

Patient Oriented Discharge Summary (PODS)

_____ 's Care Guide

My child came to the hospital on: _____ and left on: _____
(Arrival Date) (Departure Date)

My child came in because: _____

Let's talk early: Getting ready to go home




Do you have benefits that will help you pay for your child's medications?

Is your family registered for Fair PharmaCare? (See reverse side of PODS for more information.)

Do you have a plan for how you and your child will get home from BC Children's Hospital?

Your child may continue to need medical care after leaving the hospital. Do you foresee any difficulty in caring for your child at home?

If you identify as Aboriginal, would you like to talk to our Aboriginal Patient Liaison Staff?

	Medications my child needs to take		Morning	Noon	After-noon	Night
	Name:	Dose:	What is it for:			
1						
2						
3						
4						
5						

	How my child might feel and what to do		
	My child might feel:	What to do:	Go to Emergency if:
1			
2			
3			
4			
5			

	Activity	
	Type of activity (e.g. dietary, physical, school, child care)	Changes to my child's routine
1		
2		
3		
4		
5		

Before you go...

I have an appointment booked for my child to see their community doctor after they come home from the hospital.

