Methodist Healthcare

Place Patient Sticker Here

Pneumonia Discharge Instructions Sheet

Date: _____ Time: _____ Discharged to: _____

Discharge Checklist

[ ] Smoking Cessation Teaching Sheet: Provided copy and reviewed with patient. [ ] N/A

[ ] Verified documentation of screening for pneumococcal and influenza vaccines and vaccinated if indicated.

[ ] Pneumonia Discharge Instructions Sheet signed and added to chart.

[ ] Taught how to safely throw away pills and supplies that the doctor wishes no longer to be taken or used.

[ ] Finish all medication. Do not stop taking medications prescribed without first speaking with your physician.

[ ] _____

[ ] _____

Discharge Medications

Drug	Why	Dose	Times/Day	Comments
[ ]				
[ ]				
[ ]				
[ ]				
[ ]				
[ ]				
[ ]				

Activities of Daily Living

[ ] Diet: _____

[ ] Call Dr. _____ (Phone #) _____

1. If your breathing is getting worse.
2. If you have chest pain that is getting worse.
3. If you can not get your prescription(s) filled.
4. If you have a fever of 101° or higher.
5. If you get a new rash while taking the antibiotic.
6. If you can not swallow or keep down the antibiotics.

[ ] Activity: _____

[ ] You may return to work: _____

Home Care

Treatment: Every hour while you are awake, breathe deeply, cough 3-4 times, and spit out any mucous from your lungs into a tissue. Throw the tissue in the trash and then wash your hands.

Follow up care: Call Dr. _____ today (Phone #) _____ and make an office appointment in _____ days.

*I have all of my personal belongings in my possession (with me). I have read and understand everything above.

_____ Signature of patient/Significant Other

_____ Signature of Discharge Nurse/Title

_____ Relationship to Patient if Significant Other

_____ Date