

# **CHECKLIST INPATIENT STAY**

With this double-sided checklist, we aim to simplify your admission and discharge process.

## TO BE DONE BEFORE HOSPITAL ADMISSION

- o Send the admission form, EPD (electronic patient dossier), and general consent to the clinic.
- o If applicable, send SIRIS, SWISS NOSO, GDPR, and room upgrade registration to the clinic.
- o Complete and sign the anesthesia questionnaire and send it in advance, or bring it with you if admission is on short notice (less than 7 days).
- o Pay the deposit (if cost coverage is lacking or for an upgrade) or bring proof of payment for short-notice admissions (less than 7 days).
- o Leave valuables and jewelry at home. The clinic assumes no liability for valuables brought with you.
- o Provide a contact address, inform relatives, neighbors, and your employer.
- o Arrange for apartment checks, empty the mailbox, water the plants, and deposit the key.
- o Organize transportation to and from the clinic.
- o Be fasting on the day of surgery before admission:
  - light meals up to 6 hours before admission
  - clear liquids such as water or tea (no dairy products or fruit juices) up to 2 hours before admission
- o After showering, do not use body care products or makeup.
- o If applicable, remove nail polish and artificial nails.

# TO BRING TO THE ANESTHESIA CONSULTATION (if available)

- o Blood group card, allergy pass
- o Advance healthcare directive
- o Blood-thinning card (Quick card), card for endocarditis prophylaxis
- o Current medications in original packaging, not pre-packaged
- o Completed anesthesia questionnaire (if not already sent to the clinic)
- o Medical reports, X-rays, examination findings, and any general practitioner's reports
- o Laboratory results
- o ECG

# TO BRING WHEN ADMITTED TO THE CLINIC

#### **Medications**

- o Current medications in original packaging, not pre-packaged
- o Current medication card

# **Documents** (if available)

- o ID (passport or ID card)
- o Insurance card
- o This checklist
- o Blood-thinning card (Quick card)
- Vaccination record
- o Diabetes monitoring booklet + sensor and device for blood sugar measurement, if applicable
- o Additional cards (for port, PICC, ICD/pacemaker, implants)
- Nutrition and diet plans

#### **Personal Belongings**

- o Toiletries
- o Pyjamas or nightgown
- o Bathrobe (available upon request for patients with additional insurance), tracksuit
- o Slippers with secure grip
- o Reading material, reading glasses
- o Mobile phone with charger
- o Contact details and phone numbers of your primary contacts
- o Comfortable shoes with firm support and preferably low heels (e.g., sneakers)
- o Exercise shorts, T-shirt, comfortable sweatpants
- o Other aids (walking sticks, brace, special shoes, orthopedic vest, etc.)

# QUESTIONS FOR THE TIME AFTER YOUR STAY

# Thank you for vacating the room by 9 a.m. at the latest.

We want to support you in returning to your daily routine as quickly as possible. Please take the opportunity to ask the clinic's specialists any necessary questions before your discharge.

## Discharge

- o When is my discharge planned?
- o Will there be a doctor's visit beforehand?
- o Return the phone card to the reception
- o The bill for extras (e.g., TV or phone costs) will be sent to your home

# Follow-up care

- o Do I need support for the time after the hospital stay (e.g., home care/meal service)?
- o Is my transportation organized?
- o Have I received my brought medications + possibly blood group cards, prosthesis pass, etc.?

Medications: Information and medications will be discussed and provided by the clinic.

- o Which medications do I need to take, when, how, and for how long?
- o What side effects may occur?

# **Personal belongings**

 Plese pack all your personal belongings (including toiletries, charging cables, etc.) back into your bags.

#### Aids/Assistive devices

- o Do I need any assistive devices? If yes, which ones?
- o How long do I need to use them?
- o Can I remove them while showering?

### **Nutrition/Diet**

o What do I need to consider regarding my diet?

# Follow-up Care and Return to Work

- o Do I have a medical certificate?
- o Which activities and movements are allowed, and which should be avoided?
- o What level of exertion (full/partial) is permitted?
- o How can I recognize and avoid warning signs (e.g., fever, redness, pain, swelling, etc.)?
- o When and where will the stitches/staples be removed?
- o How and when should I change my bandage?
- o Am I allowed to shower or bathe?
- o Will I receive a prescription for physical therapy?
- o When is the next doctor's appointment scheduled?

FURTHER QUESTIONS		
ATTENDING PHYSICIAN:		
PHONE NUMBER:		