Pre-Admission Testing (PAT) Information

You'll complete the registration process, your ERAS education session and PAT on the same day. These activities are scheduled at least seven days before your surgery.

Our goal is to help you prepare for your surgery. Read the information in this book before your appointment and write down any questions you want to discuss with your health care team. The PAT appointment lasts 45 minutes and includes a review of your medical history, lab testing and, if needed, EKG.

Before your PAT appointment, one of our nurses will call you to obtain your medical history. Prepare the following lists after you see your surgeon so you can share this information with the PAT nurse during the call. Providing the information during the call will help make your PAT appointment quick and easy and will help us address any concerns.

- A list of all your doctors and their phone numbers. This includes your primary care doctor and any specialist(s), such as a cardiologist or neurologist.
- Complete the medication list included at the end of this book) for all medications you currently take. Include over-the-counter medicines, vitamins and supplements. On the medication list, there's a place to write any allergies to medications, foods, etc.
- Your current medical conditions and conditions you have been treated for in the past
- A list of past surgeries, including the date of surgery
- A list of any past reactions to anesthesia including the date and the hospital where the reaction occurred
- A list of blood transfusions and the dates

At the end of your PAT appointment, the nurse will review which medications you may continue to take and the ones you need to stop before surgery. The PAT nurse will give you presurgical instructions, including information on patient safety, pain control and prevention of infection at your surgical site.

ERAS Process for Patients

The presurgical ERAS education session is scheduled with the ERAS Nurse Navigator or hospital program representative. Patients and their family and/or caregiver should attend.

Session Information

Complete and bring your medication list and presurgical discharge planning form.

- Session lasts approximately 2-1/2 hours.
- Content includes:
 - Hospital overview
 - Treatment for anemia (low red blood cell count) if needed
 - Physical therapy: What to expect and presurgical exercises
 - Occupational therapy: What to expect and equipment after surgery
 - Case management including home care and rehabilitation options
 - Postsurgical care plan including pain management, mobility and nutrition

Other Preparations

Equipment delivery to your home will be coordinated before surgery. The prescription for equipment is provided by your surgeon.

Tobacco-Free Campus

To promote a healthy lifestyle, BayCare hospitals are tobacco-free campuses and there are no designated smoking areas. Studies have shown that smoking is bad for your health. If you or a loved one smoke, you should consider stopping before your surgery. If you need a nicotine patch for your stay, let your doctor know.

In addition to talking to your doctor about options, free resources include:

- Florida Department of Health Quit Line: (877) 822-6669; QuitNow.net/Florida
- Freedom from Smoking® Online American Lung Association: FFSOnline.org
- Florida Area Health Education Centers: (877) 848-6696; AHECTobacco.com; SmokeFree.gov





Chapter Two | Getting Ready for Surgery

Medical History and Physical Exam

No surgery can take place until we take a good look at your overall health. For your doctors to do their best job, they need to know about your medical history. Your regular doctor or your surgeon will examine you to determine if you're healthy enough to have surgery.

You may be directed to continue taking some of your medications up until the day of your surgery and to stop taking others. Talk to your doctor about which medications to take and which to stop. It's very important that you tell your doctor about all medications you take, including prescription and/or over-the-counter medicine. Aspirin products and anti-inflammatory medications will need to be stopped several days before your surgery. These include ibuprofen (Advil and Motrin), naproxen (Aleve), piroxicam (Feldene), nabumetone (Relafen) and oxaprozin (Daypro). This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort. If you're not sure whether you should continue a medication, ask your doctor.

Insurance Coverage

Health care benefits are constantly changing. It's important for you to understand your benefits before having surgery. Medications prescribed to you after surgery may be costly. Call your prescription insurance provider to find out what your copays on these medications will be.

Discharge Planning

Our goal is to have you ready to go home as soon as you can. However, some patients need further rehabilitation. Planning for discharge is important. We'll begin to work with you and your family before surgery to develop a discharge plan.

Health Care Directives

A health care directive is also known as an advance directive or living will. This document is used to make sure your wishes are followed if you're no longer able to communicate them yourself. A health care surrogate is a person of your choice who has the power to act on your behalf during a medical emergency if you can't make decisions for yourself.

A health care directive may be used if:

- You're in a coma or near death
- You can't communicate your wishes through speech, in writing or by gestures

If you don't have a living will, you can fill out the Living Will and/or Designation of Health Care Surrogate forms in this book. Since the medical team must know your medical wishes in order to carry them out, bring a copy of your living will to the hospital with you so that it can become part of your medical record.



Chapter Three | Surgery and Recovery

Caring for Yourself – Presurgical Preparations at Home

To prepare for your surgery:

- Follow your doctor's instructions to prepare your bowel.
- If possible, arrange for a friend or family member to be your coach.
 - Family and/or friends can provide extra support to help you get through the first few days of recovery.
 - Our team will explain the role to this person during your presurgical visit, or when you're admitted to the surgical unit.
- **Don't** eat solid food after midnight the day before your surgery.
- **Do** continue to drink clear liquids up until three hours before your surgery. Having enough liquid in your system will speed the return of bowel function. Clear liquids include water, black coffee, unsweet tea and electrolyte drinks such as Gatorade.
- Your surgeon may recommend a special carbohydrate-rich drink (such as Ensure Pre-Surgery) to help you recover more quickly after surgery.

What to Bring to the Hospital

Bringing some items from home can make your hospital stay more comfortable. Most of these items are available at the hospital, but you may bring your own if you choose. Leave jewelry and other valuables at home. Items you may wish to bring include:

- Nonskid, closed-toe-to-heel slippers, sneakers or walking shoes
- Toothbrush, toothpaste, mouthwash, denture supplies
- Comb or hairbrush
- Shaving supplies and cosmetics

After surgery, a hospital gown will be provided. You may wish to wear your own shorts and shirt to help you feel like you're returning to normal more quickly. You'll have access to free wireless Internet in the hospital, so you're welcome to bring electronic devices such as a tablet or laptop to the hospital. **The hospital is not responsible for lost or stolen items.**

The Day Before Your Surgery

Report any changes in your condition to your doctors. Some problems may require us to delay your surgery. These include a sore throat, a cold, a fever, dental problems, trouble urinating and some skin conditions.

The Morning of Your Surgery

- If you have questions about whether you're healthy enough to have surgery, ask your health care team.
- If you've been instructed to take medications in the morning, swallow them with only a small sip of water.
- Shower according to the instructions given to you during the Pre-Admission Testing (PAT) appointment (no lotions, powders or colognes).
- Give yourself plenty of time to arrive at the hospital.
- Free valet parking is available at most hospitals, depending on your arrival time.





At the Hospital

Presurgical Unit

When you arrive at the hospital, you'll meet with a nurse. A white hospital identification band will be placed around your wrist. If you're allergic to any medications or food, a red wristband will also be applied.

What to expect in the presurgical unit:

- You'll change into a hospital gown.
- Vital signs will be measured (temperature, heart rate, blood pressure and breathing rate). You'll also be asked to rate your pain.
- You'll have any further tests needed before surgery.
- An intravenous line (I.V.) will be started to give you fluids and antibiotics.
- Your nurse will answer any questions you may have, to make sure that you're prepared for surgery.
- You'll meet your anesthesia provider(s) to discuss your anesthesia options.
- You'll review the plan for managing your pain after surgery with your surgeon and anesthesia provider.
- If ordered by your doctor, you'll drink a liquid medication that will help you recover faster.
- If ordered, you'll receive medication to help you relax.
- You'll meet your surgical team and your surgeon will mark the surgical site.
- You'll be assigned a number which will be given to your family. There's an electronic screen in the waiting room and your family can use your number to track your progress while they wait.

If Your Hospital has a Holding Room

If your hospital has a holding room, you'll be taken there approximately one hour before surgery. Your family will be shown to the waiting area.

- If you haven't talked with an anesthesia provider, the provider will meet with you.
- Some of the activities listed in the presurgical unit section may happen in the holding room.

Keeping You Safe

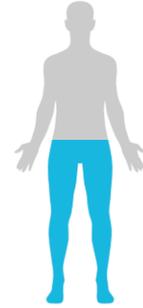
Keeping you safe is important to us. We'll often ask you to state your name and birth date and compare that information to your hospital wristband. This helps us make sure we provide you with the right treatment, tests and medications. We'll also scan a barcode on your wristband before giving you any medications.

One of our goals is to prevent the spread of infection. Your health care team will wash their hands with soap and water or use hand gel before and after each visit with you. If you're unsure if your health care provider has washed his or her hands, please ask them. Your doctor will also order antibiotics before surgery and possibly after surgery to help prevent a surgical site infection.

We want to perform the right procedure on the right patient at the right site every time. We'll ask you to be involved by identifying your surgical site and confirming the site that your surgeon marks.

About Anesthesia

Anesthesia is a type of medication that causes you to temporarily lose sensation so that you don't feel pain during surgery. The medication may also make you go to sleep. An anesthesiologist or certified registered nurse anesthetist (CRNA) will be responsible for giving you anesthesia. The doctor or nurse will evaluate your health and they'll talk with you about which type of anesthesia is best for you based on your medical and surgical condition(s) and your overall health. General and regional are the most common types of anesthesia used for surgery.

Type	How It Works	Advantages	Possible Side Effects
General Anesthesia 	These work in the brain and nervous system, take away pain during surgery and make you go to sleep. General anesthesia is given through your I.V. or by inhaling it into your lungs.	Allows patients to sleep through long surgeries	Sore throat, headache, hoarseness and nausea
Regional Anesthesia (includes spinal/epidural anesthesia) 	Causes temporary loss of sensation in a specific area of the body. Spinal/epidural anesthesia is a type of regional anesthesia. It's given by injecting medication into your lower back. Other medications, given through an I.V., usually leave you with little or no memory of surgery.	Regional anesthesia is easier on your heart and lungs than general anesthesia and has a lower risk of infection.	Minor headache lasting for a few days after surgery and some patients have problems urinating. Rarely, patients will have a headache that occurs when they stand up, and goes away when they lie down. If this happens, lie flat and call your doctor.
TAP Block	The transverse abdominis plane (TAP) block is a peripheral nerve block (also called a regional block). It works by numbing the nerves in your abdomen.	Usually, there is less nausea and patients often wake up faster after regional blocks. Regional blocks can also be used to reduce pain after surgery. Generally, they reduce pain better than narcotic pain medication given through an I.V. or into the muscle.	The side effects depend on the specific medications that are used.

Your procedure could start before or after your scheduled time. Your care team will keep you informed of any changes.



Operating Room

You may be given a medication called a block to numb you during surgery and help with pain after surgery. Your family will be updated while you're in surgery. After surgery, you'll go to the recovery room which is also known as Post-Anesthesia Care Unit, or PACU.

Recovery Room (Post-Anesthesia Care Unit – PACU)

Your nurse will frequently check your surgery site and vital signs, and ask how you're feeling. If you have pain, let the nurse know so he or she can give you medications to make you more comfortable. You'll be in the PACU for approximately an hour, or until your room is ready. We'll then take you to your patient unit. Your family will be given the room number.

Patient Unit

- When you arrive in your room, a nurse will check on you and will continue to monitor your progress throughout your stay.
- You'll continue to have an I.V. and you'll be asked to drink fluids. The I.V. will be stopped when you can drink enough to stay hydrated.
- You may have a catheter (tube) in your bladder to monitor your urine.
- Sometimes a drain is placed in the surgical site to drain extra fluid. It'll be removed when there is less drainage.
- You may have a compression device called an SCD on your legs. This device helps prevent blood clots.
- You'll be shown how to use an incentive spirometer. This device helps you take deep breaths to prevent problems with your lungs that can occur after general anesthesia.
- Tell your nurse when you have pain.
- Ask your team if you have any questions.

What Happens After Surgery

The goal after surgery is to return your bowel to normal as soon as possible. Your health care team will help you by focusing on three things:

- Eating and drinking
- Time out of bed
- Pain management

Eating and Drinking

- You'll be offered clear liquids soon after surgery. Drinking liquids right away will help your bowel recover.
- You may not be allowed to have carbonated (fizzy) drinks or drink from a straw because these can put air in your bowel and cause complications.
- You'll be encouraged to chew gum. Chewing gum can speed your bowel's return to normal.

Time Out of Bed

- We'll help you get out of bed soon after surgery to sit in a chair, stand and walk.
- Moving around will help your bowel function normally, speed up your recovery and reduce complications.
- Ask for help before getting up on your own.

Managing Your Pain

The Importance of Controlling Pain

One of the myths about pain is that it should not be treated, but experienced. However, pain offers no known benefits. If it isn't treated, pain can affect many areas of your body such as the heart, stomach and lungs. Sometimes patients try to deal with pain after surgery by taking short breaths or by holding back coughs to prevent hurting their surgery sites. These actions can cause postsurgical complications including pneumonia. Also, undertreated pain may result in increased fear, anxiety or lack of sleep. The pain caused by surgery may be severe at first but it'll ease as your body heals. Be sure to report any pain to your doctor or nurse.

As a patient, we expect you to:

- Tell us how you rate your pain before and after you receive pain medication.
 - Your nurses will ask you to rate your pain using a scale. They'll also check your level of sedation (sleepiness) and vital signs to make sure you're receiving the right doses of pain medication.
- Discuss pain relief options with your health care team to develop a pain management plan.
- Ask for pain medication when pain first begins and before any activity that might cause you pain, such as physical therapy.
- Be specific when describing your pain (throbbing, aching, shooting, cramping, etc.).
- Tell us about any worries you have about taking pain medications.



Pain Relief Options

With any surgery, recovery will not be pain free. Our goal is to *manage* your pain. Options can include narcotic pain medications which can slow the function of your organs. After surgery, your pain may be controlled using non-narcotic medicines such as acetaminophen (Tylenol) and ketorolac (Toradol). Other medications may be necessary. You and your doctor will decide if and when these are needed.

Other Pain Management Treatments

While medication may help control your pain, there are other non-medication methods that can make you more relaxed and comfortable, including:

- **Ice:** Ice can help reduce swelling and control pain after surgery. You may request an ice pack to use near the surgical area, using it 20 minutes on and 20 minutes off.
- **Exercise:** To increase blood flow and help prevent pain, swelling and blood clots, you'll be encouraged to do simple exercises such as ankle pumps (move ankles up and down and in circles in both directions). You'll walk with the physical therapy and nursing staff each day. Remember to take slow, deep breaths as you change position and get out of a bed or chair.
- **Progressive relaxation:** This involves tensing and relaxing each part of your body. After you do this, imagine a pleasant or happy scene. Or, you can tune to our hospital TV channel which features pleasant scenes and music to help with your relaxation exercise. As your muscles and mind relax, stress levels lower. This has been proven to greatly reduce pain.
- **Music:** While studies have found that medication is number one for reducing pain, music is a solid second. Music can reduce the intensity of pain and the amount of pain medication needed after surgery. Feel free to bring your favorite music with you and listen as you recover.
- **Pet therapy:** Pet therapy has been shown to increase pain tolerance, reduce stress, lower blood pressure and bring a happy and relaxed feeling to those having pain (see the hospital pet visitation policy).
- **Distraction:** Focusing on your pain alone may make the sensation more intense. Instead, try to focus on something else, such as reading or watching television.



Patient Care Plan

Below is a sample care plan that includes some of what you might expect and things you and your health care team will do in the days after surgery. Your individual care plan may vary from what's listed here.

	<div style="display: flex; align-items: center;"> → </div>				Ready for Discharge
Nutrition	No carbonated liquids, no straws. Ice chips/liquid diet working on moving to solid food diet.	Advance diet to solids. No carbonated liquids, no straws.	Solid diet. No carbonated liquids, no straws.		Diet as instructed by surgeon
Activity Goals	Up to chair at least twice if arriving to nursing floor before 5pm. If after 5pm, then up to chair once. Cough and deep breathing exercises while awake. Use incentive spirometer 10 times every hour while awake.	Up to chair or walking in halls for total of three hours. Cough and deep breathing exercises while awake. Use incentive spirometer 10 times every hour while awake.	Up to chair or walking in halls for total of four hours. Cough and deep breathing exercises while awake. Use incentive spirometer 10 times every hour while awake.	Up to chair or walking in halls for total of five hours. Cough and deep breathing exercises while awake. Use incentive spirometer 10 times every hour while awake.	Continue short frequent walks. No heavy lifting.
Medications	Pain management as ordered by surgeon (PCA, local block, I.V. or oral pain pills)	Work on transitioning pain management to oral pills	Work on transitioning pain management to oral pills	Pain pills	Pain pills as needed
Treatments/Education	Urinary catheter if needed Chew gum Care of surgery site (wound care) Watch educational videos	Urinary catheter removed if not yet done or instructed by surgeon to keep. Chew gum Wound care Watch educational videos	Chew gum Wound care Watch educational videos	Chew gum Wound care	Wound care
Discharge Planning		Meet with care team during rounds. Identify possible discharge needs. Monitor pain control, activity level, diet tolerance and return of bowel function.	Meet with care team during rounds. Identify possible discharge needs. Monitor pain control, activity level, diet tolerance and return of bowel function.	Meet with care team during rounds. Identify possible discharge needs. Monitor pain control, activity level, diet tolerance and return of bowel function.	Home or rehab facility



Visitors

The hospital is often the best place to get the rest you need to regain your strength. For this reason, please ask about the visiting hours on your unit and ask that your visitors respect them.

Discharge

Our social service and nursing team will review discharge plans daily at your bedside. Before the day of discharge, arrange for someone to drive you home. You won't be allowed to drive until you discuss it with your doctor on your first postsurgical visit.

On discharge day, your surgeon generally will see you in the morning and put orders in the computer. The nurse will start completing your discharge paperwork, and will give you educational information to take home. Please ask questions at this time. You may be referred to a registered dietitian for follow-up medical nutrition therapy. Plan to get prescriptions filled for your home medications and oral nutrition supplements, such as Ensure Enlive/Ensure Surgery Immunonutrition Shake.

Publix Pharmacy at BayCare

The Publix Pharmacy is open at select BayCare hospitals. Services include:

- **Bedside delivery:** We can fill and deliver prescriptions to your room, so you'll have everything you need to return home quickly. Call your pharmacy (listed below) to order your bedside medications.
- **Free medications:** A 14-day supply of select antibiotics and up to 90-day treatments for allergies, asthma, high blood pressure and diabetes, for as long as your doctor prescribes*
- **Sync your refills:** We can align all your medication refills to be ready at the same time for one convenient pick up at the Publix Pharmacy of your choice.
- **Publix Pharmacy online:** Manage your prescription online - receive text alerts when it's time to order refills or when your prescription is ready for pick up. To get started, visit RX.Publix.com.

Locations

Mease Countryside Hospital
1840 Mease Drive, Suite 100
Safety Harbor, FL 34695
(727) 499-0085
Monday-Friday, 8am-7pm

St. Anthony's Hospital
620 10th St. N., Suite 101
St. Petersburg, FL 33705
(727) 502-4144
Monday-Friday, 9am-7pm

Morton Plant Hospital
300 Pinellas St.
Clearwater, FL 33756
(727) 462-3311
Monday-Friday, 8am-8pm

St. Joseph's Hospital
3001 W. Dr. Martin Luther King Jr. Blvd.
Tampa, FL 33607
(813) 357-0630
Monday-Friday, 8am-8pm

*Certain restrictions apply. See pharmacy for details.

*The first few days
after surgery, you'll be
busy with activities
from your care plan.
Your health care team
will balance these
activities with your
need for rest.*



Chapter Four | At Home

Your doctor will decide when you can go home, using these guidelines:

- Whether you can tolerate the diet your health care providers have recommended
- Your ability to pass gas or have bowel movements
- Your ability to move around at an appropriate level
- Whether your pain can be controlled with oral medicines (pain pills)

Getting Back to Normal

Depending on your surgery, even mild activity can make you tired in the first few weeks or months. After a few months, you should feel normal.

Going home is not the end of your recovery.

- Continue to take your pain medicines as your doctor orders.
- Follow the diet and drink the nutrition supplement that your surgeon recommended at discharge.
- Try to spend most of the day out of bed, either walking or sitting in a chair.
- Stay active. You can walk, climb stairs, shower and bathe soon after surgery. Avoid hard exercise and heavy lifting in the first several months.
- Don't drive until your doctor says you can.
- Make sure you go to your follow-up appointment.

When to Call Your Surgeon

Your health care team will review all of the following signs and symptoms with you. Call your surgeon if you have any of these:

- Increasing abdominal pain or bloating
- Nausea or vomiting lasting more than four hours
- Temperature over 101°F
- Shortness of breath
- Chest pain
- Diarrhea lasting more than 24 hours
- Shaking or chills
- Redness or drainage from your surgery site

A Final Note

Following the instructions in this book will help you heal as quickly and fully as possible. If you have questions, ask your doctor or nurse. They'll be happy to talk with you.





Fold and tear along perforation.

Chapter Five | Forms and Information

Preoperative Discharge Planning Form

Name: _____

Education class date: _____

Surgeon: _____

Anticipated surgery date: _____

Your preferred contact phone number: (____) _____

Living Situation

Where will you go after discharge from the hospital?

Your home Family member's home Friend's home

Other: _____

Do you (or will you) have a caregiver or support person who'll help you at home?

Yes No

What is their relationship to you? _____

Will you and your caregiver/support person be staying in the same home during your recuperation? Yes No

Do you care for someone at home (adult, child or pet)? _____

Caregiver/support person name and contact information:

Name: _____

Preferred telephone number: (____) _____

Thinking about where you'll go when you're discharged from the hospital, how many hours each day might you find yourself at home alone or home with someone who might not be able to assist you with personal and/or health care needs?

Thinking about where you'll go when you are discharged from the hospital:

Are there stairs leading into/out of the home? Yes No

Are there stairs leading to the area where you'll sleep? Yes No

What's the height of your bed (top of mattress to floor)? _____

Questions or other related information you'd like to share:

After discharge, you'll need someone to assist you with personal and health care needs. The following questions will assist the Care Coordination team in planning for your discharge.

Fold and tear along perforation.

DESIGNATION OF HEALTH CARE SURROGATE

I, (NAME) _____, want to choose how I will be treated by my health care team.

INSTRUCTIONS FOR MY HEALTH CARE SURROGATE:

If I am unable to communicate or make my medical decisions, my health care surrogate (HCS) will:

- Talk to my health care team and have access to my medical information
• Authorize my treatment or have treatment stopped based on my choices and values
• Authorize transportation to another facility if needed
• Make decisions about organ/tissue donation based on my choices
• Apply for public benefits, such as Medicare/Medicaid, on my behalf
• Ensure my comfort and management of my pain
• Involve palliative care as a way to ensure my comfort
• Honor my written or oral wishes for end-of-life as designated in my living will

My health care surrogate's authority only begins when my doctor decides that I am unable to make my own health care decisions, UNLESS I initial either or both of the following boxes:

[] My health care surrogate can receive my health information immediately.

[] My health care surrogate can make health care decisions immediately.

If I am able to make decisions and disagree with any choices made by my health care surrogate, MY choices will be honored.

I designate as my health care surrogate:

Name: _____

Address: _____

Phone: _____

If my health care surrogate is not willing, able or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

Alternate surrogate:

Name: _____

Address: _____

Phone: _____

(signatures on next page)

Other instructions: _____

Barcode area with text: ADVANCE DIRECTIVE BC 2934A Page 1 of 2 Rev. 7/17 and PATIENT



[BayCare.org](https://www.baycare.org)

