Pneumonia Discharge Instructions Sheet

Date: _________  Time: _________  Discharged to: _______________________________________________

[ ] 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.

Drug | Why | Dose | Times/Day | Comments
-----|-----|------|-----------|----------

Diet: ____________________________________________________________________________________________

Call Dr. ___________________________________________ (Phone #) ______________________________________

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

Activity: ____________________________________________________________________________________________

[ ] You may return to work: ________________________________________________________________

**Treatment:** Every hour while you are awake, breathe deeply, cough 3-4 times, and spit out any mucus 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

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