



Yo r regular medica ion and if and then o ho ld op aking hem.

When o need o op ea ing or drinking.

If o ho ld be on a peci c die in he da or eek leading p o he rger .

Remo ing nail poli h and make p. Yo r nail ho ho m cho gen o are ge ing, and o r kin ho ho ell o r blood i circ la ing.

Wha de ice ori em o need o bring i h o for o r rger , cha a alker. Be re o lea e je elr and o her al able a home.

Yo r op ion regarding ane he ia or eda ion.

Yo r pain con rol plan.

Doc men a ing o r ad ance direc i e and naming o r heal h care pro .

O her q e ion o ha e.

**Tip:**  Take o o and from he ho pi al or rger facili .

Be i h o a he ho pi al or rger facili .

Comm nica e o r pa ien direc i e o he care aff hen o canno .

Remind o o a k q e ion hich help en re o are ge ing he be care po ible.

**Tip:**               



Yo r name and o her informa ion ha can help aff make re o are recei ing he righ care.

The pe of rger o are ha ing and he e ac loca ion on o r bod .

An implan or de ice o ma ha e a are l of he rger .

Con rma ion ha o poke o o r doc or abo an rik in ol ed, differen care plan a ilable o o , and o r po - rger care plan.

Yo r agreemen o ha e he rger .

**Tip:**                                                      