For Your Hospital Stay

Patient Admit Packet

University of Washington Medical Center
Improves Health by Providing
Exceptional Patient and Family Centered Care
In an Environment of Education and Innovation
Know Your Medicines

During your hospital stay, always ask 4 questions about each of your medicines:

1. What is the name of the medicine?
2. What is my dose?
3. Why do I need to take it?
4. What are the possible side effects?

You can ask your doctor, nurse, or pharmacist these questions at any time.
Welcome to University of Washington Medical Center

Thank you for choosing University of Washington Medical Center (UWMC) for your medical care. We want to make your stay with us a safe and positive experience.

This packet was created to help you know what to expect during your hospital stay. The content was approved by UWMC’s Inpatient Patient and Family Advisory Council. If you have any questions, please ask a UWMC staff member.

You will receive the highest quality medical care at UWMC. Whether we are working at your bedside or behind the scenes, each member of your healthcare team is committed to making an important contribution to your health. To be sure we are providing the correct care for you, we will check your name and hospital number every time we give you a medicine, do a procedure or provide other treatment.

UWMC is a teaching hospital. Besides caring for our patients, we also provide education and training to current and future doctors, nurses, and other health professionals. Many of these providers will contribute to your care while you are in the hospital. Their knowledge, skill, and perspective will add to the quality and safety of your experience.

Most of the time, you will interact with our resident doctors. But, your chief resident, fellow, and attending doctor are always kept up to date about your progress and needs. Please see page 11 to learn more about the members of your healthcare team.

We always work to improve our patients’ experiences, and we want to know your comments and suggestions. If you have any questions or concerns, please talk with your Charge Nurse or call Patient Relations at 206.598.8382.

After you leave the hospital, you may receive a survey by mail. Please use this survey to tell us about the care you received during your stay.

We look forward to caring for you.
You, the patient, are our first priority. We know you have a choice about where you receive your healthcare, and we want you to continue to choose us for your care needs. We are committed to patient and family centered care. We want to always meet your needs and provide you with excellent care.

Providing Excellent Care
During your hospital stay, our goal is to ensure your safety and comfort. To do this, we will:

- Introduce ourselves to you so that you know all members of your care team
- Listen and respond to your needs and questions
- Partner with you to plan your care and keep you informed
- Safely manage any discomfort you may have
- Create a healing environment and reduce noise
- Wash or sanitize our hands before we come into contact with you
- Check your identification band before we give you medicines or treatments

What You Can Expect

Rounding
You will be visited often by one of your nurses or patient care technicians (PCT). This is called rounding. Expect a visit:

- Every hour during the day
- Every 2 hours at night

During rounding, your nurse or PCT will:

- Check on you and your well-being
- Monitor your comfort and pain

- Help you to the bathroom
- Make sure you can reach the things you need

Nursing Care

- If you need to use your call light between rounds, expect a prompt and courteous response from a member of your care team.
- During shift changes, your nurses talk with each other and with you at your bedside. This increases your participation in your care and helps us ensure your safety.
- A nurse leader will visit you to confirm we are always providing excellent care.
- If at any time during your stay you have questions or concerns, please ask us. We are here and have the time for you.
My Discharge Planning Checklist

We want to help your discharge go smoothly. Please use this checklist to help you plan for the care you will need when you leave the hospital. Be sure to share this checklist with a family member or your caregiver. Thank you!

My doctor’s name: ________________________________________________________________

My expected discharge day, date, and time (from my doctor): _____________________

☐ I need discharge medicines. I will get them at: ☐ UWMC Pharmacy ☐ An outside pharmacy
☐ I do not need any new medicines.

Check each item when done:

At Least 2 Days Before Discharge

I asked my doctor:

☐ Where I will go when I’m discharged (home, skilled nursing facility, or elsewhere)?

☐ If I’m not going home, how long can I expect to stay there?

☐ How I will get where I’m going? Do I need to arrange a ride? (If so, UWMC social workers can help with this.)

☐ What kind of care support will I need (such as friends, family, hired caregivers, or home health service)?

☐ What supplies and equipment will I need?

☐ Do I need follow-up visits with my primary healthcare provider and/or a specialist?

☐ ___________________________________________  ☐ ___________________________________________

☐ ___________________________________________  ☐ ___________________________________________

☐ ___________________________________________  ☐ ___________________________________________

☐ ___________________________________________  ☐ ___________________________________________

Day Before Discharge

I talked with my doctor about:

☐ Any final tests or procedures I will need before I leave the hospital.

I talked with my nurse or social worker about these concerns:

☐ Is my discharge location ready for me?

☐ Is my transportation arranged?

☐ Are my caregivers ready for me? Do they know what my discharge plans are?

Discharge Day

I talked with my care team about:

☐ My discharge medicines and how I take them, if needed.

☐ How I use my new medical equipment and devices, if needed.

☐ What signs and symptoms I should watch for, and when I should call my doctor or nurse.

☐ The best phone numbers to use to reach my doctor or nurse, and what times of day I can call.

☐ ___________________________________________  ☐ ___________________________________________
**We are committed to keeping you safe.** Please carefully read this page, and ask us if you have any questions.

**Preventing Falls**

Falls can cause serious and even fatal injuries. **Your risk for falling increases if you:**

- Are recovering after surgery
- Have weakness in your legs or arms that makes it hard for you to move or walk
- Feel dizzy when you stand up, walk, bend over, or try to reach for something
- Have pain and are taking pain medicines
- Need to get to the bathroom quickly
- Have tubes, drains, poles, and equipment that can get tangled
- Are not sleeping well, or sleep during the day and are awake at night
- Are feeling confused or forgetful

**You are also more at risk for falling if you:**

- Do not believe you are at risk because you are not old and you are usually healthy
- Do not use your call light because you do not want to bother staff or are embarrassed to ask for help

**We will work with you to develop a plan to keep you safe. As part of this plan, we may:**

- Set an alarm that will ring if you start to get out of your bed or chair to remind you to stay in place. We will hear the alarm and come quickly to help you.
- Put a soft mat down by your bed to keep you from being hurt if you do fall.
- Ask you to work with a physical therapist or occupational therapist to help improve your balance and safety awareness.

**Please help us keep you safe by using your call light. We are never too busy to help you!**

**Opioid Safety**

An opioid is a medicine we use to treat moderate to severe pain. Some examples of opioids are morphine, hydromorphone (Dilaudid), and oxycodone.

Opioids have side effects. They can make you:

- Sleepy
- Sick to your stomach (nauseated)
- Itchy
- Constipated
- Unable to think clearly

**Tell staff if you feel too sleepy or are having any breathing problems.** Opioids can slow your breathing enough to be life-threatening.

While you are on opioids, we will check on you often. We will do our best to manage any side effects. For your safety, we may wake you up from time to time after you have a dose of opioid medicine.

If you go home with a prescription for opioids, be sure to talk with your doctor about tapering (reducing) your dose over time.
Helping Manage or Lessen Your Pain

We cannot get rid of all pain. But, we can help lessen your pain so that you can:
- Cough and breathe deeply
- Turn in bed (with or without help)
- Walk to the bathroom or use the bedside commode, brush your teeth, comb your hair, and do other activities of daily living, either by yourself or with help

Please use one of these pain scales to describe your pain to your nurse:

You can choose a **NUMBER** that best describes your pain:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>Worst Pain</td>
</tr>
</tbody>
</table>

Or, choose a **WORD** that best describes your pain:

| No Pain | Mild | Moderate | Severe |

Or, choose a **FACE** that best describes how you feel:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Hurt</td>
<td>Hurts Little Bit</td>
<td>Hurts Little More</td>
<td>Hurts Even More</td>
<td>Hurts Whole Lot</td>
<td>Hurts Worst</td>
</tr>
</tbody>
</table>

What is patient-controlled analgesia (PCA)?

The word *analgesia* means “relief from pain.” The PCA is a machine that allows you, the patient, to manage your own pain.

When you feel pain or discomfort, you push a button to give yourself a dose of pain medicine.

**Is PCA safe?**

PCA is safe, as long as you, the patient, are the only one who pushes the PCA button. Too much pain medicine can make you very sleepy and slow your breathing enough to be life-threatening. This is why it is so important that ONLY you push the PCA button. Family members and other loved ones should never push the PCA button.

To keep you safe while you are on any pain medicine, we will wake you from time to time to check your vital signs and breathing.

**Remember:**
- You, the patient, are in charge of your PCA machine.
- **ONLY YOU** should push the PCA button when you feel pain.
While you are in the hospital, we will do our best to help protect you from certain health risks.

**Preventing Infections**

We follow guidelines from the Centers for Disease Control (CDC) to keep you safe from infection. If you have any concerns, please talk with your doctor or nurse.

To help prevent the spread of infection:
- Your healthcare team will wash or sanitize their hands before they enter your room and as they leave.
- Feel free to ask your doctor, healthcare workers, and visitors if they have washed or sanitized their hands.
- We ask visitors who are ill or have symptoms such as a fever, cough, sneezing, or a runny nose NOT to visit until they are well.
- Some care areas may ask visitors to leave if they are ill.
- If a patient has an infection such as methicillin-resistant *Staphylococcus aureus* (MRSA) or *Clostridium difficile* (“C. diff”), we take special precautions to keep the infection from spreading to others. Staff will wear a gown, gloves, and a mask when caring for these patients. We will give you and your family more information if this affects you.

**Preventing Pressure Ulcers (Bedsores)**

Pressure ulcers are skin injuries that can happen when you stay too long in one position. Pressure ulcers are also called bedsores. It is important to prevent pressure ulcers because they increase the risk for infection.

Pressure ulcers occur most often over bony places in a patient’s body, such as the heels, tailbone, elbows, and the back of the head.

Good nutrition and the right amount of fluids help prevent and heal pressure ulcers. To help prevent pressure ulcers while you are in the hospital:
- If you have trouble moving in bed, staff will help turn you to ease pressure on your skin.
- If needed, a special dressing or pillow may be used to help keep you from getting pressure ulcers.

**Preventing Blood Clots**

Blood clots, also called *deep vein thrombosis* (DVT) can happen to anyone who is not able to be physically active. When leg muscles are not used, blood can collect in the leg veins and cause a blood clot.

To help prevent blood clots:
- You may have inflatable leg wraps placed on your legs (see “Sequential compression devices” on page 15).
- We will encourage you to walk as much as you can.
- You may receive a blood-thinning medicine to lessen your risk for blood clots. Some patients receive heparin shots while they are in the hospital.

Remember, it is very important to stay as active as you can after you leave the hospital, too.
If You Smoke

**UWMC is a smoke- and tobacco-free facility.** We are committed to a safe, healthy environment for our patients and staff.

If you are a patient and you smoke or use tobacco, please ask your nurse for more information about:

- Nicotine patches during your hospital stay
- UWMC handout: “Resources to Quit Smoking or Using Tobacco”
- Scheduling a quit-smoking session with a UWMC pharmacist

Financial Counseling

**UWMC’s financial counselors** can help you and your family:

- Understand your hospital bills and how to pay for your hospital stay
- Work with insurance companies and government programs
- Find answers to your questions about financial aid

To talk with a financial counselor, please call 206.598.4320 (8.4320 from your bedside phone).

For Your Visitors

**Here are some important things your visitors need to know:**

- Visitors must wear a hospital ID badge between 9:30 p.m. and 5:30 a.m. Visitors can get their badge at the Information Desk on the 3rd floor.
- Only patients should push their PCA button to control their pain medicine (see page 5).
- All visitors should wash or gel their hands when they enter and leave the patient’s room.
- Visitors who are sneezing or who have a cough, runny nose, or fever should wait to visit until they are well (see page 6).
- The hospital observes “Quiet Hours” from 9 p.m. to 7 a.m. (see page 10).
While you are a patient at UWMC, you and your family and visitors have access to many hospital services. These services are described in the handout “Services for Patients and Families.” They are also explained on the Information Channel, channel 2 on your hospital TV.

Meals for Patients
- We offer room-service dining to our patients. Call 8.3663 (8.FOOD) from your bedside phone to order.
  - Most breakfast items are available 6:30 a.m. to 9:30 p.m.
  - Lunch and dinner items are available 11 a.m. to 9:30 p.m.

Food for Visitors
- The Plaza Café (hospital cafeteria) is on the 1st floor near the Pacific elevators.
  - Open every day from 6:30 a.m. to 7 p.m.
  - Breakfast is served from 6:30 to 10 a.m.
  - Lunch and dinner are served from 11 a.m. to 7 p.m.
- Espresso stands with beverages and snacks are near the Gift Shop on the 3rd floor, in the rear of the Plaza Cafe sitting area on the 1st floor, and in the Surgery Pavilion on the 1st floor (hours vary).
- The Tea Room is on the 3rd floor in the hall between the Surgery Pavilion and the main hospital. It is open weekdays from 7:30 a.m. to 4 p.m.
- An after-hours Food Cart is in the main lobby on the 3rd floor of the hospital from 7 p.m. to 3:30 a.m.
- The Gift Shop on the 3rd floor also sells some snacks and beverages, along with newspapers, magazines, greeting cards, stamps, personal grooming supplies, snacks, beverages, gifts, and more.

Parking and Transportation
- Park in the Triangle Garage or the Surgery Pavilion Garage. Ask at the main desk of your unit for parking validation to reduce your parking fee.
- Valet parking is in front of the hospital weekdays from 7:30 a.m. to 5:30 p.m. The cost is the same as parking in the Triangle Garage, with no extra fee for valet services.
- The hospital offers free shuttles to Roosevelt Clinics, Harborview, Seattle Cancer Care Alliance, Seattle Children’s, and Fred Hutchinson Cancer Center. Ask at the main desk of your unit for a schedule.

Read full descriptions of these services and more in the handout “Services for Patients and Families.” Ask at the main desk of your unit for a copy, or scan this QR code with your mobile device.
Health Information Resources

• The Health Information Resource Center on the 3rd floor has staff to help users find health information. UWMC patients and families may also use computers and the internet, printer, copier, and fax. The resource center is open weekdays from 10 a.m. to 4 p.m. Call 8.7960 from your bedside phone.

• Financial Counseling can help you and your family understand your hospital bills, work with health insurance companies, and apply for Medicaid and other financial aid. To ask a financial counselor to come to your room, call 8.4320 from your bedside phone between 8 a.m. and 5 p.m.

• Health Information Management can provide copies of your medical records for a per-page fee. Call 206.744.9000 (press 9 first if calling from your bedside phone).

• Notary services are available during limited hours in the Social Work and Care Coordination department. Call 8.4370 from your bedside phone.

Staying Connected

• You or your loved ones may set up a free, private webpage to help others stay in touch. To get started, visit www.carepages.com or www.caringbridge.org. Staff at the Health Information Resource Center can help you set up your webpage.

• Wi-Fi access is available at no charge in most places in the hospital. Choose the “Patients and Visitors” network.

The Information Channel (channel 2 on your room TV) provides this information and more in slideshow format. The show lasts about 20 minutes and runs nonstop 24 hours a day.

Personal Support

• Social workers can provide or arrange counseling, help you with insurance and transportation, arrange care when you leave the hospital, and more. To reach Social Work and Care Coordination, please ask your nurse.

• As part of your care team, spiritual caregivers can provide respectful spiritual and emotional support for patients of diverse faith traditions and personal beliefs. To reach Spiritual Care, call 8.4630 from your bedside phone and leave a message.

• A hairstylist can come to your room on weekdays. Please pay with cash or check only. Call 206.221.4284 (press 9 first if calling from your bedside phone).
Quiet Helps the Healing Process

At UWMC, our goal is to create a quiet, healing environment for all our patients, especially at night. Please tell us if there is something more we can do to make your stay more restful.

Here’s how we can work together to keep our hospital quiet:

• Quiet hours are 9 p.m. to 7 a.m. Many units also have quiet hours during the day.
• If it is medically safe and you are comfortable, we may close the door to your room to reduce noise.
• For your safety, we will check on you every 2 hours during the night. When we enter your room at these times, we will keep lights as low as possible and speak softly.
• You may ask your nurse for earplugs to help you get a more restful sleep.
• We also have headsets for you (and a guest) so that you can watch your favorite TV shows.

Studies show that the soothing sound of ongoing “white noise” allows your brain to relax, helping you fall asleep and stay asleep. Use these channels on your TV day or night to create a restful environment within your room:

• Channel 54: Surf
• Channel 55: Fan
• Channel 56: Gusty Wind
• Channel 57: Rain

You Can Help, Too!

To help us create a healing environment for you and others, please:

• Turn your TV volume down after 9 p.m., or wear headphones for quieter viewing
• Ask your visitors to visit quietly and with respect for other patients, both in your room and in the hallways
• Limit phone calls and loud conversations after 9 p.m.
• Tell hospital staff if there is a lot of noise in or around your room
Your Care Team

Along with you and your caregiver, there are many other members of your healthcare team. This page explains how different providers help care for you.

An **attending doctor** (attending physician) directs and monitors your care, and also oversees and trains resident doctors.

A **charge nurse** oversees the nursing staff for the unit and is responsible for making sure you are receiving excellent care. There is a charge nurse on every unit for every shift.

A **clinical nurse specialist (CNS)** is an advance practice registered nurse who is an expert in a special area, such as wounds or diabetes.

A **fellow** is a doctor who has finished resident training and is in extra training in a special field such as cardiology or oncology.

A **nurse manager** is responsible for all activities on the unit. This includes managing staff and overseeing your care. Please contact the nurse manager with any questions, concerns, or praise you have.

The **nurse practitioner (ARNP) and physician assistant (PA)** are healthcare providers with advanced training who work with your doctors to help manage your care.

**Nutritionists (dietitians)** assess your dietary needs while you are in the hospital. They will explain any changes you need to make in your diet when you go home.

**Occupational therapists** assess your ability to do daily tasks, such as bathing and dressing. They will help you do these tasks while you are in the hospital, and may order equipment to help you at home, if needed.

A **patient care technician (PCT)** helps your nurse with your direct care.

A **patient services specialist (PSS)** coordinates and oversees clerical work at the main desk of the unit.

**Pharmacists** give information about the uses, doses, and effects of medicines to doctors, nurses, and patients.

**Physical therapists** help you with mobility and teach you how to improve your strength and balance.

**Registered nurses** provide your nursing care during your hospital stay.

**Resident doctors** have graduated from medical school and are licensed to practice medicine. Your resident doctor will write orders and work with your attending doctor to help make decisions about your care. You may receive care from an R1 (intern), R2, R3, R4, and/or a chief resident. The numbers after the “R” tells how many years of extra training these doctors have had.

**Respiratory therapists** assess your breathing. They may provide therapy to help improve your breathing.

**Social workers** are available to help you and your family find community resources and support you during your stay (see “Personal Support” on page 9).

**Spiritual caregivers** provide respectful spiritual and emotional care to persons of all faiths and beliefs (see “Personal Support” on page 9).

**Speech therapists** assess your ability to swallow or speak, and can work with you to help you improve these abilities.

**STAT nurses** are trained to work in the intensive care unit (ICU). They help with urgent care needs in the hospital.
Hospital care is complex. During your hospital stay, you will need to make many choices and decisions while you also focus on coping with your illness.

As your caregivers, it is our responsibility to make sure that you and your family are aware of your rights and responsibilities. The information on this page is taken from two documents: “Notice of Privacy Practices” and “Information About Your Healthcare.”

Notice of Privacy Practices

We keep a record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may get more information about your record in the section of the notice called “Your Individual Rights About Patient Health Information.”

Patient Rights and Responsibilities

As your caregivers, it is our responsibility to make sure you and your family are aware of your legal rights and responsibilities.

Among Your Rights

As a patient at UWMC, your rights include:

- Personal dignity
- Reasonable access to care and treatment and/or accommodations that are available or medically advisable, regardless of your race, color, creed, religion, sex, sexual orientation, gender identity, national origin, disability, age, or status as a disabled veteran, and regardless of whether you are able to pay for your care
- The right to express your values and beliefs and to exercise spiritual and cultural beliefs that do not interfere with others’ well-being or their treatment
- Access to your own health information
- Access to an interpreter if you do not speak or understand the English language

Among Your Responsibilities

As a patient at UWMC, you also have responsibilities. These include:

- Providing, to the best of your knowledge, accurate and complete information and reporting any changes in your condition to your care provider
- Participating in talks and asking questions about your plan of care
- Following your agreed-upon treatment plan
- Being considerate of the rights of other patients and hospital staff

To learn more about privacy practices at UWMC, please read the full “Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers.” Ask for a copy at the main desk of your unit, or scan this QR code with your mobile device.
Advance Directives

Doctors can sometimes extend life for years with artificial means. But many people question the value of doing this if there is little hope of recovery.

When you are making decisions about accepting, rejecting, or stopping medical treatment, ask yourself, if I were terminally ill or permanently unconscious:

- Would I wish to have my heart restarted if it stops?
- How much medical treatment would I wish to have?
- Who should make medical decisions for me if I cannot do so myself?

We want to respect your wishes, but we need to know what they are. Advance directives are written, legal documents that state your choices about healthcare treatment or name someone to make choices for you if you cannot do so. You can review and change your advance directives at any time.

Here are the most common advance directives:

A Healthcare Directive (living will) states whether you want your life artificially prolonged under certain conditions. This directive is followed only if:

- Your attending doctor diagnoses, in writing, that you are in a terminal condition; or
- Two doctors diagnose that you are in a permanent unconscious condition and that treatment would only prolong your process of dying

You must sign this living will and have it witnessed by two people. Witnesses cannot be related to you or expect to inherit anything from you. They also cannot be UWMC employees, hospital volunteers, or attending doctors or their employees.

A Mental Health Advance Directive states your instructions, or appoints an agent to make decisions for you, about your mental healthcare. This form must agree with the provisions of Washington State’s Mental Health Advance Directive statute.

The Physician Orders for Life Sustaining Treatment (POLST) form summarizes the advance directive and stays with the patient at home or in the healthcare setting. The form serves as doctor’s orders on end-of-life care. If you have a POLST form, bring it with you to the hospital to show to your doctor. Be sure to talk with your doctor about your wishes.

A Durable Power of Attorney for Healthcare states who can make healthcare decisions for you if you cannot speak for yourself. This person may be called your “agent” or “attorney in fact.” UWMC employees, staff, medical center volunteers, attending doctors, or employees of the attending doctor cannot be your agent unless that person is your spouse, state-registered domestic partner, adult child, or sibling.

More information about your patient rights and responsibilities and about advance directives is included in the booklet called “Information About Your Healthcare.” Ask for a copy at the main desk of your unit, or scan this QR code with your mobile device.
Palliative Care

**Palliative care** is a special type of medical care for people with serious illnesses. The goal of palliative care is to improve quality of life for both patients and their family members. It focuses on helping patients and families manage the stress, pain, and other symptoms that a serious illness can cause.

Palliative care may be helpful at any age, and at any stage in a serious illness. It can be provided while a patient is being treated for an illness. It may also be provided when a patient has ended treatment and wants care that focuses on enhancing quality of life.

Palliative care is an important part of the care we provide at UWMC. Our palliative care team works with the patient’s primary medical team, the patient, and the patient’s family to develop the best and most holistic treatment plan for that patient.

The Palliative Care Service at UWMC can help you and your family:

- Live the best possible life
- Connect to information and resources
- Manage the feelings that come with serious illness
- Talk about complex medical issues and make important decisions
- Communicate your wishes and concerns to your entire care team
- Match your medical treatments to your healthcare goals
- Make end-of-life care decisions
- Build memories and legacies for your family through letters and recorded stories
- Navigate the grief process

If you are considering palliative care, ask your primary doctor for a Palliative Care Consult. A member of the palliative care team will meet with you, your family, and a member of your primary care team to learn more about what is most important to you.

**Patient Relations**

**Patient Relations staff are resources for our patients and families.** If you have any questions, concerns, complaints, or compliments about the services you received at UWMC, please call Patient Relations at 206.598.8382.

Talk with your doctor or other provider if you have concerns about the safety or quality of care you received at UWMC. It is our goal to resolve all patient safety and care issues.

You may also report unresolved concerns about care safety or quality to:

- Washington State Department of Health, 800.633.6828
- The Joint Commission, 800.994.6610
Acute illness - Illness that is short-term. It often begins suddenly, has severe symptoms, and needs urgent care.

Analgesic - A drug that is used to ease pain. Also called a “painkiller.”

Antibiotic - A drug that is used to treat infections caused by bacteria or other organisms.

Assessment - A process of gathering and documenting information.

Blood pressure (BP) - Your blood pressure rises each time your heart beats and falls when your heart relaxes. Blood pressure readings are written as 2 numbers, such as 115/75 (115 over 75). The top number is pressure when your heart is pumping. The bottom number is pressure when your heart is at rest.

Chronic illness - An illness that lasts a long time and usually progresses slowly.

Foley catheter - Thin, sterile tube inserted into the bladder to drain urine. The urine drains into a bag.

Holistic care - Patient care that considers all aspects of a person’s health, including physical, emotional, social, economic, cultural, and spiritual needs.

Incentive spirometer - A device that helps you take deep breaths. Using this device after surgery helps prevent lung infection (pneumonia).

Intravenous (IV) catheter - A small plastic tube placed in a patient’s vein to deliver medicines, fluid, and nutrition.

Isolation - Keeping patients who have an infection, or patients who are at risk for infections, apart from other patients. Anyone entering their room may be asked to wear a mask, gloves, and a gown.

IV pump - Machine that controls the amount of fluid going through an intravenous (IV) tube. Also simply called a “pump.”

Monitor - A screen that looks like a TV. A monitor displays the patient’s vital signs such as heart rate and blood pressure.

Nasal cannula - A small plastic tube placed at the nostrils to deliver oxygen.

NPO - An order specifying that the patient is not to have anything to eat or drink. It comes from the Latin nils per os, which means “nothing by mouth.”

Patient-controlled analgesia (PCA) - Any method that allows a person in pain to control pain relief. PCA uses a pump that gives a small amount of pain medicine when the patient presses a button.

Pressure ulcer or pressure sore - A skin lesion or sore that forms when the blood supply to the skin is cut off for a while, often caused by pressure and lack of movement. It is also called a decubitus sore, ulcer, or bed sore.

Rounds - Patient visits by the healthcare team to talk about the patient’s condition, progress, and healthcare plan. Medical rounds, when the main care provider visits, usually occur at a specific time of the day. Nurses also do hourly rounds during the day and every 2 hours at night to check on each patient’s comfort and safety.

Safety check - A way that nurses verify your care at shift change.

Sedative - A drug that relaxes you.

Sequential compression devices (SCDs) - Leg wraps that inflate from time to time to improve blood flow in your legs and prevent blood clots.

Vital signs - Your temperature, heart rate (pulse), respiration, blood pressure, and the amount of oxygen in your blood (“O2 sat”).
My Questions

Please use this page to write down any questions you have for your care team.
Main Level (3rd Floor)

When you enter the main entrance, you will be on the 3rd floor of the hospital. Many important services are on this floor, including Admitting, Reception, Information Desk, Health Information Resource Center, Outpatient Pharmacy, Financial Counseling, Gift Shop, and Medical Records. Please see the map below for the locations of these services and others.

Towers

The main hospital is divided into 3 towers: the Cascade Tower, the Pacific Tower, and the Montlake Tower. Each tower has its own set of elevators.

Please see the map below for the locations of the 3 towers and their elevators.