



Care Guidebook

A GUIDE TO YOUR STAY AT
COVENANT HEALTH MORRISTOWN-HAMBLLEN



TV Channel Guide

10.1	LOCAL GUIDE	31.3	AMC	40.2	BET	49.1	FOX SPORTS 1	57.3	DISCOVERY LIFE
11.1	WATE ABC	32.1	DISCOVERY	40.3	OVATION TV	49.2	FOX SPORTS 2	58.1	BET HER
11.2	WATE 2 GETTV	32.2	HISTORY	41.1	CNN	49.3	MOTORTREND	58.2	TV ONE
11.6	WVLT CBS	32.3	FX	41.2	FOX NEWS	50.1	TCM	58.3	BBC WORLD NEWS
12.1	WTNZ FOX	33.1	BBC AMERICA	41.3	MSNBC	50.2	HSN	59.1	NICKTOONS
12.2	WTNZ 2 BOUNCE TV	33.2	SYFY	42.1	HLN	50.3	EWTN	59.2	TEENNICK
12.6	WBIR NBC	33.3	TRU TV	42.2	CNBC	51.1	SHOP HQ	60.1	MTV LIVE
13.1	WBXX CW	34.1	COMEDY CENTRAL	42.3	FOX BUSINESS NTWK	51.2	QVC	60.2	REVOLT
13.6	WKOP PBS	34.2	PARAMOUNT	43.1	BLOOMBERG	51.3	CNN EN ESPANO	60.3	FUSE
13.7	WKOP 2 PBS WORLD	34.3	VH1	43.2	WEATHER CHANNEL	52.1	NEWS NATION	61.1	INSP
23.1	ION	35.1	MTV	43.3	C-SPAN	52.2	MTV2	61.2	SUNDANCETV
23.2	WBIR 2 ME TV	35.2	TV LAND	44.1	DISNEY CHANNEL	52.3	MTV CLASSIC ROCK	62.2	LMN
23.3	WVLT 2 MY TV	36.1	HALLMARK CHANNEL	44.2	BOOMERANG	53.3	UP	62.3	IFC
24.3	TELEMUNDO	36.2	NATIONAL GEOGRAPHIC	45.1	UNIVERSAL KIDS	53.3	RFD-TV	63.1	HALLMARK MOVIES
25.1	UNIMAS	36.3	ANIMAL PLANET	45.2	NICK JR	54.1	VICELAND	63.2	BET SOUL
25.2	UNIVISION	37.1	SCIENCE	45.3	NICKELODEON	54.2	FYI	63.3	PAC-12 NETWORK
25.3	DAYSTAR	37.2	AHC	46.1	CARTOON NTWK	54.3	DESTINATION AMERICA	64.1	BYU TV
26.1	TBN	37.3	HGTV	46.2	DISCOVERY FAMILY	55.1	INVESTIGATION DISCOVERY	64.3	IMPACT NETWORK
28.1	BALLY SPORTS S.	38.1	FOOD NETWORK	46.3	CMT	55.2	ACCUWEATHER	65.1	MAGNOLIA NETWORK
28.2	BALLY SPORTS SE	38.2	TRAVEL CHANNEL	47.1	GAC FAMILY	55.3	COOKING CHANNEL	65.2	MTVU
30.1	DELUXE GUIDE 1	38.3	TLC	47.2	ESPN	56.1	OXYGEN	65.3	NEWSMAX TV
30.2	USA NETWORK	39.1	BRAVO	47.3	ESPN2	56.2	WE TV	66.1	BIG TEN/BTN
30.3	AE	39.2	E!	48.1	DELUXE GUIDE 2	56.3	POP	66.2	ACC NETWORK
31.1	TNT	39.3	LIFETIME	48.2	THURSDAY NGT FOOTBALL	57.1	GAME SHOW NTWK	85.1-87.1	PATIENT EDUCATION
31.2	TBS	40.1	OWN	48.3	SEC NETWORK	57.2	LOGO	115-117	MUSIC CHANNELS

WiFi Access:

Network: Covenantguest

Password: covenant

MorristownHamblen.com



Table of Contents

1	Visitors
1	Cafeteria
1	Ordering Your Meal
2	Gift Shop
2	What To Expect
4	MyCovenantHealth Patient Portal
5	Language Assistance
6	Patient Rights And Responsibilities
8	Outpatient, Observation, and Inpatient Status
8	Rapid Response Team
9	Pain Management
10	Falls Prevention
11	Pressure Injuries
12	Infection Prevention
13	Preventing Hospital-Acquired Infections
15	Virus vs Bacteria Checklist
16	Antibiotic Facts
18	Medication Side Effects
20	Discharge Planning
22	Going Home
23	Important Phone Numbers
24	Notes

We want your stay with us to be excellent.

Morristown-Hamblen Healthcare System is part of Covenant Health, the region's top performing healthcare network. Each of our more than 11,000 employees, physicians, and volunteers are unified by one covenant: to put our patients first every day, to strive for excellence in everything we do, and to make Covenant Health the first and best choice in our region. Thank you for choosing Morristown-Hamblen Healthcare System and Covenant Health.

VISITORS

Visitors are generally welcome in patient rooms on inpatient units, depending on the patient's preference. However, in specialized areas such as the Emergency Department, Critical Care, Surgery, and Obstetrics, visitation is typically limited to no more than two visitors per patient at a time, based on the specific circumstances.

Children under the age of 12 are allowed to visit only if accompanied by an adult who is not the patient and is responsible for supervising the child. These children must not be left unattended anywhere on hospital property and are not permitted to stay overnight in patient rooms.

One family member or significant other may stay overnight with a patient. For pediatric patients under the age of 18, it is recommended that a parent or responsible adult remain with the child during their hospital stay.

Visitors showing signs of illness—such as a cold, cough, or fever—may be asked not to visit to protect patient health. The hospital also reserves the right to restrict visitation at any time if a visitor's presence compromises the safety, rights, or therapeutic needs of the patient or others.

Please Note:

Visitation guidelines may change periodically. Please check our website, MorristownHamblen.com for the most current information. Always wash your hands upon entering and before leaving a patient's room.

Covenant Health Morristown-Hamblen is a non-smoking, tobacco-free environment. As a healthcare provider, we are committed to maintaining a safe, smoke- and tobacco-free setting for patients, visitors, employees, and medical staff. This includes a prohibition on vaping and e-cigarettes.

CAFETERIA

The cafeteria at Covenant Health Morristown-Hamblen, located between the Emergency Department and Admissions and Registration, offers hot and cold menu items daily. The cafeteria is open seven days a week.

- The cafeteria is open daily from 7:00 a.m. to 3:00 p.m.
- Vending machines are located outside the cafeteria and in the Emergency waiting area.

ORDERING YOUR MEAL

Please call 423-492-5555 between 6:30 a.m. and 6:30 p.m. to order your patient meal.

Guest trays for visitors may also be purchased by calling 423-492-5555. Guest meals include the same menu items served to patients on general

units and are delivered to the room at the patient’s mealtime. Guest trays are available for a fee, payable by cash only upon delivery. Please check with dietary staff for current pricing.

GIFT SHOP

Located on the first floor of the hospital in the main lobby, the gift shop offers a wide selection of personal hygiene items, greeting cards, candy and a variety of gift items for adults and children. All profits go toward hospital purchases, allowing us to continue providing excellent patient care. For questions, please call 423-492-5800.

What to Expect During Your Stay

An important part of always providing you with excellent care and service is to check on you frequently to see if you need anything. You will be visited by one of your caregivers:

EVERY HOUR	from 6 a.m. to 10 p.m.
— and —	
EVERY 2 HOURS	from 10 p.m. to 6 a.m.

During this time we will:

- Assess your well-being
- Monitor your comfort and pain
- Help you move and change positions
- Assist with trips to the bathroom

Your caregivers also will make sure that you have easy access to the following:

- Telephone (dial 9 for an outside line)
- Bedside table
- Water or other beverages
- Glasses
- Call light for assistance
- Urinal and/or bedpan
- Wastebasket
- Wi-Fi (password: covenant)

Although we will round on you every two hours at night, we will do our best not to interrupt your sleep unless it is essential for your care.

EVERY BODY MOVES

Movement is an important part of your healing while you are here. Staff will be encouraging activity and mobility to keep your strength. This may include sitting up for meals, standing periodically through the day, turning from side to side in the bed, or participating in your hygiene.

WHAT DOES THIS MEAN TO YOU, YOUR FAMILY, AND VISITORS?

It means that we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that you, your family and visitors can focus on your recovery.

UNDERSTANDING EXPECTATIONS, RIGHTS AND RESPONSIBILITIES

When you need hospital care, the physicians, nurses, and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our goal is for you and your family to have the same excellent care and attention we would want for our families and ourselves. Here are some basics about how you can expect to be treated during your hospital stay. If you have questions at any time, please ask your doctor or nurse. Your comfort and confidence in your care are very important to us.

HIGH-QUALITY HOSPITAL CARE

Our first priority is to provide you the care you need, when you need it, with skill, compassion, and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses, and others involved in your care, and you have the right to know when they are students or other trainees.

A CLEAN AND SAFE ENVIRONMENT

Our hospital works hard to keep you safe and your surroundings clean. We use special policies and procedures to ensure cleanliness, to avoid mistakes in your care, and to keep you free from abuse or neglect. If anything unexpected or significant happens during your hospital stay, you will be told, and any resulting changes in your care will be discussed with you.

INVOLVEMENT IN YOUR CARE

You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include discussing your medical condition and information about medically appropriate treatment choices.

TO MAKE INFORMED DECISIONS WITH YOUR DOCTOR, YOU NEED TO UNDERSTAND:

- The purpose of your medication and side effects
- The benefits and risks of each treatment
- Whether your treatment is experimental (for example, if you are participating in a clinical trial)

- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life
- What you and your family will need to do after you leave the hospital
- The financial consequences of using uncovered services or out-of-network providers (Our Business Office is available to discuss your questions at 865-374-3000.)

Please tell your caregivers if you need more information about treatment choices.

DISCUSSING YOUR TREATMENT PLAN

When you enter the hospital, you sign a general consent for treatment. In some cases, such as surgery or other procedures, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. This process also protects your right to decide if you want to participate in a research study.

GETTING INFORMATION FROM YOU

Your caregivers need complete and correct information about your health and coverage so they can make good decisions about your care. This includes:

- Past illnesses, surgeries, and hospital stays
- Past allergic reactions
- Any medicines and dietary supplements (including vitamins and herbs) that you are taking
- Any network or admission requirements under your health plan
- Any advance directive or power of attorney paperwork

UNDERSTANDING YOUR HEALTHCARE GOALS AND RELIGIOUS VALUES

You may have healthcare goals and religious or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, family, and care team know your wishes. If you wish to speak with a chaplain, ask a member of your care team.

UNDERSTANDING WHO SHOULD MAKE DECISIONS WHEN YOU CANNOT

We will ask you upon admission if you have signed a healthcare power of attorney stating who should speak for you if you become unable to make healthcare decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care. You should give copies to your doctor, family, nurse, and registration clerk.

If you or your family members need help making difficult decisions, chaplains and others are available to assist. Please call 865-316-3225 to request advance directive information and sample copies of the forms, as well as to request any additional assistance with advance directives and living wills.

FINANCIAL ASSISTANCE

Applications for patients seeking financial assistance for medically necessary services are available during the registration process. If you have questions concerning our billing procedures, would like a copy of your bill or/and would like more information about financial assistance, please call 865-374-3000.

PROTECTING YOUR PRIVACY

We respect the confidentiality of your relationship with your doctor and other caregivers, as well as the sensitive information about your health and healthcare which are part of those relationships. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the way we use, disclose, and safeguard patient information. The notice explains how you can obtain a copy of information from our records about your care.

Upon admission, patients will be assigned by the registration staff a four-digit Patient Identification Number (PIN). The PIN should be given by the patient to all family and friends to whom they desire their medical information be disclosed. Patients can also choose to be considered a “no information” patient, which means no confirmation of presence or status will be shared with callers.

VALUABLES AND BELONGINGS




We recommend sending personal belongings and valuables home whenever possible. If you choose to keep items with you during your stay, please note that you are responsible for their safekeeping. We are not responsible for lost or misplaced items and are unable to provide reimbursement or replacement.

FEEDBACK ABOUT YOUR STAY

You may receive a survey about your hospital experience after you go home. We hope that you will take the time to give us your feedback, as we use your comments to improve our services for future patients. We also share your positive feedback to recognize our staff who work very hard to provide you with excellent care during your stay.

If at any time during your stay you have any questions or concerns, please call the manager or administrative supervisor immediately so we can address them. The phone number is posted on the care board in your room.

MyCovenantHealth

-  Request an appointment with a Covenant Health physician
-  View your medical record and test results
-  Request prescription refills
-  Message with your medical provider
-  Pay your bill

HOW DO I SIGN UP?

If you have received an email from Covenant Health <noreply@iqhealth.com>, please follow the instructions in the email to enroll and access your records. If you have not received an email, you may self enroll in the patient portal by going to <https://mycovenanthealth.iqhealth.com/self-enroll> and completing the required information (name, birth date, and Medical Record Number must be entered exactly as it appears on your discharge instructions).

Follow the instructions provided to complete the self-enrollment process.

HOW DO I GET THE APP?

Once you've enrolled in the MyCovenantHealth patient portal, be sure to download the MyCovenant app for instant, secure access to the portal from your smart phone. Scan the appropriate QR code below to go directly to the MyCovenantHealth page in the app store.

If you have any questions about registering for MyCovenantHealth, please contact us at 865-374-5260.



Visit: CovenantHealth.com/mycovenanthealth



8800-5691

Availability of Free Language Assistance and Auxiliary Aids/Services

Language assistance services and appropriate auxiliary aids and services are available to you at no charge. If you are in a hospital, please ask your nurse or the administrative supervisor for assistance. If you are in a non-hospital location, please ask the office manager for assistance.



SIGN LANGUAGE INTERPRETER SERVICES

To ensure effective communication with patients and their companions who are deaf or hard of hearing, we provide appropriate auxiliary aids and services free of charge, such as sign language and oral interpreters, video remote interpreting services, TTY or relay services, note takers, written materials, and televisions with caption capability. Call the main hospital phone number for assistance (voice or TTY). For non-hospital locations, call the main office number and ask to speak with the office manager.

SPANISH

Tiene a su disposición un servicio gratuito de asistencia lingüística. Si está en un hospital, solicite asistencia a la enfermera o al supervisor administrativo o de enfermería. Si no está en un hospital, solicite ayuda al jefe administrativo.

ARABIC

إن خدمات المساعدة اللغوية متاحة لك مجاناً. إذا كنت في المستشفى، يرجى طلب المساعدة من الممرضة أو المشرف الإداري/المنزلي. إذا كنت في موقع خارج المستشفى، فيرجى طلب المساعدة من مدير المكتب.

CHINESE

您可享受免费的语言协助服务。如果您在医院，请向护士或行政/值班主管寻求帮助；如果不在医院，请向办公室管理人员寻求帮助。

VIETNAMESE

Các dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho quý vị. Nếu quý vị ở trong bệnh viện, xin vui lòng yêu cầu y tá của quý vị hoặc Giám Sát Hành Chính/Nhà để được trợ giúp. Nếu quý vị ở trong địa điểm không phải bệnh viện, xin vui lòng hỏi quản lý văn phòng để được trợ giúp.

KOREAN

언어 지원 서비스가 무료로 제공됩니다. 병원에 계신 경우, 담당 간호사 또는 병동 관리자(행정/당직 관리자)에게 요청해 주시기 바랍니다. 병원이 아닌 장소에 계신 경우, 사무실 관리자에게 문의해 주세요.

FRENCH

Des services d'assistance linguistique sont mis à votre disposition gratuitement. Si vous vous trouvez dans un hôpital, demandez de l'aide à votre infirmière ou au responsable administratif. Si vous vous trouvez dans un établissement non hospitalier, demandez de l'aide au chef de bureau.

LAOTIAN

ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ຖ້າທ່ານຢູ່ໃນໂຮງໝໍ, ກະລຸນາສອບຖາມພະຍາບານ ຫຼື ຜູ້ບໍລິຫານ/ຜູ້ດູແລອາການເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ຖ້າທ່ານບໍ່ໄດ້ຢູ່ໃນໂຮງໝໍ, ກະລຸນາຂໍຄວາມຊ່ວຍເຫຼືອນຳຜູ້ຈັດການຫ້ອງການ.

AMHARIC

የቋንቋ አገዛ አገልግሎት ያለ ምንም ክፍያ ማግኘት ይቻላል። ሆስፒታል ውስጥ ከሆኑ አባከዎ ከክርስቶ ወይም ከአስተዳደር/ተቆጣጣሪው አገዛ ይጠይቁ። ከሆስፒታል ውጪ ከሆኑ አባከዎ ከቢሮ ኃላፊው አገዛ ይጠይቁ።

GERMAN

Sprachassistenzenleistungen stehen Ihnen kostenlos zur Verfügung. Wenn Sie sich in einem Krankenhaus befinden, wenden Sie sich bitte an Ihre Krankenschwester oder den Verwaltungs-/Hausmeister. Wenn Sie sich an einem nicht-klinischen Ort befinden, wenden Sie sich bitte an den Büroleiter.

GUJARATI

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. જો તમે હોસ્પિટલમાં છો, તો કૃપા કરીને તમારી નર્સ અથવા વ્યવસ્થાપન/હાઉસ સુપરવાઇઝરને તમારી મદદ કરવા માટે પૂછો. જો તમે હોસ્પિટલ સિવાયના સ્થળે હોવ, તો કૃપા કરીને ઓફિસ મેનેજરને મદદ માટે પૂછો.

JAPANESE

無料通訳サービスがご利用いただけます。院内にいらっしゃる際は担当の看護師または管理・宿直スタッフにお声掛けください。院外の場合は事務所のスタッフをお尋ねください。

TAGALOG

Mayroong mga tulong sa wika na serbisyo na magagamit ninyo nang walang bayad. Kung nasa ospital ka, mangyaring humingi ng tulong sa iyong nars o Administrative/House Supervisor. Kung ikaw ay nasa isang lokasyon na hindi ospital, mangyaring humingi ng tulong sa manager ng opisina.

HINDI

भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। यदि आप अस्पताल में हैं, तो कृपया अपनी नर्स या प्रशासनिक अधिकारी/हाउस सुपरवाइजर से सहायता मांगें। यदि आप अस्पताल के अलावा किसी अन्य स्थान पर हैं, तो कृपया कार्यालय प्रबंधक से सहायता मांगें।

RUSSIAN

Вы можете получить доступ к бесплатным услугам по языковой поддержке. Если вы находитесь в больнице, детали можно уточнить у медсестры или руководителя по административной работе. Если вы не в больнице, за подробностями можно обратиться к офисному менеджеру.

PERSIAN (FARSI)

خدمات کمک زبانی به طور رایگان در دسترس شما قرار دارد. اگر در بیمارستان هستید، لطفاً از پرستار خود یا سرپرست اداری/بخش درخواست کمک کنید. اگر در یک مکان غیر-بیمارستانی هستید، لطفاً از مدیر دفتر درخواست کمک کنید.

Patient’s Rights and Responsibilities

(Rights that can be exercised by the patient, or patient’s designated representative, as appropriate)
Morristown-Hamblen Healthcare System wants you to have the best possible care. We want you to know what your rights are as a patient, as well as what your obligations are to yourself, your physician, and the hospital. We encourage you or those who represent you to talk openly to those involved in your care.

NON-DISCRIMINATION

Individuals shall be accorded impartial access to treatment and available or medically indicated accommodations, regardless of race, color, religion, ethnicity, culture, language, creed, sex, national origin, disability, age, sexual orientation, gender identity/ expression, or socioeconomic status.

As a patient, you have a right to:

<ul style="list-style-type: none">• Quality care provided by competent personnel in a considerate, respectful, and safe environment.	<ul style="list-style-type: none">• Respect for your cultural and personal values, beliefs and preferences, and to exercise your religious and cultural practices (including religious and spiritual services), as long as they do not interfere with diagnostic procedures or treatment.
<ul style="list-style-type: none">• Have your personal privacy respected consistent with the care prescribed for you. Communications with staff and records pertaining to your care, including the source of payment for treatment, shall be kept confidential consistent with applicable law.	<ul style="list-style-type: none">• Actively participate in decision making and in developing and implementing your treatment, plan of care and discharge plan.• Access, request amendment to, and obtain information on disclosures of your medical records in a timely manner.
<ul style="list-style-type: none">• Make informed decisions about your care, including requesting consultation or second opinion from another physician, or requesting transfer to another facility. This includes receiving information, explanations, consequences, and options needed to make an informed decision and to request or refuse treatment.	<ul style="list-style-type: none">• Be free from unlawful discrimination, mental or physical abuse, or harassment and be treated in a respectful manner supportive of your dignity.
<ul style="list-style-type: none">• Create an Advance Directive and have it honored to the extent of the law. Information on Advance Directives is available upon request.	<ul style="list-style-type: none">• Be informed of circumstances in which your Advance Directive will not be followed.
<ul style="list-style-type: none">• Request and receive a complete explanation of our charges and your bill.	<ul style="list-style-type: none">• Name a designated family member or personal representative you trust to act as your surrogate decision maker.
<ul style="list-style-type: none">• Know the name and professional status of the persons responsible for your care.	<ul style="list-style-type: none">• Be free from seclusion and restraints, except as medically necessary and consistent with applicable law.
<ul style="list-style-type: none">• Hear from your physician(s) and other provider(s), in a language that you understand, your health status including diagnosis and prognosis, the treatment prescribed, and any follow-up care instructions.	<ul style="list-style-type: none">• Receive effective communication. Free aids and services are provided such as qualified language interpreters, written information in other formats (large print, audio, accessible electronic format, etc.), and information written in other languages. If these services are needed, please inquire at the registration desk or by contacting the Administrative/House Supervisor by contacting the facility operator at “0”.
<ul style="list-style-type: none">• Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.	<ul style="list-style-type: none">• To ensure effective communication with patients and their companions who are deaf or hard of hearing, we provide appropriate auxiliary aids and services free of charge, such as sign language and oral interpreters, video remote interpreting services, TTY or relay services, note takers, written materials, and televisions with caption capability. Please ask your nurse or the Administrative/House Supervisor for assistance. You can contact the Administrative/House Supervisor by calling your facility's operator at “0” or 423-492-9000. The operator will page the Administrative/House Supervisor to assist you. The hospital will provide patients and their companions who require auxiliary aids or services with such assistance throughout the patient's time at the hospital as requested by the patient.• Covenant Health hospitals respond to complaints and grievances in a timely and respectful manner. You can contact the Administrative/House Supervisor at any time to resolve a concern about effective communication by calling your facility's operator at the number above (voice or TTY). The operator will page the Administrative/House Supervisor to assist you. You may also file a grievance with the hospital and have your grievance reviewed and resolved by the Grievance Committee in a timely manner, usually within 7 days. A grievance form (“Patient Grievance Document”) is available to document your concern. The hospital will provide a written response to all grievances. For additional information or to file a grievance, contact the facility's Administrative/House Supervisor or the facility's Patient Representative.

Patient’s Rights and Responsibilities

(Rights that can be exercised by the patient, or the patient’s designated representative, as appropriate.)

As a patient, you have a right to (cont.):

<ul style="list-style-type: none">• Appropriate assessment and management of pain.	<ul style="list-style-type: none">• Not to be transferred to another facility unless you have received a complete explanation of the need for the transfer and of the alternatives to such a transfer and unless the transfer is acceptable to the other facility.
<ul style="list-style-type: none">• Have ethical concerns about your treatment of care appropriately addressed. For specific concerns or further information, call Administration at 423-492-5414 or page the Administrative Supervisor through the Operator “0”.	<ul style="list-style-type: none">• Be informed by practitioner (or delegate), prior to discharge of any continuing health requirements.• Expect upon discharge, there will be a smooth “hand-off” transition to post-hospital care.
<ul style="list-style-type: none">• Receive visitors whom you designate, including, but not limited to, spouse, domestic partner (including same-sex domestic partner), another family member, member of clergy, chaplain, minister, faith leader, or friend. You or your designated representative have the right to withdraw or deny visitors at any time. A family member, friend, or other individual may be with you for emotional support during the course of your stay. In addition, individuals with disabilities have the right to be accompanied by a support person in specific situations. The right to a support person is separate from the right to visitors.	<ul style="list-style-type: none">• Express a complaint or concern about your care with your physician, nursing manager, or supervisor. Any staff member can help you start this process. Most complaints have obvious causes that can be resolved to your satisfaction by discussing this with appropriate hospital personnel or your physician.
<ul style="list-style-type: none">• File a grievance with the hospital and to have your grievance reviewed and resolved by the Grievance Committee in a timely manner, usually within 7 days. A grievance form (“Patient Grievance Document”) is available to document your concern. The hospital will provide a written response to all grievances. For additional information or to file a grievance contact Administration at 423-492-5414.	<ul style="list-style-type: none">• If you are an inpatient Medicare beneficiary, to receive a notice of discharge and non-coverage rights and to file complaints related to quality of care, coverage, or premature discharge with the appropriate Utilization and Quality Control Quality Improvement Organization. The hospital will assist you with referring such complaints.
<ul style="list-style-type: none">• File a grievance related to unlawful discrimination. To file a discrimination grievance, submit the grievance in writing to Covenant Health Non-Discrimination Coordinator, Covenant Health Integrity-Compliance Office, 3003 Lake Brook Boulevard, Suite 102, Knoxville, TN 37909, or the Office for Civil Rights of the United States, Department of Health and Human Services: Hotlines: 1-800-368-1019 (Voice) or 1-800-537-7697 (TDD). By email: OCRComplaint@hhs.gov. Website: http://www.hhs.gov/ocr	<ul style="list-style-type: none">• Morristown-Hamblen Healthcare System is a Joint Commission-accredited facility. Anyone who has concerns about the safety or quality of care at an accredited organization may share those concerns with The Joint Commission:<ul style="list-style-type: none">- At www.jointcommission.org, using the “Report a Safety Concern” link in the “Connect With Us” section on the home page- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
<ul style="list-style-type: none">• File a grievance with the Tennessee Department of Health regardless of whether you have first used the hospital’s grievance process. The department may be contacted by calling 877-287-0010 or by writing to: Tennessee Department of Health, Bureau of Health Licensure and Regulation, Division of Healthcare Facilities, 665 Mainstream Drive, Second Floor, Nashville, TN 37243.	

While the hospital recognizes that you have rights which should be protected and appropriately cared for, it also recognizes that you, your family/representatives and visitors have certain responsibilities to assist the hospital to appropriately care for you during your hospital stay.

As a patient, you are responsible to/for:

<ul style="list-style-type: none">• Share complete and accurate medical history and information.	<ul style="list-style-type: none">• Cooperate in your care and ask questions if you do not understand your care, treatment or service or what you are expected to do.
<ul style="list-style-type: none">• Actively participate in your care and follow instructions and medical orders.	<ul style="list-style-type: none">• Respect the needs, rights, and property of other patients, family members, and caregivers.
<ul style="list-style-type: none">• Advise your nurse, physician, and/or Patient Representative of any dissatisfaction you may have regarding care.	<ul style="list-style-type: none">• Report unexpected changes in your condition or perceived risks in your care to the responsible practitioner.
<ul style="list-style-type: none">• Express any concerns about your ability to follow the proposed plan of care or course of treatment.	<ul style="list-style-type: none">• Meet your financial obligations associated with your care.
<ul style="list-style-type: none">• Your actions if you refuse treatment or do not follow the practitioner’s instructions.	<ul style="list-style-type: none">• Cooperating with the hospital visiting rules and regulations which are to protect the rights of individual patients and others in such areas as privacy, confidentiality, and a safe environment.
<ul style="list-style-type: none">• Personal valuables/possessions that you maintain during your stay that have not been deposited with facility for safekeeping and for which receipt has been issued.	<ul style="list-style-type: none">• Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.

Are You an Outpatient, Observation Patient or Inpatient?

Medicare covers hospital services differently depending on whether you are an outpatient, an observation patient, or an inpatient. Here’s how to know the difference:

OUTPATIENT

- You are considered an outpatient if you’re getting emergency department services, outpatient surgery, lab tests, X-rays, or any other hospital services that are not at a level of inpatient care.
- Services such as routine preparation for surgery or diagnostic testing are typically outpatient services.
- If your condition does not require that services be performed in a hospital, you may be an outpatient.
- If you stay in a hospital overnight, you might still be considered an outpatient.

OBSERVATION

- Observation services are hospital services provided to you which help your doctor decide if you need to be admitted as an inpatient or can be discharged.
- Observation services may be given in the emergency department or another area of the hospital.
- Typically, if your condition can be evaluated/treated within 24 hours and/or if rapid improvement can be anticipated within 24 hours, you may be an observation patient.
- Care provided to observation patients can be the same as inpatient care.
- Observation can last more than 24-48 hours.
- You may be responsible for self-administered medications as an observation patient.
- Observation does not meet Medicare’s requirement for post-hospitalize.

INPATIENT

- You’re only an inpatient if your physician orders it.
- Even with an order from your physician:
 - a. Your care MUST meet federal or insurance company guidelines for inpatient admission based on how sick you are;
 - b. Medicare may not approve your care as inpatient care; and
 - c. Medicare Advantage may not approve your care as inpatient care.
 - d. If the care is not approved as inpatient care, you will be notified in writing by either the hospital or insurance company.

- Under Medicare’s Two-Midnight Rule, you are typically NOT an inpatient unless your physician believes you will be in the hospital for at least two midnights requiring inpatient services.
- Hospitals are required by Medicare to have a committee that screens your medical record to determine if you are a hospital inpatient. If this committee determines that your care does not require an inpatient service, your stay can be changed to “observation” or “outpatient” if your physician agrees.
- Even if your family feels they can no longer care for you at home, you may not be considered a hospital inpatient.

For more detailed information on how Medicare covers hospital services, please visit the following Medicare websites or call your hospital’s Utilization Review department at the number below.

- Beneficiary resources: [Medicare.gov/publications](https://www.medicare.gov/publications).
- Medicare & You: <https://www.medicare.gov/medicare-and-you/medicare-and-you.html>.
- Are You a Hospital Inpatient or Outpatient? <https://www.medicare.gov/Pubs/pdf/11435.pdf>.
- Two-midnight rule: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-07-01-2.html>.
- Contact the Utilization Review department M-F from 7:30 a.m. – 5:30 p.m. at 865-374-5142.

Rapid Response Team

HELP IS JUST A PHONE CALL AWAY! DIAL 66 TO MOBILIZE THE TEAM.

Some patients may suddenly worsen during their hospitalization. If you are concerned about your sudden worsening or that of your hospitalized loved one, please notify your nurse, who will evaluate the situation. Some examples include:

- Increased heart rate/pulse
- Difficulty breathing or increased amount of oxygen needed
- More agitation or confusion
- Difficulty waking

Your nurse may then call the Rapid Response Team to respond to the situation. This team is composed of critical care nurses and respiratory therapists who are specially trained in assessing ill patients. They will collaborate with your nurse and physician and make recommendations regarding your care.

You may also request the Rapid Response Team by dialing 66 directly and telling the operator that you need the Rapid Response Team immediately.

Managing Your Pain

WHAT IS PAIN?

Pain is described in different ways by different people. It is your body’s way of sending a warning to your brain. Words like “throbbing,” “uncomfortable,” or “ache” can describe pain.

- **Acute pain** may be associated with illness or surgery and may not be able to be totally relieved. However, we want to lessen the discomfort or pain you are feeling to a tolerable level.
- **Chronic pain** is defined as pain that lasts longer than six months. Chronic pain can be mild or severe, it may come and go, it may be merely inconvenient or totally incapacitating. With chronic pain, signals of pain remain active in the nervous system for months or even years. This can take both a physical and emotional toll on a person. The most common sources of chronic pain are headaches, backaches and joint pains. If you suffer from chronic pain, our goal will be to get you to the level of pain experienced in your everyday home life, prior to your hospitalization.

You may experience other types of symptoms such as nausea and anxiety that may contribute to your discomfort. It is important to treat these ill feelings as well.

As everyone reacts differently when in pain, we need your help to effectively manage the pain you experience while in the hospital. Our goal is to always keep you as comfortable as possible during your hospital stay. While we may not be able to take the pain away completely, we want to do everything to help control it.

WHY MANAGE PAIN?

There are several reasons that it is important to manage your pain:

- Allow increased activity and strength
- Avoid complications
- Promote healing
- Promote rest
- Provide comfort
- Reduce length of hospital stay

DESCRIBING YOUR PAIN

We will be asking you about your pain on a regular basis. You will be asked to rate your pain using our Faces and Number Scale.

- **The Number Scale:** You will be asked to rate your pain on a scale of 0-10, with zero being no pain, and 10 being the worst pain imaginable.

- **The Faces Scale:** You may be shown an illustration of faces with different expressions, varying from smiles to frowns or distress. You are asked to choose the facial expression that best shows how you feel.
- **Descriptive words** may also be helpful to rate your pain. We may ask you to describe your pain in words like “aching,” “throbbing” or “stabbing,” and “mild,” “moderate” or “severe.”

We will also ask about your “functional” level of pain. We understand that it may be tiresome answering, “How is your pain?” multiple times per day, but it will help us provide the best care possible.

WHAT CAN YOU DO?

- The following will also help you manage your pain:
- Ask your doctor, nurse, or pharmacist what to expect regarding pain based on your illness, injury, or surgery.
 - Tell us what has or has not worked for you in the past.
 - Request pain medication when your pain starts. It is more difficult to manage pain once it increases in intensity.
 - Let any staff member know if your medication is not relieving your pain.
 - Enjoying relaxing music or your favorite television program as a distraction will help you focus less on your pain and allow pain control measures to work more effectively.

WHEN YOUR LOVED ONE CAN’T COMMUNICATE ABOUT PAIN

- If your loved one is confused or unable to speak, please help us by communicating behaviors that tell us the patient is in pain. We will treat their pain, but need your help.

TREATING YOUR PAIN

It is important to tell us when you are having pain, or if the pain changes. There are several ways to treat your pain. The most common way is with medication. There are several types of medication that work to reduce your pain:

- Non-narcotic pain medication like aspirin, acetaminophen, and ibuprofen
- Opioid (narcotic) used for severe pain-usually for short periods of time, but can be used for chronic pain
- Muscle relaxants

MEDICATION SCHEDULES

There are two ways for medications to be ordered:

- **Scheduled** means that your doctor prescribed medication to be given on a regular schedule.
- **As needed** or **PRN** means that you may have your medication at certain times only if you need it. You must ask for PRN medications.

It is important that you ask for your pain medication when your pain first begins rather than waiting. When pain gets out of control it is more difficult to treat.

SIDE EFFECTS

Pain medications may cause some unwanted side effects. Some common side effects and how to manage them are:

- **Itching or rash** - Itching is normal with these medications, but please let your nurse know if you develop a rash.
- **Constipation** - Walking, stool softeners or laxatives, and adequate fluid intake can help.
- **Nausea** - This should go away with time, but we can often give you another medication to help prevent nausea.
- **Dry mouth** - Ask if you can have hard candy or ice chips. Dry mouth will go away when the medication is stopped.
- **Sedation (sleepiness)** - This may also decrease with time. Driving or operating heavy machinery is not advisable if this occurs.
- **Confusion and/or disorientation** - This is very common in the elderly and often goes away when the medication is stopped.
- **Unsteady/dizzy** - Your coordination may be off, and you may be more likely to fall. If you feel this way, please call for help before getting up.

ADDITIONAL METHODS OF PAIN MANAGEMENT

Pain can be relieved using other pain management techniques, including:

- Heat or cold therapy
- Exercise and repositioning
- Relaxation or music
- Sensory distraction
- Stress reduction

FREQUENTLY ASKED QUESTIONS

Q: *How do I let someone know if I am having pain?*

A: Use your call light or tell any staff member. They will make sure your nurse knows. We will work hard to help control your pain.

Q: *When should I tell my nurse if the pain medication isn't working?*

A: Depending on the medication you are taking, it may take a few minutes to an hour for medication to take effect. Your nurse will be in to check and see if the medicine is working. If you have been taking pain medications for a while, you may require a stronger dose, because your sensitivity to them has decreased.

SAFE USE OF NARCOTIC PAIN MEDICATION

Avoid alcohol while taking prescription opioids (narcotics). Also, unless specifically advised by your health care provider, medications to avoid include: benzodiazepines, muscle relaxants, sleep aids, and other prescription opioids.

HELP PREVENT MISUSE AND ABUSE

- Never sell or share prescription opioids
- Never use another person's prescription opioids
- Store prescription opioids (narcotics) in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose unused prescription opioids (narcotics): Find your community drug take-back program or pharmacy mail-back program, or flush them down the toilet following guidance from the Food and Drug Administration (FDA).

Falls Prevention

IT TAKES US ALL TO PREVENT A FALL. LET'S WORK TOGETHER TO HELP PREVENT THEM!

If you are concerned about falling or are worried about the risk of your loved one falling, please do the following:

- Ask about getting a walker or cane.
- Use bed rails and bed alarms.
- Pay attention to the furniture and equipment in the room, especially items that might have wheels, and don't lean on these for support.
- Never hesitate to use the call button to ask for help if your loved one needs to get out of bed or go to the restroom.
- Use the non-skid slipper socks provided to you or your loved one. They keep feet warm and provide traction when getting out of bed.

- Don't let the hospital gown or IV tubes trip you or your loved one. Keep these items in mind as you or a loved one move about.

WHAT TO DO IF A FALL OCCURS:

- Press the call button immediately.
- Any visitors in the room during a fall should immediately go into the hall and call for help.
- Make sure someone has acknowledged the fall and is on the way to help.

Pressure Injury

WHAT IS A PRESSURE INJURY?

Often called a bedsore, a pressure injury is an area of skin that breaks down from staying in one position for too long without shifting weight. They most often occur on the tailbone and heels, but can occur in any area where there is constant pressure.

RISKS FOR PRESSURE INJURIES INCLUDE:

- Not moving
- Staying in bed or a chair most of the time
- Loss of bladder or bowel control
- Not eating a balanced diet or drinking enough fluids
- Sliding down in the chair or bed
- Inability to communicate discomfort or the need to be turned

WHILE IN THE HOSPITAL, CAREGIVERS WILL HELP PREVENT PRESSURE INJURIES BY:

- Inspecting your skin every day for redness or signs that sores may be forming
- Keeping your skin clean and dry
- Using protective cream to protect your skin from urine or stool
- Reminding you to move and increase activity
- Keeping your heels off the bed surface with pillows placed under your calves, or with protective boots
- Keeping the head of your bed as low as possible to prevent sliding down in bed
- Helping you eat a well-balanced diet and drink adequate fluids
- Changing your position every two hours when in a bed or chair

WHAT YOU CAN DO TO PREVENT PRESSURE INJURIES:

- Allow your nurse to assess your skin every shift.
- Keep your skin clean and dry.
- Tell caregivers if you are wet or have an accident so they can help you get clean and dry.
- Moisturize with lotions or creams after a bath or shower.
- Shift your position at least every two hours if in a bed or a chair.
- If you are not comfortable in the position you are in, please let your caregivers know so we can fix it.
- Stay as mobile as possible during hospital stay.
- Rest with the head of your bed as low as possible.
- Drink plenty of fluids and take any nutritional supplements if ordered.
- Eat a high protein, well-balanced diet with lean meats and protein, fruits, vegetables, grains, and dairy.

WHAT ELSE IS IMPORTANT TO KNOW?

- Your skin is your body's largest organ.
- Urine or stool on your skin can cause your skin to break down quickly.
- Dragging yourself across the bed or chair can tear your skin.
- As your skin ages, it becomes more fragile and needs more protection.
- Your skin protects your body from bacteria.

If you have any questions or problems regarding pressure injuries, ask your doctor or nurse.

Infection Prevention

Handwashing and covering coughs are two of the most important things you and your family can do to prevent the spread of infection.


HANDWASHING: WHY IS IT SO IMPORTANT?

- Germs from unwashed hands can be transferred to other objects, like handrails, table tops, or toys, and then transferred to another person's hands.
- People frequently touch their eyes, nose, and mouth without even realizing it. Germs can get into the body through the eyes, nose and mouth and make us sick.
- Removing germs through handwashing helps prevent diarrhea and respiratory infections, and may even help prevent skin and eye infections.

WHEN TO WASH YOUR HANDS

- It is important to wash your hands with soap and water throughout the day, especially:
- Before preparing food
 - After using the bathroom
 - Before eating
 - After blowing your nose, coughing, or sneezing
 - Before and after caring for someone who is sick
- If soap and water are not available, use an alcohol-based hand rub.

WHAT ARE THE STEPS FOR WASHING YOUR HANDS?

- 
 1. Wet your hands with clean, running water (warm or cold).
 2. Apply soap.
 3. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds.
 4. Rinse hands well under clean, running water and dry your hands using a clean towel or air dry them.
 5. If you are using an alcohol-based hand rub, dispense the recommended amount in your hands and rub your hands together making sure to cover all surfaces of your hand with the hand rub. Continue rubbing your hands together until they are dry (about 15 seconds).



COVER YOUR COUGH!

- The flu, common cold, and other respiratory illnesses are spread by coughing, sneezing, and unclean hands. To help stop the spread of germs:
- Cover your mouth and nose with a tissue when you cough or sneeze. Put your tissue in the waste basket.
 - If you don't have a tissue, cough or sneeze into your upper sleeve or elbow - not your hands.
 - Avoid touching your eyes, nose, and mouth.
 - Always wash your hands after coughing or sneezing.

ISOLATION PROTOCOLS

Sometimes placing a patient in isolation is required to prevent the spread of infection to patients, families, and staff. If you are placed in isolation, staff will provide specific information to you and your family regarding any precautions.

Everyone entering an isolation room is required to wear protective equipment, such as gowns, gloves, and masks. Required equipment is determined by the type of isolation, which is noted on the isolation sign on the door. Our staff can assist with any questions or concerns you may have.

Help Prevent Hospital-Acquired Infections (HAI)

MULTI-DRUG RESISTANT ORGANISMS (MDROS)

MDROs are germs that push back against antibiotics. MDRO germs don't always make you sick, and for most healthy people they aren't a problem. In some patients, however, MDRO germs can cause infections and sickness. Some of these germs can't be killed with antibiotics, and some MDROS can pass their resistance to other germs. Infections caused by MDRO germs are extremely hard to treat, so it's important to keep them from spreading.

Here are names of some MDROs: Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), Carbapenem-resistant Enterobacteriaceae (CRE).

WHAT YOU CAN DO TO PREVENT THE SPREAD OF MDROS?

- Take medications exactly as prescribed.
- Don't ask for antibiotics. Your healthcare provider will prescribe them if they're needed.
- Only take medication prescribed to you; don't share or use leftover antibiotics.
- Tell doctors and other healthcare providers about your MDRO status.
- Clean hands often, especially before touching the face, before eating, and after going to the bathroom.
- Ask visitors and friends to wash their hands or use hand sanitizer before they touch you or your environment.
- Keep things clean using household cleaners and disinfectants, following instructions on the label.
- Don't share personal items, like towels or razors.

TO MAKE SURE HANDS ARE CLEAN:

- With soap and water: wet hands, scrub with soap for 15-20 seconds, making sure to cover front, back, between fingers and fingertips. Rinse with clean water, dry using a paper towel, and use paper towel to turn off the faucet.
- With alcohol-based hand sanitizer: put sanitizer on hands and rub your hands together until it dries, making sure to cover front, back, between fingers and fingertips.

Catheter-Associated Urinary Tract Infection (CAUTI)

This is an infection of the bladder or kidneys caused by a urinary catheter (the thin tube placed in the bladder to drain urine). The longer the catheter is in, the greater the chance you can develop a CAUTI.

In addition to the common signs of a hospital-acquired infection, a CAUTI can cause the following symptoms:

- Burning or other pain in the area below the stomach
- Bloody urine
- Burning while urinating after the catheter is removed
- Increased frequency of urinating after the catheter is removed

WHAT CAN I DO TO HELP PREVENT A CAUTI INFECTION?

- Follow the general advice on how to reduce the chance of getting a hospital-acquired infection, and also:
- Ask when the catheter can be removed and keep asking.
- Make sure the catheter bag is always below the level of your hips.
- Do not twist, tug, or pull on the catheter tubing.

Ventilator-Associated Pneumonia

A ventilator is a machine that helps a patient breathe. The ventilator gives the patient oxygen through a tube placed in the nose or mouth, or through a hole in the front of the neck. Patients on a ventilator can develop pneumonia, an infection of the lungs.

WHAT CAN I DO TO HELP PREVENT PNEUMONIA?

A patient's loved ones and visitors should follow the general advice on how to reduce the chance of the patient getting a hospital-acquired infection, and also check to see that the precautions to prevent pneumonia are in place. It's ok to ask:

- If the head of the patient's bed should be raised.
- When the patient can try breathing on his/her own.
- When the patient can get out of the bed and start moving around. The sooner a patient is awake and out of bed, the lower the chance they'll develop pneumonia.

Central Line-Associated Infection (CLABSI)

“Central line” refers to the line used to administer fluids or medications directly to the patient’s bloodstream, or to collect blood for medical tests. They’re inserted into a major vein close to the heart so they’re different from IVs (intravenous injections) that administer fluids to a vein near the skin’s surface. Germs can enter the bloodstream from the line itself or its dressing and cause infection. In addition to the common signs of a hospital-acquired infection, a patient with a CLABSI may have chills.

WHAT CAN I DO TO HELP PREVENT A CLABSI INFECTION?

Follow the general advice on how to reduce the chance of getting a hospital-acquired infection, and also:

- Tell your doctor or nurse if the bandage covering where the tube enters your skin comes off, gets wet, or is dirty.
- Ask if you can shower with the lines in place and what precautions you should take while bathing.
- Ask when the tube can be removed and keep asking.
- Ask your doctors and nurses to wash their hands with soap and water or use an alcohol-based hand rub (hand sanitizer) before handling the lines.

C. difficile

Clostridium difficile, often called “C. diff,” is a germ that can cause cases of diarrhea ranging from mild to deadly. In addition to the common signs of a hospital-acquired infection, an infection with C. diff can cause the following symptoms:

- Watery diarrhea
- Belly pain and tenderness
- Loss of appetite

IF I HAVE C. DIFF, WHAT CAN I DO?

Follow the general advice on how to reduce the chance of getting a hospital-acquired infection, and also:

- Ask your doctors and nurses if they should be wearing gowns while they’re treating you.
- At home, use your regular laundry detergent and the hottest water temperature recommended to wash your clothes and bed linens.
- Use a separate bathroom or be sure the bathroom is well-cleaned if someone with diarrhea has used it.

Surgical Site Infections (SSI)

Most patients who have surgery do well, but a small number develop an infection in the part of the body operated on. That’s called a surgical site infection, or SSI. In addition to common signs of a hospital-acquired infection, a patient with a surgical site infection may have cloudy fluid drain from the surgical wound.

WHAT CAN I DO TO HELP PREVENT GETTING A SURGICAL SITE INFECTION?

Follow the general advice on how to reduce the chance of getting a hospital-acquired infection, and also:

- Be sure your doctor knows about all your medical conditions since some health problems like diabetes can affect your surgery and your treatment.
- Before the surgery, don’t shave in the area where you’ll be having surgery. Shaving can irritate the skin and increase the chance you’ll get an infection.
- Ask if your hair will be removed in the area where you’re going to have surgery, and if so, that it be done with electric clippers and only right before the surgery.
- Ask your doctor if there are bathing instructions you should follow before you have surgery. You may be asked to take a bath or shower using a special antiseptic. Make sure you follow these instructions.
- Ask if you will get antibiotics during your operation to protect against SSI and how long you will be taking the antibiotics.
- Do not let visitors touch your surgical wound or your dressing.
- Let your doctors and nurses know right away if you develop a fever, your wound starts draining, your surgical site is red and swollen, or you develop diarrhea.

Information Sources

The Society for Healthcare Epidemiology of America (SHEA), US Department of Health and Human Services – Center for Disease Control and Prevention, Infectious Diseases Society of America (IDSA), Association for Professionals in Infection Control and Epidemiology (APIC), The Joint Commission, American Hospital Association (AHA)

Viruses or Bacteria What’s got you sick?

Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won’t help you feel better.



To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



You've Been Prescribed an Antibiotic Now What?

Your healthcare team thinks that you or your loved one might have an infection. Some infections can be treated with antibiotics, which are powerful, life-saving drugs. Like all medications, antibiotics have side effects and should only be used when necessary. There are some important things you should know about your antibiotic treatment.

♦ Your healthcare team may run tests before you start taking an antibiotic.

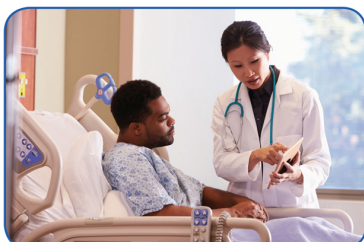
- Your team may take samples (e.g., from your blood, urine or other areas) to run tests to look for bacteria. These tests can be important to determine if you need an antibiotic at all and, if you do, which antibiotic will work best.

♦ Within a few days, your healthcare team might change or even stop your antibiotic.

- Your team may start you on an antibiotic while they are working to find out what is making you sick.
- Your team might change your antibiotic because test results show that a different antibiotic would be better to treat your infection.
- In some cases, once your team has more information, they learn that you do not need an antibiotic at all. They may find out that you don't have an infection, or that the antibiotic you're taking won't work against your infection. For example, an infection caused by a virus can't be treated with antibiotics. Staying on an antibiotic when you don't need it is more likely to be harmful than helpful.

♦ You may experience side effects from your antibiotic.

- Like all medications, antibiotics have side effects. Some of these can be serious.
- Let your healthcare team know if you have any known allergies when you are admitted to the hospital.
- One significant side effect of nearly all antibiotics is the risk of severe and sometimes deadly diarrhea caused by *Clostridium difficile* (*C. difficile*). This occurs when a person takes antibiotics because some good germs are destroyed. Antibiotic use allows *C. difficile* to take over, putting patients at high risk for this serious infection.
 - » Diarrhea caused by *C. difficile* can be serious and must be recognized and treated quickly. When you are taking an antibiotic and you develop diarrhea, let your healthcare team know immediately.
 - » The risk of getting *C. difficile* diarrhea can last for up to a few weeks even after you are no longer getting antibiotics. You should let your healthcare team know if you develop diarrhea even after you are no longer getting an antibiotic.
- Another serious side effect of taking antibiotics is the risk of getting an antibiotic-resistant infection later. Infections caused by antibiotic-resistant bacteria are often more difficult to treat. In some cases, the antibiotic-resistant infections can lead to serious disability or even death.



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

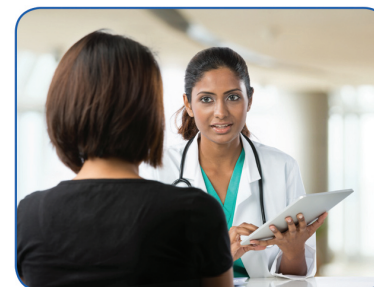


You've Been Prescribed an Antibiotic – Now What?

As a patient or caregiver, it is important to understand your or your loved one's antibiotic treatment. It is especially important for caregivers to speak up when patients can't speak for themselves. Here are some important questions to ask your healthcare team.

- What infection is this antibiotic treating and how do you know I have that infection?
- What side effects might occur from this antibiotic?
- How long will I need to take this antibiotic?
- Is it safe to take this antibiotic with other medications or supplements (e.g., vitamins) that I am taking?
- Are there any special directions I need to know about taking this antibiotic? For example, should I take it with food?
- How will I be monitored to know whether my infection is responding to the antibiotic?
- What tests may help to make sure the right antibiotic is prescribed for me?

Remember, antibiotics are life-saving drugs and they need to be used properly. If you have any questions about your antibiotics, please talk to your healthcare team.



908 West Fourth North Street
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MorristownHamblen.com

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Medication Education Sheet for Possible Side Effects

TYPE OF MEDICATION/ COMMON PURPOSE	COMMON MEDICATIONS	POSSIBLE SIDE EFFECTS [‡]	PRECAUTIONS
Antibiotics			
<input type="checkbox"/> Antifungals	Fluconazole (Diflucan®), Ketoconazole, Voriconazole (Vfend®)	Diarrhea, headache, nausea	Report any rashes to your nurse
<input type="checkbox"/> Antivirals	Oseltamavir (Tamiflu®)	Upset stomach, nausea, diarrhea	Report rash, swelling or behavior change to your nurse
<input type="checkbox"/> Carbapenems	Meropenem (Merrem®)	Diarrhea, nausea	Report any rashes to your nurse
<input type="checkbox"/> Fluoroquinolones	Ciprofloxacin (Cipro®), Levofloxacin (Levaquin®)	Diarrhea, headache, nausea, rash, sun-sensitivity	Separate from antacids, calcium, iron, multivitamins, and sucralfate by at least 2 hours. Report any pain or swelling of tendons to your nurse. Limit your exposure to the sun while on these medications.
<input type="checkbox"/> Macrolides	Erythromycin, Azithromycin	Diarrhea, nausea, stomach pain	Report any rashes to your nurse
<input type="checkbox"/> Penicillins/ Cephalosporins	Amoxicillin, Ampicillin, Ampicillin/Sulbactam (Unasyn®), Amoxicillin/Clavulanate (Augmentin®), Nafcillin, Piperacillin/Tazobactam (Zosyn®), Cefazolin (Ancef®), Cefdinir (Omnicef®), Cefepime (Maxipime®), Cefoxitin (Mefoxin®), Ceftriaxone (Rocephin®), Cephalexin (Keflex®)	Diarrhea, nausea, headache	Report any rashes, swelling, wheezing, itching, or new cough to your nurse
<input type="checkbox"/> Sulfonamides	Sulfamethoxazole/Trimethoprim (Bactrim® or Septra®)	Diarrhea, lack of appetite, nausea, sun-sensitivity	Report any difficulty urinating, muscle pain, rash, or skin discoloration to your nurse
<input type="checkbox"/> Tetracyclines	Doxycycline, Minocycline	Diarrhea, lack of appetite, nausea	Report any difficulty urinating, muscle pain, or skin discoloration to your nurse. Limit your exposure to the sun while on these medications.
Anxiety/Depression/Insomnia			
<input type="checkbox"/> Anxiety	Alprazolam (Xanax®), Diazepam (Valium®), Buspirone (Buspar®), Lithium, Oxazepam (Serax®)	Tiredness, dry mouth, sleepiness, and loss of appetite	Report any dizziness, agitation, difficulty breathing or fever to your nurse
<input type="checkbox"/> Depression	Amitriptyline, Bupropion, Duloxetine (Cymbalta®), Fluoxetine (Prozac®), Mirtazapine (Remeron®), Paroxetine (Paxil®), Quetiapine (Seroquel®), Sertraline (Zoloft®), Venlafaxine (Effexor®)	Fatigue, sleepiness, dry mouth, loss of appetite, insomnia, and sexual dysfunction	Report any dizziness, agitation, difficulty breathing or fever to your nurse
<input type="checkbox"/> Sleep	Temazepam (Restoril®), Zolpidem (Ambien®)	Headache, dizziness, drowsiness	May need help getting out of bed
Cardiovascular			
<input type="checkbox"/> Antiplatelets	Aspirin, Clopidogrel (Plavix®), Prasugrel (Effient®), Ticagrelor (Brilinta®)	Easy bleeding/bruising, shortness of breath, diarrhea	Immediately report dark stool, severe dizziness, bleeding that does not stop, or significant headache to your nurse
<input type="checkbox"/> Blood Thinners	Apixaban (Eliquis®), Dabigatran (Pradaxa®), Enoxaparin (Lovenox®), Heparin, Rivaroxaban (Xarelto®), Warfarin (Coumadin®)	Easy bleeding/bruising	Immediately report dark stool, severe dizziness, bleeding that does not stop, or significant headache to your nurse
<input type="checkbox"/> Chest Pain	Isosorbide mononitrate, Isosorbide dinitrate (Isordil®), Nitroglycerin, Nifedipine, Ranolazine (Ranexa®)	Headache, low blood pressure, dizziness, constipation with Ranexa®	May need help getting out of bed. Immediately report low or high heart rate, significant headache, dizziness, flushing, or continued heart pain.
<input type="checkbox"/> Cholesterol	Atorvastatin (Lipitor®), Pravastatin (Pravachol®), Rosuvastatin (Crestor®), Simvastatin (Zocor®)	Muscle pain, weakness, elevated blood sugar, liver problems	Report any new or worsening muscle pain, dark colored urine, or yellowing of skin to your nurse.

Medication Education Sheet for Possible Side Effects

TYPE OF MEDICATION/ COMMON PURPOSE	COMMON MEDICATIONS	POSSIBLE SIDE EFFECTS [‡]	PRECAUTIONS
<input type="checkbox"/> Diuretics	Acetazolamide, Bumetanide, Furosemide, Hydrochlorothiazide, Spironolactone, Torsemide	Headache, low blood pressure, frequent urination	May need help getting out of bed. Take earlier in the day to avoid getting up at night.
<input type="checkbox"/> Heart Rate	Atenolol, Bisoprolol, Metoprolol, Nebivolol	Dizziness, low blood pressure, low heart rate, tiredness	May need help getting out of bed. Report any new or worsening chest pain to your nurse.
<input type="checkbox"/> High Blood Pressure	Benazepril (Lotensin®), Diltiazem (Cardizem®), Enalapril (Vasotec®), Lisinopril , Losartan (Cozaar®), Valsartan (Diovan®), Verapamil, Amlodipine (Norvasc®)	Dizziness, dry cough, low blood pressure, swelling of face/hands/legs, constipation with Verapamil	May need help getting out of bed. Report any new or worsening chest pain to your nurse.
Gastrointestinal			
<input type="checkbox"/> Heartburn	Famotidine (Pepcid®), Pantoprazole (Protonix®), Maalox®	Headache, diarrhea	Report any severe dizziness or confusion to your nurse
<input type="checkbox"/> Laxatives & Stimulants	Docusate (Colace®), Lactulose, Senna (Senokot®)	Abdominal cramps, nausea, diarrhea	Report any excessive diarrhea or severe heartburn to your nurse
<input type="checkbox"/> Nausea & Vomiting	Ondansetron (Zofran®), Promethazine (Phenergan®), Metoclopramide (Reglan®)	Headache, tiredness, facial muscle spasms (Reglan®), constipation, diarrhea	May need help getting out of bed. Report any jerky muscle movements to your nurse
Pain Management / Muscle Relaxers			
<input type="checkbox"/> Acetaminophen	Tylenol® (oral), Ofirmev® (intravenous)	Severe skin rash (rare)	Risk of liver damage – AVOID Alcohol. Avoid taking other medications that contain acetaminophen at the same time.
<input type="checkbox"/> Anti-Inflammatory	Ibuprofen, Ketorolac (Toradol®), Naproxen, Meloxicam	Upset stomach, rash, increased blood pressure, stomach bleed	Take with food to avoid stomach upset
<input type="checkbox"/> Muscle Relaxers	Cyclobenzaprine (Flexeril®), Methocarbamol (Robaxin®), Tizanidine (Zanaflex®)	Dry mouth, dizziness, tiredness, headache	May need help getting out of bed
<input type="checkbox"/> Pain Relievers	Hydromorphone (Dilaudid®), Hydrocodone/Acetaminophen, Meperidine, Morphine, Oxycodone	Constipation, dry mouth, drowsiness	May need help getting out of bed
Respiratory			
<input type="checkbox"/> Anticholinergic	Ipratropium (Atrovent®)	Dry mouth, headache, tremor	Report any vision changes, considerable tremor, or uncontrolled breathing attacks to your nurse
<input type="checkbox"/> Bronchodilator (Rescue Inhaler)	Albuterol	Dry mouth, increased heart rate, tremor	Report any uncontrolled breathing attacks, racing heart rate, or chest pain to your nurse
<input type="checkbox"/> Cough	Dextromethorphan, Guaifenesin, Codeine, Benzonatate (Tessalon Perles®)	Nausea, upset stomach, dizziness, drowsiness, headache	Guaifenesin-take with a full glass of water Benzonatate- swallow capsule whole
<input type="checkbox"/> Inhaled Corticosteroid	Budesonide (Pulmicort®)	Headache, nausea, thrush	Rinse your mouth after using this medicine. Report any uncontrolled breathing attacks to your nurse.
Other			
<input type="checkbox"/> Alpha Blockers (BPH treatment)	Tamsulosin (Flomax®)	Dizziness, headache, orthostatic hypotension, sexual dysfunction	May need help getting out of bed.
<input type="checkbox"/> Electrolytes	Calcium, Magnesium, Potassium, Phosphorus	Diarrhea, heart rhythm abnormalities, heartburn	You may need to have your blood tested periodically to monitor.
<input type="checkbox"/> Insulin	Insulin aspart (Novolog®), Insulin detemir (Levemir®), Insulin glargine (Lantus®)	Low blood sugar, weight gain	Your nurse will monitor your blood sugar. Report any signs of low blood sugar to your nurse.
<input type="checkbox"/> Thyroid Agents	Levothyroxine (Synthroid®)	Insomnia, weight loss, increased heart rate	Report any fast heart rate or chest pain to your nurse

[‡]This may not include all possible side effects. If you have any questions about your medication, please call your nurse.
A side effect is any result of a medication that occurs in addition to the intended effect (i.e. pain medicine may cause constipation)

Discharge Planning Guide

During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver (a family member or friend who may be helping you) are important members of the planning team. You and your caregiver can use this checklist to prepare for your discharge.

For more information on discharge planning, see your nurse or call the Operator at 423-492-9000.

Instructions

Use this checklist early and often during your stay. Talk to your doctor and the staff (discharge planner, social worker or nurse). Check the box next to each item when you and your caregiver have finished the task. Write down important information (like names and phone numbers) on the notes page at the end of this section. You can skip items that don't apply to you or your stay.

Action Items

WHAT'S AHEAD?

- ☐ Ask where you'll get care after you leave (after you're discharged). Do you have options (like home health care)? Be sure you tell the staff what you prefer.
- ☐ If a caregiver will be helping you after discharge, write down their name and phone number.

YOUR HEALTH

- ☐ Ask the staff about your health condition and what you can do to help yourself get better.
- ☐ Ask about problems to watch for and what to do about them. Write down the name and phone number of a person to call if you have problems.

DISCHARGE MEDICATIONS

- ☐ Review the list with the staff.
- ☐ Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.
- ☐ Write down the name and phone number of a person to call if you have questions.

RECOVERY & SUPPORT

- ☐ Write down the name and phone number of a person you can call if you have questions about equipment.
- ☐ Ask if you're ready to do the activities below. Circle the ones you need help with, and tell the staff:
 - Bathing, dressing, using the bathroom, climbing stairs
 - Cooking, food shopping, house cleaning, paying bills
 - Getting to doctors' appointments, picking up prescription drugs
- ☐ Make sure you have support (like a caregiver) in place that can help you. See "Resources" for more information.
- ☐ Ask the staff to show you and your caregiver any other tasks that require special skills (like changing a bandage or giving a shot). Then, show them you can do these tasks. Write down the name and phone number of a person you can call if you need help.
- ☐ Ask to speak to a social worker if you're concerned about how you and your family are coping with your illness. Write down information about support groups and other resources.
- ☐ Talk to a social worker or your healthplan if you have questions about what your insurance will cover, and how much you'll have to pay. Ask about possible ways to get help with your costs.

FOR THE CAREGIVER

Do you have any questions about the items on this checklist or on the discharge instructions? Write them down, and discuss them with the staff.

- ☐ Can you give the patient the help he or she needs? What tasks do you need help with?
- ☐ Do you need any education or training?
 - Talk to the staff about getting the help you need before discharge.
 - Write down the name and phone number of a person you can call if you have questions.
- ☐ Get prescriptions and any special dietary instructions early, so you won't have to make extra trips after discharge.

More Information for People with Medicare

If you need help choosing a home health agency or nursing home:

- Talk to the staff.
- Visit [Medicare.gov](https://www.medicare.gov) to compare the quality of home health agencies, nursing homes, dialysis facilities, and hospitals in your area.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 877-486-2048.

Resources

The agencies listed here have information on community services, (like home-delivered meals and rides to appointments). You can also get help making long-term care decisions. Ask the staff in your healthcare setting for more information.

- Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs): Help older adults, people with disabilities, and their caregivers. To find the AAA or ADRC in your area, visit the [Eldercare Locator](https://www.eldercare.gov) at [eldercare.gov](https://www.eldercare.gov), or call 800-677-1116.
- Medicare: Provides information and support to caregivers of people with Medicare. Visit [Medicare.gov](https://www.Medicare.gov).
- Long-Term Care (LTC) Ombudsman Program: Advocate for and promote the rights of residents in LTC facilities. Visit [ltcombudsman.org](https://www.ltcombudsman.org).
- Senior Medicare Patrol (SMP) Programs: Work with seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse. To find a local SMP program, visit [smpresource.org](https://www.smpresource.org).
- Centers for Independent Living (CILs): Help people with disabilities live independently. For a state-by-state directory of CILs, visit [ilru.org/html/publications/directory/index.html](https://www.ilru.org/html/publications/directory/index.html).

- State Technology Assistance Project: Has information on medical equipment and other assistive technology. Visit [resna.org](https://www.resna.org), or call (703) 524-6686 to get the contact information in your state.
- National Long-Term Care Clearinghouse: Provides information and resources to plan for your long-term care needs. Visit [longtermcare.gov](https://www.longtermcare.gov).

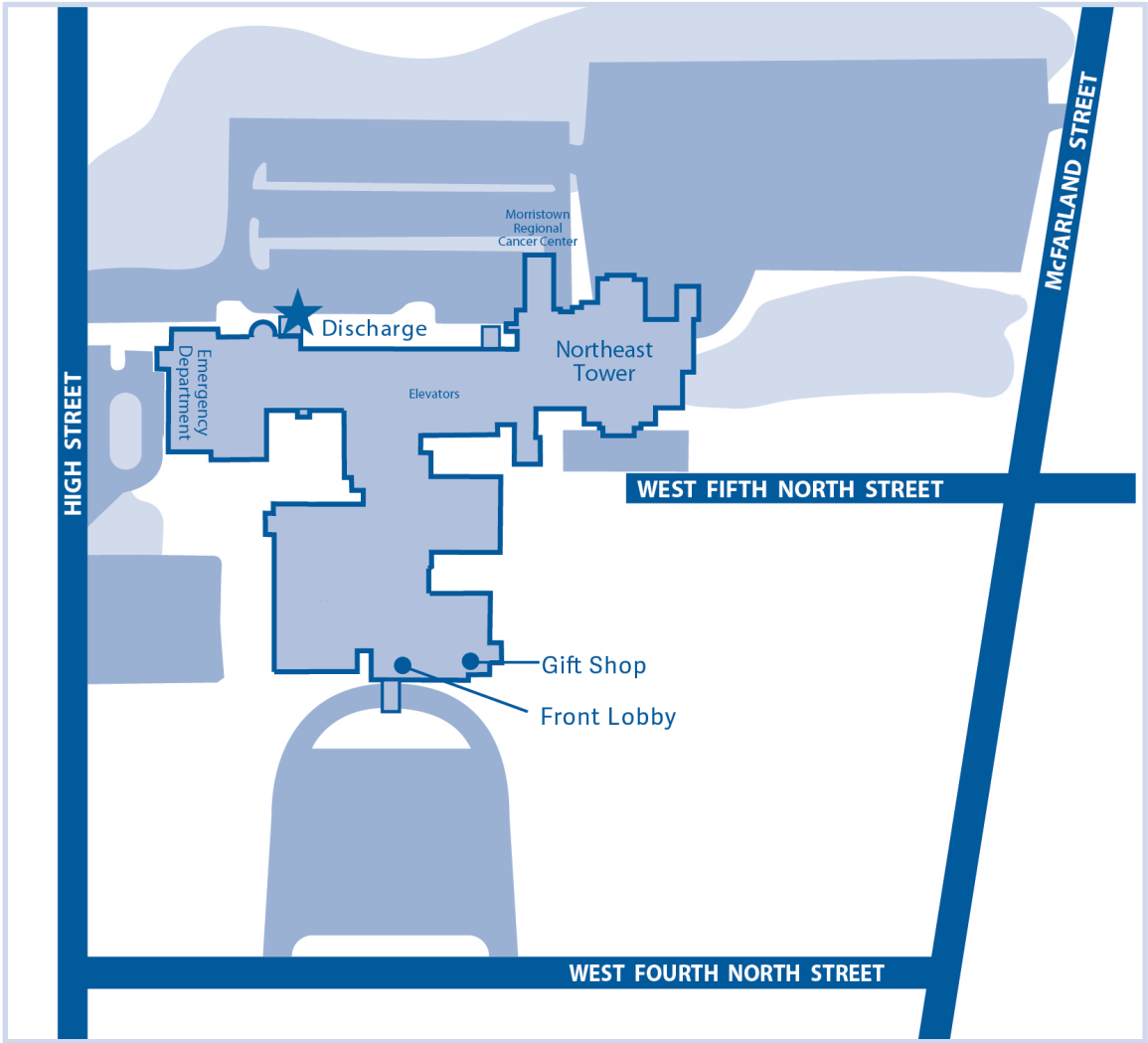
Information provided by the Centers for Medicare and Medicaid (CMS)



Going Home

When your physician writes the order for your discharge, we will begin the final steps to ensure a safe and well-planned discharge for you to return home. Once your discharge activities have been completed, we will give you the expected time that you will be taken to the Assisted Patient Pick-up location so your driver can be there to meet you. A map to this location is provided for your reference.

We always strive to give every patient excellent care throughout the entire hospital stay, and we want you to have a very positive discharge experience. Please do not hesitate to ask us any questions you may have about going home.



Thank you for entrusting Covenant Health Morristown-Hamblen with your care.

Important Phone Numbers:

Please note all phone numbers are 423 area code unless otherwise specified.

Main Number: 492-9000

Patient Rooms may be reached by dialing 423-9 plus the room number.

Administration	492-5000	IMC	492-8050
Admissions/Registration	492-5050	Insurance & Billing	800-230-1130
Cafeteria - Meal Ordering	492-5555	Laboratory Services	492-6600
Cardiac Rehab	492-5210	Medical Records	865-374-5269
Case Management	492-5950	Medical Staff Services	492-6125
CCU	492-8000	Morristown Regional Cancer Center	492-6200
Complaints/Grievances	492-5414	Medical Oncology (Chemotherapy)	492-6100
Day Surgery	492-5525	Radiation Oncology	492-6215
Emergency Department (ED)	492-5400	Morristown-Hamblen West Diagnostic Center	492-6500
Housekeeping	492-5575	Radiology	492-6800
Financial Assistance	865-374-3000	Scheduling	865-374-4000
Gift Shop	492-5800	Women's Center	492-6975
Heart, Lung & Vascular Center	492-5200	Wound Care Center	492-7080

We hope we have exceeded your expectations during your hospital stay.

WE'D LOVE FOR YOU TO SHARE YOUR 5-STAR EXPERIENCE ON GOOGLE!



Questions to Ask Your Doctor or Nurse: