Thanks for Joining
the Campaign
for Safe & Sound
Hospital Care!

Keep CampaignZERO checklists at your fingertips for times when a friend or family member is in the hospital and needs your help. Every patient should have someone with them 24/7 and you want to be prepared.

if you are the patient, make sure your loved ones have CampaignZERO checklists, too, so they’ll know how to support your hospital care.

Feel free to share CampaignZERO checklists with the nurses and doctors caring for your loved one (or you!) — no doubt they will have even more ideas for ways family and friends can help.

In every hospital — no matter how sparkling clean or modern — everyone needs to be especially careful about cleaning away germs, which are invisible. Please do everything you can to follow the CampaignZERO checklists to prevent infection.

Go to www.CampaignZERO.org for a quick video on good hand washing tips and other information to help you “zero out” harmful germs in the hospital.

At www.CampaignZERO.org, take a peek at our handbook, Safe & Sound in the Hospital: Must-Have Checklists and Tools for Your Loved One’s Care. This handy guide offers pages for taking notes, and helping you to keep track of doctors, test results, medicines, and many other important details for your loved one’s care.

Little known fact — about 20% of patients end up back in the hospital in a month, so Safe & Sound in the Hospital has checklists to help support a “safe & sound” recovery at home. See more at www.SafeAndSoundBooks.com.

Many thanks for joining CampaignZERO, Families for Patient Safety. We appreciate you!

Warm regards,

Karen Curtiss
Founder, CampaignZERO, Families for Patient Safety
Tips for Supporting Your Loved One’s Care in the Hospital

☐ Create a special Hospital Care Notebook or purchase Safe & Sound in the Hospital: Must-Have Checklists and Tools for Your Loved One’s Care (www.SafeAndSoundBooks.com or on Amazon.com.)

☐ Use this Notebook to take lots of notes and keep track of papers, for example ...
  - CampaignZERO checklists you’ve downloaded from this site
  - Names, contact information and roles of all Care Givers
  - Drugs given to your loved one in the hospital
  - Tests ordered (type of test, for what?, by whom?, when given?, results expected?)
  - Test results
  - Questions and concerns your loved one (and you) have
  - Answers to questions. (Don’t be shy. It’s OK to ask questions until everything is crystal clear.)
  - All papers the hospital gives you and your loved one
  - All discharge instructions and follow-up doctors’ appointments

☐ Bring important papers to the hospital:
  - Medical Power of Attorney and Advanced Care Directives
  - A list of all the prescription drugs, drugstore medicines, vitamins and herbs your loved one has taken in the past 3 months.
  (Note: If your loved one has not completed these documents, you can help download them from free websites and perhaps, work with your loved one to fill them out.)

☐ Plan to stay with your loved one 24/7 while in the hospital. Find friends and family members to pitch in and cover times when you can’t be there. Be sure to leave your Hospital Care Notebook in the room so they can get “up to speed” — and take notes themselves. Share all CampaignZERO checklists too.

☐ Encourage conversation between care givers and your loved one. Help your loved one feel confident and motivated by learning “why?” from them. For example, after surgery, patients are asked to walk as soon as possible. When patients know why walking is so good for healing, they’re more eager to do it. Look for explanations of health benefits for other difficult things your loved one may be asked to do.

☐ Get a nurse if an alarm goes off.

☐ Get a nurse of anything about your loved one “just doesn’t seem right.” Trust your gut!
  - If you ever feel no one is paying attention to your concerns, ask to speak to a nursing supervisor or the CNO.
    If you’re still worried, you can also call the hospital operator and ask for a “Rapid Response Team.”

☐ Ask caregivers at every shift change to introduce themselves to your loved one. Write their names down in plain view for your loved one (most rooms have white boards for this).
  - Ask nurses and doctors to go over their care notes at shift change in your loved one’s room. Speak up if you hear any that are incorrect or if information is missing. Make sure their notes get corrected.

Continued...
**Tips for Supporting Your Loved One’s Care in the Hospital:**

- **Keep the hospital room neat and orderly.** Clutter creates hazards.

- **Manage visitors** to help make sure your loved one does not get tired out.
  - *(If your loved one has a roommate, be especially considerate in managing visits and noise level.)*
  - **Ask visitors to wash their hands to prevent infection -- remind as needed!**
  - **Point out any glove and gown procedures for your loved one. Make sure everyone follows these -- even if it’s uncomfortable. They protect visitors too.**

- **Be helpful.** Perform random acts of kindness to support the nurses. If able-bodied, help make your loved one’s bed. Go to the ice machine yourself. Ask if you can get the extra blankets your loved one needs.

- **Show appreciation** to your loved one’s care team with a simple, frequent “Thank you.” Write a note to the hospital President about a nurse, doctor or other staff member has been especially caring or helpful.
Help Your Loved One Get Good Information: Find the Best Surgeon and Hospital

☐ Try to go to all doctor visits with your loved one. Bring a list of questions and concerns. Take notes, or ask if it’s OK to use a tape recorder, to capture all information from the doctor so your loved one can go over it later.
  ▪ Ask: What are some alternatives to surgery?
  ▪ For every diagnosis, ask: What else could it be?

☐ Urge your loved one to get a 2nd opinion — maybe even a 3rd opinion.
  ▪ Do: Dig for even more information on the Internet at reliable sites, sponsored by the government or well-established health care associations.
  ▪ Note: Internet information and other research — or advice from friends — does not take the place of seeing doctors!

☐ Urge your loved one to talk to surgeons who have done “thousands” of the planned surgery, not “hundreds.” (This may mean traveling to a different city if affordable.)

☐ If surgery is necessary — and not an emergency — urge your loved one to schedule it on Tuesday, Wednesday or Thursday. If possible, avoid July, August, and major holiday weeks.
  ▪ Schedule surgery for when the surgeon will be working and available to your loved one for several days afterward. (It’s OK to ask, “Planning a vacation?”)

☐ Help make sure your loved one brings all the surgery checklists in this book to doctor visits. Go over them together. Ask for the surgeon’s ideas (page 18). You’re all on the same team now! (If the surgeon resists or objects to these basic safety checklists, consider finding another.)

☐ If the surgeon works at different hospitals, help your loved one find out which hospital has the best record for infection.

☐ Urge your loved one to talk to the surgeon about a screening MRSA test — a quick swab inside the nose. (No need to be alarmed — it’s a helpful test so the hospital will know to take some special steps if your loved one happens to carry this germ.)

☐ Ask the surgeon to explain the risks for surgery if your loved one smokes or is a heavy drinker. (Maybe advice for stopping or cutting back too?)

☐ Ask for the doctor’s advice about diet and exercise to prepare for surgery.
Help Your Loved One Prepare for Surgery

☐ For 2 to 3 days before surgery, remind your loved one to shower with antibacterial hair and body soap, with a final shower just before going to the hospital. (Chlorohexidine soap is available at most drugstores — it’s effective.)

☐ Help fill out a name tag for your loved one’s gown. Examples of other details to include: hard of hearing, diabetic, low/high blood pressure, cancer survivor, injured spinal cord, MRSA carrier.

☐ If your loved one is having surgery on a “twin organ” (like kidneys and lungs), or on an arm or leg, help avoid confusion over which side requires surgery.
  - Put a large piece of duct tape (or masking tape) over the side that should NOT be cut. **Write a big, bold "NO!" on this tape for the side that should not be touched by the surgeon.**
  - **Note:** Some suggest that this type of note should be written on the skin, but — for a lot of good reasons — that’s not the safest thing to do.

☐ Keep your loved one warm. In cold weather, warm up the car first. Make sure hair is dry. Bring an extra sweater or other soft, warm clothing. (Hospitals have some very chilly areas.)

☐ Fill out a medication record with your loved one. **Bring the medication record to the hospital with all of your loved one’s current medications in a baggie.**

☐ Be prepared to stay with your loved one 24/7 while hospitalized.
  - It’s OK to ask for help — organize “shifts” with other family members and friends.

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Please Remember to Double-Check...

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OTHER SPECIAL INFO:

PRINT PATIENT’S NAME ABOVE

PLEASE RE stares MY ANTIBIOTIC
© PartnerHealth www.partnerhealth.com

include this info on a sticker
What to Do at the Hospital on the Day of Surgery

☐ The surgeon and nurses will find you to “touch base” before surgery starts.  
(If not, ask a nurse to help you find them.)

☐ During this pre-surgery conversation with the doctor, go over these details to confirm:
   - Your loved one’s name
   - Procedure
   - Allergies
   - Location (ask for it to be marked)
   - Current medications
   - Any other information your loved one put on the gown label
   - Any other information the surgeon feels is important
   - How long the surgery will take
   - If you can expect updates during the surgery, or not
     *Note: if you and your loved one used a “duct tape note” tell the surgeon to look for it!*

☐ Go over the safe surgery steps below to confirm the surgical team will:
   - Take a “Time Out” or “Huddle” just before the surgery.
   - Introduce team members to each other.
   - Share all the details we just confirmed with the team.
   - Use a surgical checklist.
   - Clip (not shave) hair that may need to be removed.
   - Give an antibiotic on time. (Who is responsible? What time?)
   - Review your loved one’s medications, allergies and any other special conditions
     (shown on your loved one’s name tag too).
   - Keep your loved one warm.
   - Provide additional oxygen.

You may be scratching your head right now, wondering “What is a ‘time-out’?.... “What’s wrong with having surgery on a Friday — or over the Thanksgiving holiday?” Unfortunately, this book wouldn’t be quite so handy to use if we filled it full of all the “Why’s” for these suggestions (and many more to come!) You can find lots more info, however, about the topics covered in our new book at www.SafeAndSoundBooks.com. We hope you’ll visit! Before you do, please browse and download all the pages you need while at CampaignZERO.org— It’s all free and it’s all there for everyone to share.
Help Your Loved One Recover from Surgery

- Wait in the hospital during surgery and sit beside your loved one in the recovery area.
- **Follow the CampaignZERO checklists to help prevent infection, blood clots, bedsores and other conditions.**
- Make sure your loved one is **warm**.
- Make sure your loved one gets **oxygen**. (Politely insist if necessary.)
- Read the Discharge section in this book and **begin planning for care at home.**
- Follow up on whether **post-surgery antibiotics** are given.
- **Ask the surgeon: Were there complications during surgery? If so, what were they?** Examples include unexpected blood loss or changes in the original surgery plan.
- **Ask that a copy of the surgery notes be sent to your loved one’s home.**

**During Your Loved One’s Recovery from Surgery, Get a Nurse if:**

- A monitor alarm goes off
  - Your loved one shows signs of (or tells you about):
    - **Chills, shivering, body aches**
    - **Headaches, confusion**
    - **Unusual or extreme pain**
    - **Oozing, pus**
    - **Extreme redness where cuts were made for surgery**
Help Prevent Infection

Germs are everywhere in the hospital — even on clothing. Hospital infections are common because patients’ immune systems are low and germs are especially strong in hospitals. In fact, they’re called “Superbugs.” Every patient in the hospital is at risk for infection.

Conditions that put patients at risk: (any of these):

Even the tiniest opening in your loved one’s skin can be an open door for infection.

- Always wash your hands with warm soap and water, or an alcohol gel, as soon as you enter the room, before you touch your loved one. This goes for visitors too.
- Always wash your loved one’s hands and nails before eating.
- When a central line is inserted, ask: “Are you using a central line bundle?”
- Watch to make sure that nurses and doctors always:
  - Wash their hands thoroughly before touching your loved one
  - Use sterile instruments and supplies
  - Sterilize the skin
  - Choose the safest spot
    Ask, “Why?” if groin is chosen
  - Use a clean sheet to drape your loved one’s body
  - Wear a mask
  - Cover the area with sterile pad When skin is broken for blood draws or IV lines, most steps will be the same—be sure to watch for clean hands and clean instruments.

- If anyone forgets to wash their hands, politely remind them — even doctors and nurses.
  - Beware! Gloves protect your loved one only if put on with clean hands!
  - Insist others wash their hands and sterilize instruments in your loved one’s room so you’ll know everything is germ-free.

Watch these areas like a hawk. Make sure everyone and everything that touches your loved one is 100% germ-free AND any openings in the skin are kept covered at all times.

- Central line
- IV lines go here

Central line can go in the groin, but it’s not the safest place

(*** shows example surgery sites)

Get a Nurse if:

You see any changes where there have been breaks in the skin (surgery site, central line, IV line)
- Tenderness
- Oozing, pus
- Extreme redness

You see any changes in skin — for example:
- Breaks in the skin or a skin rash
- Bumps or spots that look like boils, pimples or bug bites

Your loved one shows signs of (or tells you about):
- Chills, shivering
- Headache
- Body aches
- Confusion
- Diarrhea
- Cramps
- Extreme pain
- Nausea
- No appetite
- Fast breathing
- Low blood pressure
- Fast heart beat

More You Can Do to Prevent Infection

- Ask where you can find alcohol gel for your loved one’s tray table.
- Ask where you can find alcohol wipes* and bleach wipes** to “detail” these items when your loved one first arrives and after every touch/contact:
  - TV remote
  - Telephone
  - IV pole
  - Call buttons
  - Bedside chair
  - Bed rails
  - Bedside tables
  - Toilet handle
  - Personal items, such as: cell phone, iPod, laptop, pens, glasses and case
  - Wheelchairs (especially backs & arms)
  - Thermometers
  - Spirometers
  - Inhalers
  - Nasal canulas

- Make sure these instruments are sterilized or sterile covers are used: *(If you don’t know what any of these are, just ask.)

- Make sure visitors wash hands before and after touching your loved one.

* Alcohol kills “staph” bugs which cause MRSA, VRE and CRKP infections. **Bleach kills C. diff germs.
Help Prevent Blood Clots

Blood clots can form in the deep veins of legs and arms. Sometimes, a piece of the clot breaks off and travels to the lung, which is called an embolism. Blood clots and embolisms are serious.

Conditions that put patients at risk:
Surgery (stomach, hip, and knee, especially), family history of clotting, diabetes, smoking, birth control pills, hormone replacement, obesity, spinal cord injury, multiple major traumas, lack of exercise

☐ Tell doctors and nurses you’re concerned about blood clots.
☐ Make sure your loved one has:
  - Special stockings, boots or arm bands that pulse
  - Regular and frequent walks — if able and allowed by your loved one’s doctor
  - Prescription for a blood thinner
    To be on the safe side, be sure the doctor is aware of other medications your loved one is taking— plus any prior bad reactions to medications
☐ Watch for signs of blood clots for at least one month after your loved one leaves the hospital.
  - Remember that blood clots can form even if your loved one feels 100% “back-to-normal” in other ways.
☐ Encourage walks and exercise after your loved one leaves the hospital (if OK’d by doctor).

Get a Nurse if:
Your loved one shows signs of (or tells you about):
  - Swelling in a leg or arm
  - Pain or a burning feeling in a leg or arm
  - Shortness of breath, difficulty breathing

Special Note: If your loved one is on pain medication, or on a breathing machine, you need to be especially watchful because the senses are dulled.
Help Prevent Painful Bed Sores

Bed sores are pits or breaks in the skin in areas that don’t get much blood flow (bony areas) or where sweat collects (folds of skin). Bed sores are much easier to prevent than to heal. They can also be a dangerous tunnel for infection.

Conditions that put patients at risk:

- Thin skin, stroke, diabetes, cancer treatment, lung conditions, spinal cord injury, bed/chair-bound, poor circulation, very thin/overweight, age 65 and older
- Help make sure your loved one changes positions and uses the bathroom every two hours, even more often if your loved one can manage it. (It helps to set a timer.)
- Ask for an alternating air pressure mattress and a medical sheepskin pad (or some other type of pad to absorb moisture).
- Make sure there is a cushion between ankles and knees, for elbows, and back of head.
- If the hospital gown or sheets become wet, get help to change them as soon as possible. (If you are able-bodied, help change the sheets.)
- Take care to help make sure that nothing rubs or scratches your loved one’s skin — ask nurses about barrier cream for the fragile skin areas.
- Ask the attending doctor about “upping” the protein in your loved one’s diet. Ask if it’s OK for you to bring in high-protein snacks, drinks or food.
- It’s OK to ask for the hospital wound specialist if you have any concerns. Remember, bed sores are much easier to prevent than to heal.

Help make sure nurses check your loved one’s skin everyday

If ok with your loved one, check his or her skin daily — or even more often.

This is Where Nurses Look:

- The bony areas (see blue dots):
  - back of head
  - behind ears
  - elbows
  - hip bones
  - tailbone
  - “sit” bones
  - knees
  - heels
- Areas where sweat collects:
  - between buttocks
  - between folds of fat
  - under breasts

This is What Nurses Look For:

- Any breaks or scrapes in the skin
- Abnormally white patches of skin (especially on bony areas)
- Pinkness, redness or swelling in the skin that doesn’t go away in minutes
- Areas of skin that are extra-warm

If you or the nurses see any of these skin problems, your loved one is in danger of developing a bed sore!

- As your loved one’s Care Partner, YOU are the most likely person to catch a bed sore before it breaks through.
- If you are able, position your loved one so no pressure is put on the abnormal areas of skin for the next 24 to 48 hours, or until the skin is back to normal.
- It’s up to you to stay on top of protecting fragile skin from pressure and friction.
- Don’t be shy about getting help from nurses.
Help Prevent Pneumonia from a Ventilator (Breathing Machine)

Patients who need a machine to help them breathe can get a lung infection (pneumonia) if germs get into the breathing tube. (This infection is also called VAP, for Ventilator Associated Pneumonia.)

Conditions that put patients at risk:
Ventilator for breathing, lung disease, age 65 and older

☐ Ask about the sterile steps used to put the breathing tube into your loved one.

☐ Ask for a daily check of your loved one’s ability to breathe without machine help.

☐ Help make sure your loved one’s back and head are always at least at a 30 degree angle.
  - If your loved one slumps, tell a nurse right away.
  - If you are able-bodied, ask if you can help position your loved one to sit up straighter.
  - Be on the lookout for bed sores on your loved one’s tailbone and “sit bones.”
    You can find a Prevent Bed Sores Checklist at CampaignZERO.org

☐ Ask about medicines to help prevent your loved one from getting stomach sores (sometimes caused from the breathing tube).

☐ Ask about care for your loved one’s teeth, gums and tongue every four hours to kill germs that could go from mouth to lungs. Make sure these are used every time:
  - A toothbrush with soft bristles and 1.5% peroxide toothpaste
  - A vacuum tool to pull germs and waste from the mouth
  - A chlorhexidine rinse (It tastes bad — but it works!)

Get a Nurse if:

You see signs of (or your loved one tells you about):

- Fever, chills, shivering, body aches, headaches, confusion
- White patches or sores in your loved one’s mouth or on the lips
- Cough with phlegm (can be yellow or green)
- Your loved one needs suctioning more and more often
- Need for higher settings on the breathing machine

You see:

- The tube coming loose
- Water drops inside the tube

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Help Prevent a Urinary Tract Infection (UTI)*

A urinary tract infection (UTI) can develop when germs enter the body through a plastic tube used to drain urine. The bladder, kidneys and urethra can all be infected. (*This infection is also called a CAUTI for Catheter Associated Urinary Tract Infection.)

**Conditions that put patients at risk:**

Plastic tube and bag system for urine collection (called a “Foley” catheter)

- Every day, ask if the Foley catheter can be removed.
- When no longer needed, ask the doctor for a written order to take it out.
  - If not taken out as ordered, **politely remind** at every shift change until the tube and bag are removed from your loved one’s body.
- Ask about the cleaning plan (daily is ideal).
- To prevent urine from going back into your loved one’s body, keep an eye on the tube for kinks and tangles, and straighten them.
  - Make sure the urine bag hangs below your loved one’s stomach area so urine can’t back up the tube.

**Get a Nurse if:**

You see signs of (or your loved one tells you about):

- Chills, shivering, body aches, headaches, confusion
- Pain or a burning feeling in the lower stomach area
- Lower back pain
- Blood in urine bag

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Here are just a few of the easy-to-follow checklists you’ll find in *Safe & Sound in the Hospital*...

- Small ways to make a big difference in surgery results
- Simple words and action steps to prevent deadly infections
- Signs a patient is “going downhill” — and what to do
- When to call “911” in the hospital — and what to say
- What you need to do when an alarm rings
- Common-sense ways to prevent common falls in hospitals
- How to prevent pneumonia with the right mouth rinse and the right mattress angle
- What you must say and do at every shift change
- How to cut risks for getting the wrong medicine or the wrong dose
- Common problems after discharge — and how to help prevent them
- How to help avoid another hospital stay

“If I had this book when my father was in the hospital, he'd be alive today.

*Safe & Sound in the Hospital* gives you 100's of secrets to hospital care that I wish I'd known.”

— Karen Curtiss, Author, *Safe & Sound in the Hospital*

“The checklists in this book helped me focus on what I could do to make a difference in my sister’s care.” — Liz L.

“I went through the book while I waited during my husband’s bypass surgery. It helped me feel more comfortable talking to the nurses.” — Lisa M.

“Without *Safe & Sound in the Hospital*, I would not have known how to make sure my husband didn’t end up back at the rehab center!” — Jan K.

*Safe & Sound in the Hospital* is the book you need before you need a hospital.

Order online at [CampaignZERO.org](http://CampaignZERO.org) or [Amazon.com](http://Amazon.com)

$19.95