



Action Plan When Discharged from Hospital

Symptoms responsible for my admission to hospital:

Action Plan

Inhalers: _____

Oxygen: _____

Antibiotic: _____

Steroids: _____

Medications: _____

Diet: _____

My care plan at discharge consists of the following services:

Nursing: _____ 1st Visit: _____

Respiratory Therapist: _____ 1st Visit: _____

Physiotherapist: _____ 1st Visit: _____

Personal Support Worker: _____ 1st Visit: _____

Occupational Therapist: _____ 1st Visit: _____

If I am going to be away for any of the above visits, I will call St. Joseph's Homecare at: 905-522-2324 (Hamilton local) or 1-877-611-0669.

My ICC Coordinator's name is: _____

