

<b>Patient Name</b>	
<b>Person Contacted</b> (if other than patient)	Name and relationship to patient: or Care facility and staff member name:
<b>ASK:</b> Have you had any issues since discharge?	
<b>ASK:</b> Do you have any issues with DME or home healthcare services?	
<b>ASK:</b> Are you tracking your intake and ostomy output? How is your liquid intake compared to ostomy output?	
<b>REMINDE:</b> Importance of tracking intake/output to avoid dehydration and stay out of the hospital.	
<b>REMINDE:</b> Contact numbers for assistance, including after-hours contact: 801-587-7000	
<b>FUNCTIONAL ASSESSMENT (as applicable)</b>	
Wound appearance	
Dressing changes	
Surgical drain/ostomy care	
Pain management	
Sleep	
Activity level/adherence	
PICC or central line care	
<b>ASK:</b> Is there anything you have trouble doing?	
<b>ASK:</b> How are you doing with your diet?	
<b>ASK:</b> When was your last BM? Are you taking anything to help you have a BM?	
Other topics discussed:	
<b>MEDICATIONS (focus on cardiac meds, blood thinners, antibiotics, steroids, chemotherapies, rescue meds)</b>	
Names, quantities, and schedules	
<b>ASK:</b> Do you have any questions about your medications?	
<b>FOLLOW-UP APPOINTMENT</b>	
<b>ASK:</b> May I help you make your follow-up appointments?	
<b>Ostomy nurse</b>	Appointment day and time:
<b>Surgeon</b>	Appointment day and time: