



Your Care at Dodd Rehabilitation Hospital



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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This book is for informational purposes only. Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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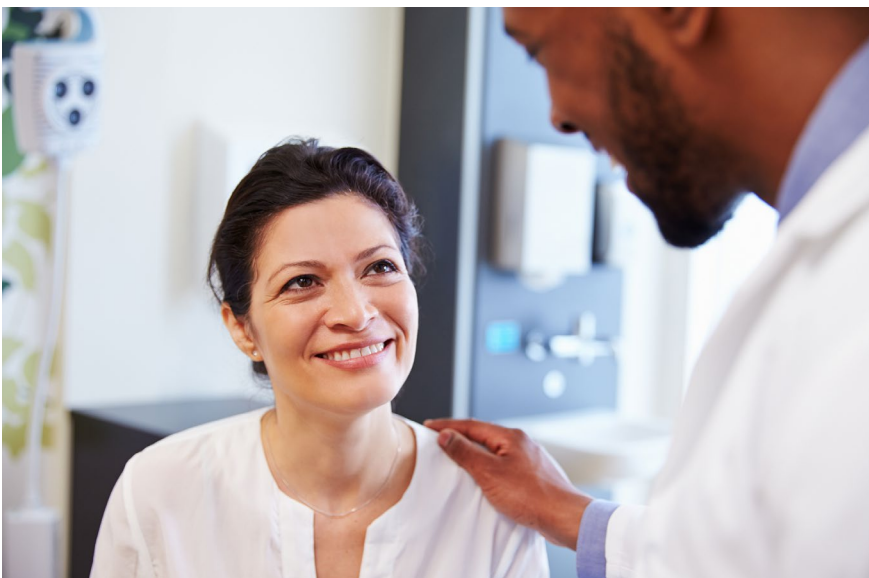
Welcome

Our rehabilitation team will do all we can to support you, your family, and your caregivers as you recover from injury or illness. Our goal is simple: to help you return to the highest possible quality of life – at home, at work, and in the community. We will help you:

- Learn about your care and treatment.
- Improve your independence and safely return to your daily tasks and activities.
- Plan for the next steps in your recovery.

The most important member of the rehabilitation team is you. Our staff will work with you, your family, and caregivers to make sure that all your questions are answered, and your concerns are discussed. We want you to leave Dodd Rehabilitation Hospital feeling comfortable about what to expect and empowered to return to life outside of the hospital.

For a digital copy of this book, please visit go.osu.edu/pted3446.



Address

Dodd Rehabilitation Hospital

3rd or 4th Floor
480 Medical Center Dr.
Columbus, OH
43210-1245

Directions and Parking

Visit wexnermedical.osu.edu/locations/dodd-rehabilitation-hospital for directions, maps, parking options, and patient and visitor information.

Phone numbers

3rd floor nursing station:
614-293-3851

4th floor nursing station:
614-293-3852

Visiting hours are 6 a.m. to 8 p.m.

Family members may be asked to come at other times to take part in nursing care or therapy.

Overnight stays for family are rare. They occur only when a family member is learning or assisting with care. Overnight stays must be approved by the doctor and nurse manager.

During Your Stay

Our goal is to provide you with the highest quality of care and service while you are here. **If there is anything we can do to make your stay more comfortable, please tell a member of your rehabilitation team.** Should you have any questions or concerns, please call:

- Nurse Manager, Dodd 3, at 614-293-3841
- Nurse Manager, Dodd 4, at 614-293-7732
- Patient Experience at 614-293-8944. You may also visit their department office at 142 Doan Hall (University Hospital), Monday through Friday from 8:00 a.m. to 5:00 p.m.

For more information, please read the “Patient and Visitor Guide” or view the guide online at wexnermedical.osu.edu/patient-and-visitor-guide.

Patient pick up and drop off

For patients or others with mobility issues, patient pick up and drop off is located in front of the Dodd Rehabilitation Hospital/ Davis Medical Clinic entrance at 480 W. Ninth Avenue.

For parking directions, please see page 26 of this book.

Room assignment

Rooms are assigned based on diagnosis, care needs, and gender. Private rooms are limited in Dodd Rehabilitation Hospital.

Patients may need to change rooms to accommodate the rehabilitation needs of all patients. We will work to give you advance notice of this.

Non-smoking facility

All Ohio State locations, including Dodd Rehabilitation Hospital, are tobacco free.

Resources are available to help patients and visitors quit tobacco use. Talk to a staff member for more information.



Clothing from home

Patients wear their own clothes for therapy. Please bring and label each clothing item.

We recommend:

- Pull on pants
- Shirts, both long and short sleeved
- Undergarments, including underpants and bras
- Socks
- Athletic or rubber-soled shoes

Public restrooms

Public restrooms are located on the 1st and 2nd floors of Dodd Rehabilitation Hospital.



Laundry

A laundry room with detergent is available for patient and family use. Let us know if you need help. Your family may also take your clothing home to be laundered.

Unit pantry

Each unit has free coffee and tea for patients and visitors.

Family may store food from home in the refrigerator for patients. **Mark the name of the patient and date on these items.** Food is discarded after 3 days.

Please check with a nurse about special diets, food restrictions, or problems with swallowing **before choosing snacks for patients or sharing food from home.**

Dining options

Patients choose meals from a menu of food items based on their plan of care. These meals are delivered to their rooms at meal times.

Visitors may also order meals (guest tray chef special). The cost is \$5.00, credit card only. These meals are delivered to patient rooms at meal times. To place an order:

1. Scan QR code or visit get.cbord.com/bistroh.
2. Select “Guest Ordering: Please click [here](#) to order as a guest.”
3. Select “Guest Trays for In-Room dining.”
4. Under “Menu,” select a guest tray for breakfast, lunch, or dinner.
5. Click on the caret (^) next to “\$5.00” to view beverages. Pick up to 2.
6. Add note of patient name and room number, and then click “Add item.”
7. Select “My Cart,” and then “Check Out.” Enter your name, email, and phone number, and then your payment information.



If you have questions, please call 614-293-4328.

For more dining options for **visitors**, please see the “Patient and Visitor Guide” or visit wexnermedical.osu.edu/patient-and-visitor-guide/dining.

What to Expect

Upon your arrival, your rehabilitation doctor will work with you to plan your care. Your rehabilitation team will complete assessments and help you set goals for your hospital stay. During the first week, you will meet with a case manager and social worker to plan resources for discharge. **Please let us know if you have any questions or concerns.**

Daily schedule

- Times listed below are approximate.
- To promote better sleep and recovery, we will help you to wake up at the same time each morning by opening the blinds in your room before 7:30 a.m. We will also encourage you to not sleep during the day and stay out of bed.
- **You will have therapy 5 days each week for at least 3 hours each day.** Therapy days will adjust during holiday weeks.

5:00 a.m.	Blood draws if needed
7:00 a.m.	Temperature, blood pressure, heart rate, breathing, and other tests are checked by staff
7:00 to 9:00 a.m.	Breakfast, dressing, and grooming
8:00 a.m. to 12:00 p.m.	Therapy
12:00 to 1:00 p.m.	Lunch
1:00 to 4:00 p.m.	Therapy
4:30 to 6:00 p.m.	Dinner

About your therapy



We offer many types of therapy to help you with your recovery. The therapy is tailored to you, so you will be involved in the planning and take part in your own care. Please let us know if the tasks fit your lifestyle or what tasks you would like to work on. Practice the skills you learn in therapy when you are in your room. Your progress in therapy is reviewed by staff each week.

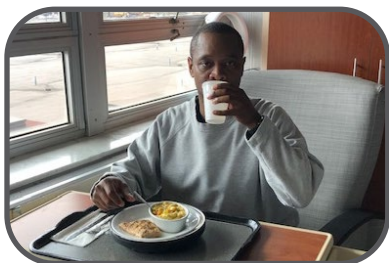
Most patients stay here about 2 weeks. Your stay may be longer or shorter based on your recovery and rehabilitation needs.

Checking your ability to do activities of daily living (ADLs)

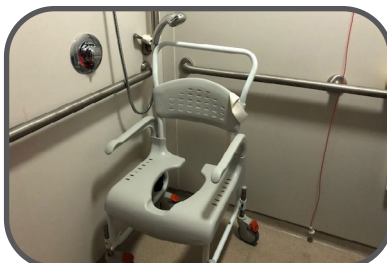
To best plan your rehabilitation care, we will evaluate your ability to complete activities of daily living (ADLs).

Your level of activity at admission helps to determine your plan of care and length of stay. We look at the way you are able to do tasks when you begin rehabilitation, then work with you to increase your independence over time.

During **the first 24 hours of your admission**, we will check how well you:



Eat



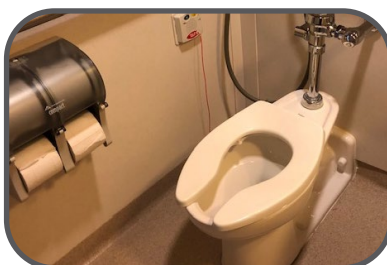
Shower or bathe



Dress and groom



Get in and out of your bed, chair, and shower



Use the bathroom



Walk or move around

It is okay if you need help to finish tasks. The members of your health care team will help you. We will be present the whole time for your safety. We ask that you perform each task as best you can. Your ability to do ADL tasks also helps us determine if you will be ready to discharge to home or need to continue your recovery at a long term care facility.

We will check your performance regularly to see if you are improving. Your rehabilitation plan will be adjusted to meet your needs and goals.

Please let us know if you have any questions or concerns. We want you and your family to feel comfortable with your plan of care.

About your care

Tests and Procedures

When your doctor places an order for a test or procedure, you will be sent to the area that will perform it.

The timing of when a test or procedure occurs is based on your need:

- **Urgent:** Your test or procedure will be done right away.
- **Routine:** Your test or procedure will be done sometime during your stay.

Test or procedure results are posted in your medical record when completed for your doctor to review. Results are then shared with you and are available in MyChart, if you have an account.

Medicines

When your doctor places an order for a medicine, it is sent to the pharmacist for review and processing. The medicine is then dispensed to the patient unit. The medicine is given to you by nursing staff according to the doctor's order. The order includes the frequency (how often you are to receive the medicine) and dose (the amount of the medicine you are to receive).

Day pass or independent living apartment (ILA)

Before leaving Dodd Rehabilitation Hospital, you may go on a day pass or stay in the independent living apartment. These programs give you and a caregiver the chance to practice skills, ask questions, and share concerns.

- A **day pass** involves the patient and a caregiver leaving Dodd Rehabilitation Hospital to go on an errand. You may choose to go to a grocery store, go out to dinner, see a movie, or participate in some other community activity.

- The **independent living apartment** involves the patient and a caregiver spending the night in the apartment on the first floor of Dodd. The apartment has a call system for support.



Preparing for discharge

At the Beginning of Your Stay

Your doctor will estimate a discharge date with input from your rehabilitation team. Your care will be coordinated to get you ready to leave by this date.

During Your Stay

The team will:

- Teach you and your caregiver about your care plan.
- Encourage you to take an active part in your care to reach your highest level of independence.
- Review caregiver training and readiness for discharge with you and your caregiver to make sure your needs are met.

Countdown to Discharge: The Last 3 Days of Your Stay

- This is the time that you and your caregiver should be ready to show the skills you have worked on during your stay. Practice what you have learned and ask questions to prepare for your care at home.
- You and your caregiver do your care, using any needed equipment, so you are as independent as you can be. The team will be there to support you.
- The team will review training with you and your caregiver to make sure that you are ready to go home and into the community.

Your Care After Leaving Dodd

The team will work with you and your family to plan the next steps of your recovery. If you and your family are not able to meet all your care needs after discharge, your case manager and social worker will help arrange care for you.

Where you go after Dodd is based on:

- How much of your care you and your caregiver can provide.
- What type of medical insurance coverage you have.
- How safe and accessible your home is.

Options may include:

- Skilled nursing facility
- Assisted living
- Sub-acute facility
- Home with outpatient rehabilitation
- Home with home health care
- Home with 24 hour supervision
- Home with modified supervision
- Home alone

Follow up surveys

Press Ganey Patient Satisfaction Survey

You will be sent an inpatient rehabilitation survey by mail after your stay to provide feedback about your stay. **Your feedback is important to our success.** We depend on our patients and their families to share with us what we are doing well and what we could do better.

If, in addition to completing the survey, you would like to talk directly with someone about your experience, please contact our Patient Experience team at 614-293-8944.

Telephone Follow-up Survey

You will be contacted by phone 3 months after your stay about your experience with our programs as well as how you feel you are doing related to receiving our services.

- A nurse will be making this call from Buffalo, NY and the caller ID will be from the 716 area code and display MedTel Outcomes.
- The nurse may leave a message and give you a number to call back. Calling hours are 9 a.m. to 8 p.m., 7 days a week.
- The nurse will ask questions about your progress since discharge, and you may also give feedback on your stay.
- All information collected is confidential and only given to your rehabilitation program.
- **We appreciate this feedback to help us improve the care we provide to our patients.**

Special Interest Programs and Resources

We offer programs and resources to reduce your stress and bring you comfort. **Please talk to a staff member for more information.**

Pastoral and spiritual care

Chaplains are available to visit patients upon request to provide counseling or spiritual guidance.

There is a **prayer/meditation room** on the 1st floor of the hospital.

Visit wexnermedical.osu.edu/patient-and-visitor-guide/patient-support-services/spiritual-support for resources, including prayers, poems, reflections, worship streaming, and sacred texts.

Entertainment

The TV in your room has movies on demand for your enjoyment.

There are also board games, cards, and puzzles available upon request.

Music

Listening to music can reduce stress and pain. There are CD players and CDs available. Music therapy is also available. Talk to your rehabilitation team for more information.

Aromatherapy

Aromatherapy can benefit your health and ease stress. We have aromatherapy machines and oils, including:

- **Lavender** for insomnia, congestion, headaches, and stress
- **Peppermint** for nausea and headaches
- **Lemon** for air purification and nausea

Urban Zen Integrative Therapy (UZIT)

UZIT can help address patient symptoms of pain, anxiety, nausea, insomnia, exhaustion (mental and physical), and constipation. Certified therapists use different methods to complement the medical care you are receiving. These may include aromatherapy, Reiki, breath awareness, body awareness meditation, and mindful movements/restorative poses.

This therapy is available upon request for patients who would benefit from it as a treatment. Talk to your rehabilitation team for more information.

Your Rehabilitation Team Members

Your doctor

Your doctor is a physiatrist (fiz-ee-a-trist or fiz-eye-a-trist) that specializes in physical medicine and rehabilitation. Your doctor treats the injury or illness that affects how you move. Your doctor is the rehabilitation manager and works with the rehabilitation team to plan your care and check your progress.

Your nursing staff

Nursing staff works closely with the doctor to manage your medical issues and prevent problems. They help with comfort and hygiene, provide nutrition and medicines, and ensure a safe environment. They teach you and your family to become as independent as possible and assist you with the skills learned in therapy. Nursing staff includes:

- Registered Nurses (**RNs**)
- Licensed Practical Nurses (**LPNs**)
- Patient Care Associates (**PCAs**)
- Patient Services Associates (**PSAs**)
- Student Nurse Associates (**SNAs**)
- Safety Care Associates (**SCAs, safety coaches**) and **monitor techs**

There is a **nurse manager** on Dodd 3 and Dodd 4 to assist the nursing staff and manage their tasks on the unit.

The clinical nurse specialist (**CNS**) is an RN who has advance knowledge and experience in rehabilitation nursing. The CNS can help solve issues related to your care.

Your dietitian

The dietitian works with the rehabilitation team to make nutrition and diet recommendations that promote your health and wellness.

Your therapists

Therapists work closely with you and your rehabilitation team to set rehabilitation goals.

- Your speech language pathologist (**SLP**) will help you with skills to address speaking, swallowing and memory problems.
- Your occupational therapist (**OT**) will help you with daily living, fine motor, and thinking skills.
- Your physical therapist (**PT**) will help you with movement, balance, and coordination.
- Your recreational therapist (**RT**) will help you with leisure and community activities to improve behavior and function.

Your psychologist

The psychologist works with you and your family to manage emotional issues and assess your skills in thinking, feeling, problem solving, understanding, learning, and memory.

Your medical social worker

The medical social worker helps you and your family with concerns, such as your care after the hospital, coping, or resource needs.

Your case manager

The case manager helps coordinate care for you when you leave the hospital.

Pain Control

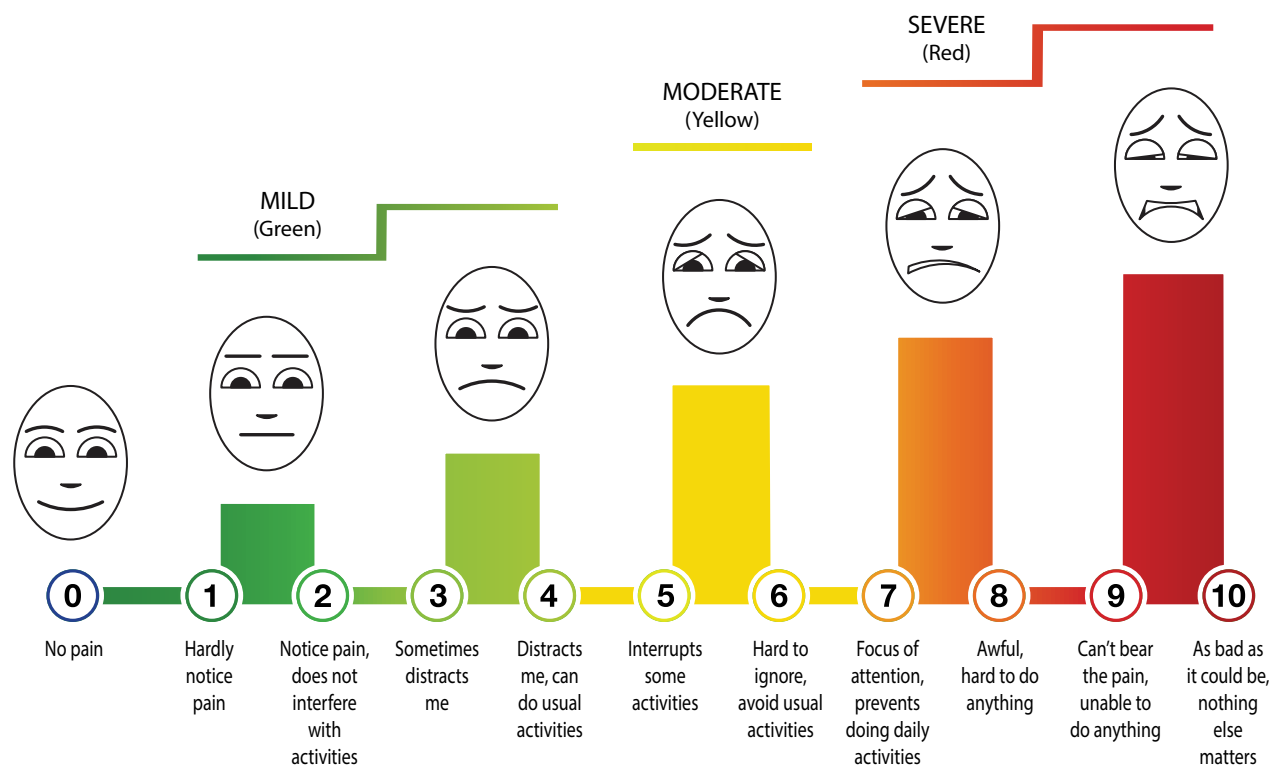
It is important to control your pain as a part of your overall treatment. Uncontrolled pain can cause problems with sleep, healing, thinking, activity, and appetite.

How do you experience pain? Pain is personal and different for each person. We will ask you to use a pain rating scale to help us understand your pain and to set goals for pain control. You will be asked about your pain often.

Ask for relief from pain before your pain worsens, and **anytime you have pain, tell your rehabilitation team.**

Use the scale and choose the number (0 to 10), description, or face that best matches the pain you feel now.

Defense and Veterans Pain Rating Scale



Defense & Veterans Center for Integrative Pain Management v 2.0

Talking about your pain

Tell your rehabilitation team as much as you can about your pain. Share with them:

- **Location:** Where does it hurt?
- **Intensity:** How strong does the pain feel?
- **Duration:** How long do you feel the pain? How often does the pain occur?
- **Causes:** What makes the pain worse?
- **Relief:** What helps the pain?
- **What the pain is like:** Is it burning? Sharp? Dull? Stabbing? Spasms? Aching?

Pain control with medicine

Your doctor has ordered medicine to help control your pain. Taking your pain medicine as ordered by your doctor will bring you the most relief as your body heals, and you work on tasks in therapy.

To lower the risk of any problems with your pain medicine, your doctor will treat your pain with the lowest dose of medicine for the shortest amount of time possible. When the cause of your pain goes away or lessens, your doctor may change your medicines or how you take them.

Pain control without medicine

Many patients find that using non-drug therapy for pain control brings them additional relief.

Options include:

- Breathing patterns
- Massage
- Relaxation
- Visual imagery or meditation
- Exercise or movement
- Distraction, such as reading, watching a movie or gaming
- Aromatherapy
- Heat or cold therapy (limit time of use)
- Listening to music

Talk to a staff member to learn more.

For Your Health and Safety

Keeping you safe and healthy while you are at Dodd Rehabilitation Hospital is our biggest priority. Please let us know if there is anything we can do to ensure your well being. **For more safety information, please read the “Patient and Visitor Guide” or view the guide online at wexnermedical.osu.edu/guide.**

Be an active partner in your care

During your stay, we will teach you about your care, answer your questions, and help you to achieve your personal health goals. Take an active role in your care:

- **Ask questions.** We will answer any questions you have. Ask us about procedures, treatments, therapy, and medicines that are a part of your care.
- **Tell your nurse if you have pain or discomfort.** We will help you with pain control and take action if new symptoms occur.
- **Remind staff and visitors to clean their hands.** Everyone should wash their hands when entering the room, after touching objects or surfaces, before and after eating, and after using the restroom.
- **Talk about your care** with doctors, nurses, and other staff. We are here to help you.
- **Partner with us as we teach you how to care for yourself.**
- **Use your call button** before you get out of bed or if you need anything.



Hand washing prevents the spread of infection

1. Wet your hands and apply soap.
2. Scrub well for at least 20 seconds.
3. Rinse well.
4. Dry with a clean towel.

Using an alcohol-based hand sanitizer is also an effective way to clean your hands.

1. Apply enough product to cover your hands.
2. Rub briskly until dry.

For some germs, like C-diff, hand sanitizer is not strong enough. You must wash with soap and water to get rid of these germs.

Make sure you, all of your visitors, and anyone giving you care **practice good hand washing.**

Call, don't fall

Use your call button before you get out of bed or if you need anything. Your condition, medicines, treatments, and weakness from being in bed can increase your chance of falling.

Extra safety precautions are used if your condition puts you at risk for falls and injury. **Talk with your doctor or nurse if you have any questions about your risk and how we can keep you safe.**

To help prevent falls:

- Until staff tell you it is safe for you to get up by yourself, **call for help each time you:**
 - **Get in or out of bed**
 - **Get into or out of your wheelchair**
 - **Get on or off the toilet**
 - **Get in or out of the shower**
- If you are not aware enough to call for help, a staff member, called a **safety coach**, will stay with you, or a staff member, called a **monitor tech**, will use a camera and monitor to keep watch over you from another room for your health and safety.
- Devices such as **a bed alarm, a low bed with floor pad, and a support belt for walking may be used.**
- **Move slowly.** Sit at the side of your bed for a few minutes to see how you feel before you stand up.
- Remind us to **keep your call button, bedside table, telephone, assistive device, and anything else you need in easy reach.**
- **Do not rest against the side rails of your bed.**
- **Never use furniture, IV poles, or anything on wheels to support you.** If you need help to walk, call us.
- **Use the toilet often**, so you do not need to be in a hurry when you go.
- **Be careful when bending over** as it can make you dizzy. Ask for help to unplug or plug in your IV pump.
- **Avoid wearing long nightgowns, pants, or robes** that could cause you to trip.
- **Wear non-slip socks or shoes** that will not slip when you get up.

Basic dental care and its role in preventing pneumonia

What is basic dental care?

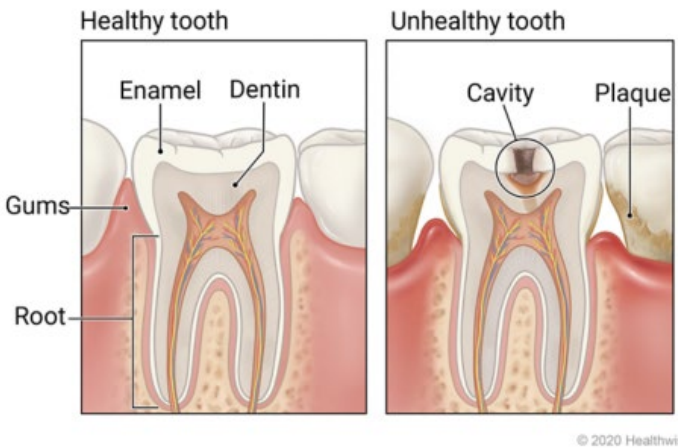
Basic dental care involves brushing and flossing your teeth regularly to remove plaque. Plaque is a thin film of bacteria that sticks to teeth above and below the gum line. It can build up and harden into tartar, which makes it harder to give the teeth a good cleaning. Tartar usually has to be removed by a dental hygienist.

The bacteria in plaque use sugars to make acids. These acids can damage the gums and teeth. Be sure to see your dentist and dental hygienist for regular checkups and cleanings.

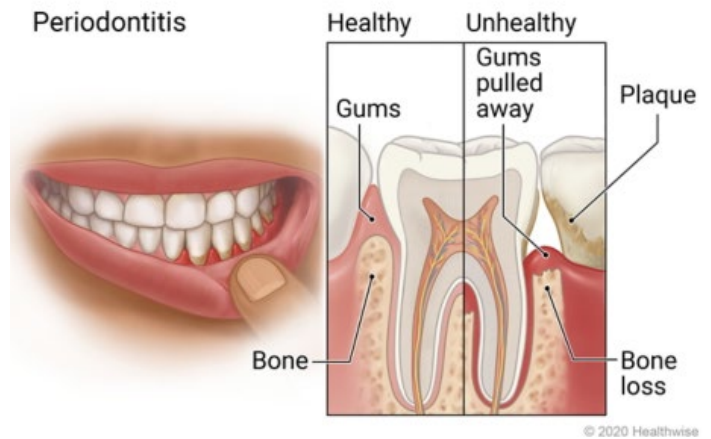
Why is basic dental care important?

Practicing basic dental care:

- Improves overall health and helps your teeth last a lifetime.
- Improves appetite and recovery from injury or disease.
- Prevents tooth decay and gum disease (periodontitis).
- Brushing and flossing rid your mouth of the bacteria that cause bad breath and prevents bacteria associated with pneumonia.



Tooth decay



Advanced gum disease (periodontitis)

What is pneumonia?

Pneumonia is a lung infection that can make you very sick. You may cough, have a fever, and have trouble breathing. It often clears up in a few weeks with treatment.

What causes it?

Germs called bacteria or viruses usually cause pneumonia. Pneumonia usually starts when you breathe or swallow the germs into your lungs. A healthy person's nose and throat often contain bacteria or viruses that cause pneumonia. Pneumonia can develop when these organisms spread to your lungs at times when your lungs are likely to be infected. You may be more likely to get it after having a chronic disease or injury that weakens your immune system or an injury that affects the muscles that help with swallowing. Aspiration pneumonia is when you breathe or swallow bacteria into your lungs from pieces of food, saliva, or gastric juices.

What can you do to prevent dental problems and pneumonia?

- Brush your teeth twice a day, in the morning and at night.
- Use a toothbrush with soft, rounded-end bristles and a head that is small enough to reach all parts of your teeth and mouth.
- Replace your toothbrush every 3 to 4 months.
- Use a fluoride toothpaste.



- Place the brush at a 45-degree angle where the teeth meet the gums. Press firmly, and gently rock the brush back and forth using small circular movements.
- Brush chewing surfaces vigorously with short back-and-forth strokes.
- Brush your tongue from back to front.
- Floss at least once a day. Choose the type and flavor you like best.
- Schedule checkups and cleanings as often as your dentist recommends it.
- Eat a healthy diet to help keep your gums healthy and your teeth strong. Choose foods that are good for your teeth, such as whole grains, vegetables, and fruits.
- Avoid foods that contain a lot of sugar, especially sticky, sweet foods like taffy.
- Do not snack before bedtime. Food left on the teeth is more likely to cause tooth decay overnight.
- Do not smoke or use smokeless tobacco. Tobacco can make tooth decay worse. If you need help quitting, talk to your health care provider about stop-smoking programs and medicines. These can increase your chance of quitting for good.

Medicine safety

To reduce risks from using medicines and to get the most benefit, follow these **SAFER** tips:

- **S**peak up! Share with ALL of your rehabilitation team your:
 - **Medical history**
 - **Allergies and reactions you have had to medicines in the past**
 - **A list of the medicines and dietary supplements you take.** Include prescription and over the counter (OTC) medicines, vitamins, and herbals you take.
- **A**sk questions. If you do not understand an answer, ask again.
- **F**ind the facts. Learn and understand as much as you can about your medicines, including their:
 - Generic and brand names
 - Active ingredients – using too much of any active ingredient may increase your chance of side effects
 - Use – why you are taking the medicine and when you should stop
 - Instructions
 - Warnings and precautions
 - Interactions – with food, dietary supplements, other medicines
 - Side effects
 - Expiration dates
- **E**valuate your choices. Weigh the benefits and risks of taking a medicine. Seek advice from your rehabilitation team.
- **R**ead the label and follow the directions from your rehabilitation team.

Report any problems with your medicines right away.

Caregiver Education and Training Tool

Please bring this tool with you to therapy sessions. Use it to guide your learning throughout your stay at Dodd Rehabilitation Hospital. It will help you and your family to prepare for the care you will need after discharge. **All training must be completed before Day Pass, a stay in the Independent Living Apartment (ILA), or discharge from Dodd Rehabilitation Hospital.**

What to expect

- You will be trained in the care that you are able to complete with your loved one.
- When you and your family attend training, you will use the caregiver education and training tool on the next page to keep track of what education has been completed and what training is yet needed.

Ask questions

- If you do not feel confident in an area, ask a member of the rehabilitation team to spend more time reviewing the information with you. If you do not understand something, ask us to explain it in a different way. We want you and your family to feel comfortable and confident in the training given to you, so you can successfully care for yourself at home and in the community.
- If you have any goals that have not been addressed, please let the therapy team know, so they can be addressed before training is completed.

Taking care of yourself

It is important to make your own wellness a priority as you learn about the care your loved one needs. Talk to the rehabilitation team about caregiving resources for support. Ask for the book “Caregiver Wellness at Dodd Rehabilitation Hospital” or visit go.osu.edu/pted3912 for a digital copy of the book.



Caregiver education and training tool

Physical Therapy (PT)	
<input type="checkbox"/> Adaptive equipment	<input type="checkbox"/> Wheelchair use
<input type="checkbox"/> Access to home	<input type="checkbox"/> Safety needs
<input type="checkbox"/> Access to vehicle	<input type="checkbox"/> Leisure needs
<input type="checkbox"/> Transfer to bed, toilet, other surface	<input type="checkbox"/> Stairs
<input type="checkbox"/> Walking in home, community	<input type="checkbox"/> Home Exercise Program (HEP)
Occupational Therapy (OT)	
<input type="checkbox"/> Leisure activities	<input type="checkbox"/> Visual perceptual
<input type="checkbox"/> Activities of Daily Living (ADLs): feeding, grooming, bathing, toileting, dressing	<input type="checkbox"/> Wheelchair needs
<input type="checkbox"/> Safety / supervision level	<input type="checkbox"/> Homemaking
<input type="checkbox"/> Safe / unsafe list	<input type="checkbox"/> Driving
<input type="checkbox"/> Adaptive equipment	<input type="checkbox"/> Home Exercise Program (HEP)
<input type="checkbox"/> Splint schedule	
Speech Therapy	
<input type="checkbox"/> Cognition	<input type="checkbox"/> Diet recommendations
<input type="checkbox"/> Communication	<input type="checkbox"/> Language
<input type="checkbox"/> Safety needs	<input type="checkbox"/> Supervision needs
Nursing	
<input type="checkbox"/> Wound care	<input type="checkbox"/> Oxygen (O2)
<input type="checkbox"/> Bladder management	<input type="checkbox"/> CPAP
<input type="checkbox"/> Catheterization plan	<input type="checkbox"/> Medicines
<input type="checkbox"/> Toilet schedule / containment device	<input type="checkbox"/> Infection teaching
<input type="checkbox"/> Bowel program / containment device	<input type="checkbox"/> Skin care management
<input type="checkbox"/> Diabetes teaching	<input type="checkbox"/> Bed turns and positioning
<input type="checkbox"/> Insulin usage	<input type="checkbox"/> Supplies needed
<input type="checkbox"/> Use of blood glucose meter	<input type="checkbox"/> Trach suctioning
<input type="checkbox"/> Diet and carb counting	<input type="checkbox"/> Tube feeding administration
<input type="checkbox"/> Respiratory management / trach care	
Discharge Planning	
<input type="checkbox"/> Parking and transportation	<input type="checkbox"/> Adjustment to disability
<input type="checkbox"/> Referrals and appointments	<input type="checkbox"/> Alcohol and substance abuse
Doctor Education	
<input type="checkbox"/> Activity restrictions	<input type="checkbox"/> Alcohol and substance abuse
<input type="checkbox"/> Pain management	<input type="checkbox"/> Sexual functioning
<input type="checkbox"/> Driving restrictions	

Taking a Wheelchair Up and Down Stairs and Curbs

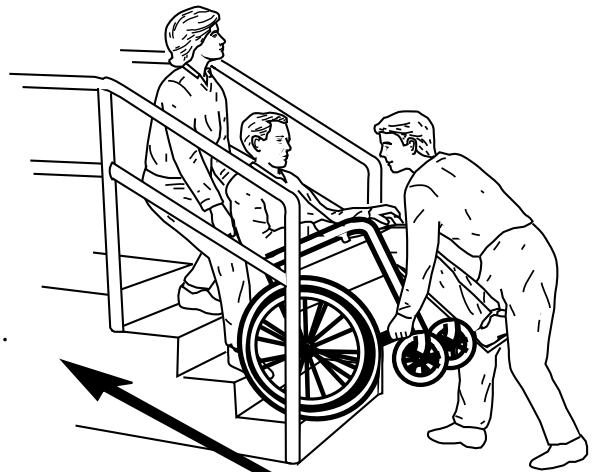
Please note: If the wheelchair has anti-tippers to keep it from tipping over backwards, they will need to be removed before moving the wheelchair up and down stairs and curbs. Remember to put the anti-tippers back on the wheelchair when you are done.

Going up the stairs

2 people are needed to get the wheelchair up the stairs. Do NOT try this with 1 person. It is unsafe.

The stronger of the 2 people should be behind the wheelchair. This person will do most of the lifting.

1. Back the wheelchair up to the stairs.
2. Get into position:
 - 1 helper gets on the stairs and holds the handles. **Make sure that the handle grips do not slip off.** Have 1 foot on the step above the wheelchair and the other foot on the next higher step.
 - The other helper gets in front of the wheelchair and holds onto its frame just above the front wheels. **Do NOT hold onto any parts that can come off, such as the footrests or armrests.**
 - Both helpers should bend their knees and arch their backs before lifting.
3. Together, both helpers tilt the wheelchair back, finding the balance point where only the back wheels are on the step.
4. Gently lift and roll the wheelchair up onto the next step. If the person in the wheelchair is able to help, he or she should pull back on the wheels.
5. The helpers should reposition themselves on each step after each lift.
6. After going up all the steps, keep the chair tilted back until the front wheels clear the top step. Gently lower the wheelchair so that all 4 wheels are on the ground.

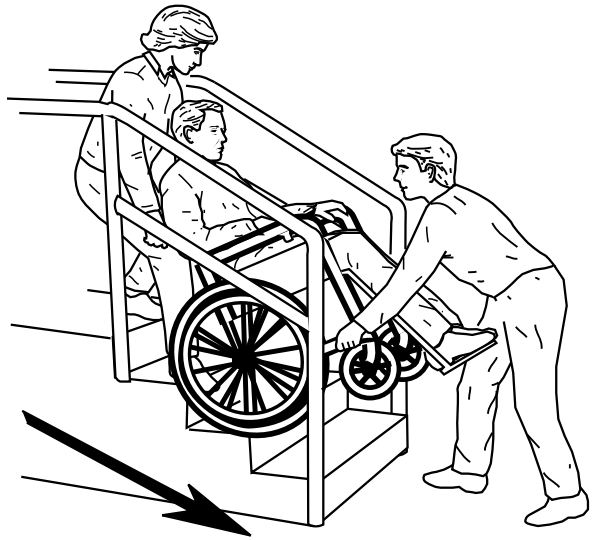


Going down the stairs

You will need 2 people to get the wheelchair down the stairs. Do NOT try this with 1 person. It is unsafe. The stronger of the 2 people should be behind the wheelchair. This person will do most of the lifting.

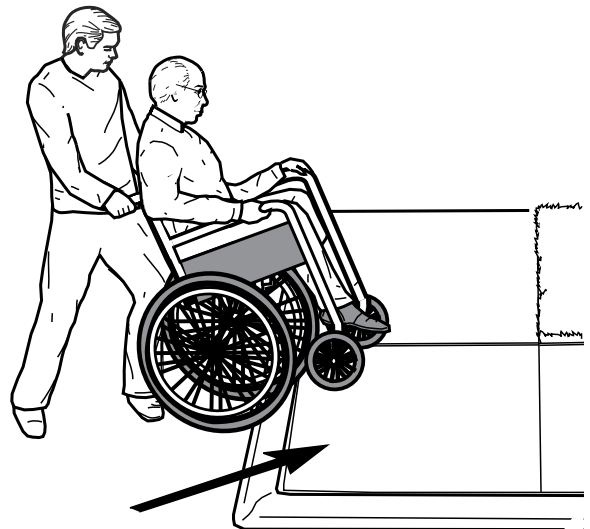
1. Roll the wheelchair forward to the stairs.
2. Get into position:
 - 1 helper gets in back of the wheelchair and holds onto the handles. **Make sure that the handle grips do not slip off.**

- The other helper gets on the stairs in front of the wheelchair and holds onto its frame just above the front wheels. **Do NOT hold onto any parts that can come off, such as the footrests or armrests.** Have 1 foot on the second step and 1 foot on the third step.
 - Both helpers should bend their knees and arch their backs before moving the wheelchair.
3. Together, both helpers tilt the wheelchair back finding the balance point where only the back wheels are on the step.
 4. Gently roll the wheelchair down each step.
 5. The helpers should reposition themselves on each step after each lift.
 6. When the chair is at the bottom of the stairs, gently lower the wheelchair so that all 4 wheels are on the ground.



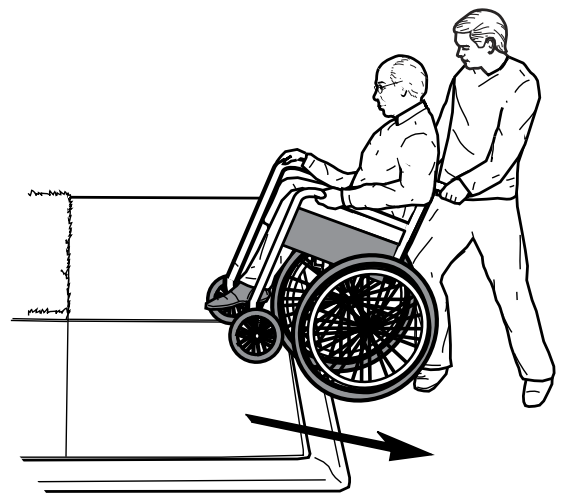
Going up a curb

1. Push the front wheels of the wheelchair straight up to the curb.
2. Tip the wheelchair back and put the front wheels up on the curb.
3. Push the wheelchair forward until the back wheels are in contact with the curb.
4. Use your hip on the back of the wheelchair to push it forward and up onto the curb.



Going down a curb

1. Turn the wheelchair around facing away from the curb.
2. Step carefully off the curb.
3. Slowly roll the back wheels off the curb, blocking the back with your hip.
4. Maintain a wheelie as you back the front wheels and legs away from the curb. Once cleared, slowly lower the front wheels and turn the wheelchair around to go forward.



How to Adapt an Entrance for a Wheelchair

If you use a wheelchair, you may need to change the entrance of your home for easier access. You may need to have sidewalks, ramps, platforms, and lifts installed. Check with your city about the building codes, rules and regulations that may affect installation. **Building permits may be required.**

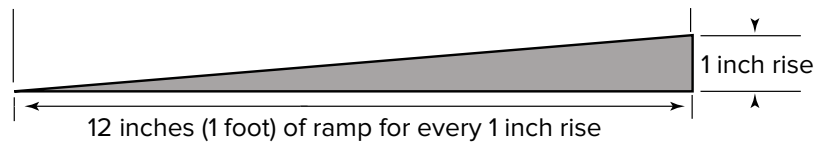
Sidewalk leading to a ramp

Sidewalks are recommended to be at least 36 inches wide to accommodate the average width of a wheelchair of 27 to 29 inches.

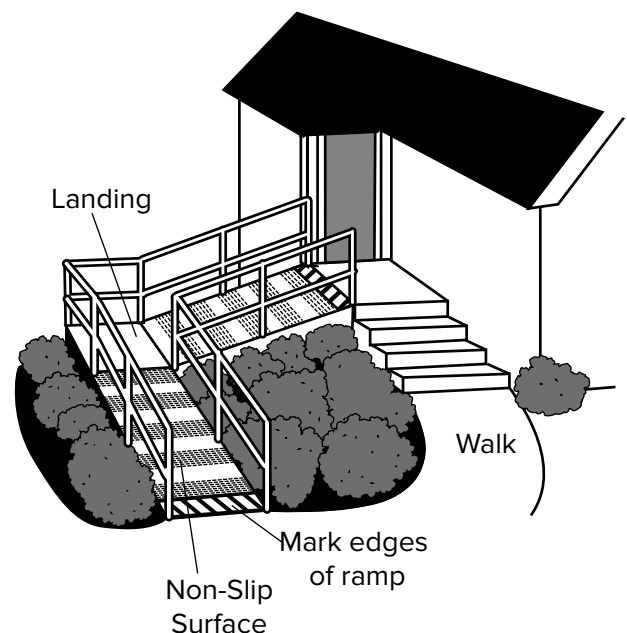
- **Use solid materials for the sidewalk**, such as cement, brick, or wood. They provide a smooth surface for the wheelchair to travel over and make snow removal easier in the winter.
- **Make the sidewalk slightly higher than ground level** so that water will drain.

Ramps

Plan for a ramp to be 3 to 4 feet wide. The length of the ramp depends on the total height of your entry steps (ground to threshold rise). The standard ratio for ramps is 1:12. This means each inch above the ground (rise), you will need 12 inches or 1 foot of ramp length.



- **Ramps longer than 30 feet will need a landing for safety.** Mark the beginning and ending of each ramp section with contrasting paint or tape for safety.
- **Use solid materials for the ramp**, such as wood, cement, or metal.
- **Use a non-slip surface on the top of the ramp**, such as a “brushed” surface on cement. A commercial non-slip floor covering or safety treads may be preferred for other surfaces. Paint mixed with sand is another option to provide a non-slip texture.
- **Add lighting to make the ramp safe for night time use.**
- **Avoid building over stairs**, to allow guests stairway entry.
- **Improve curb appeal by adding shrubs and landscaping near the ramp.**

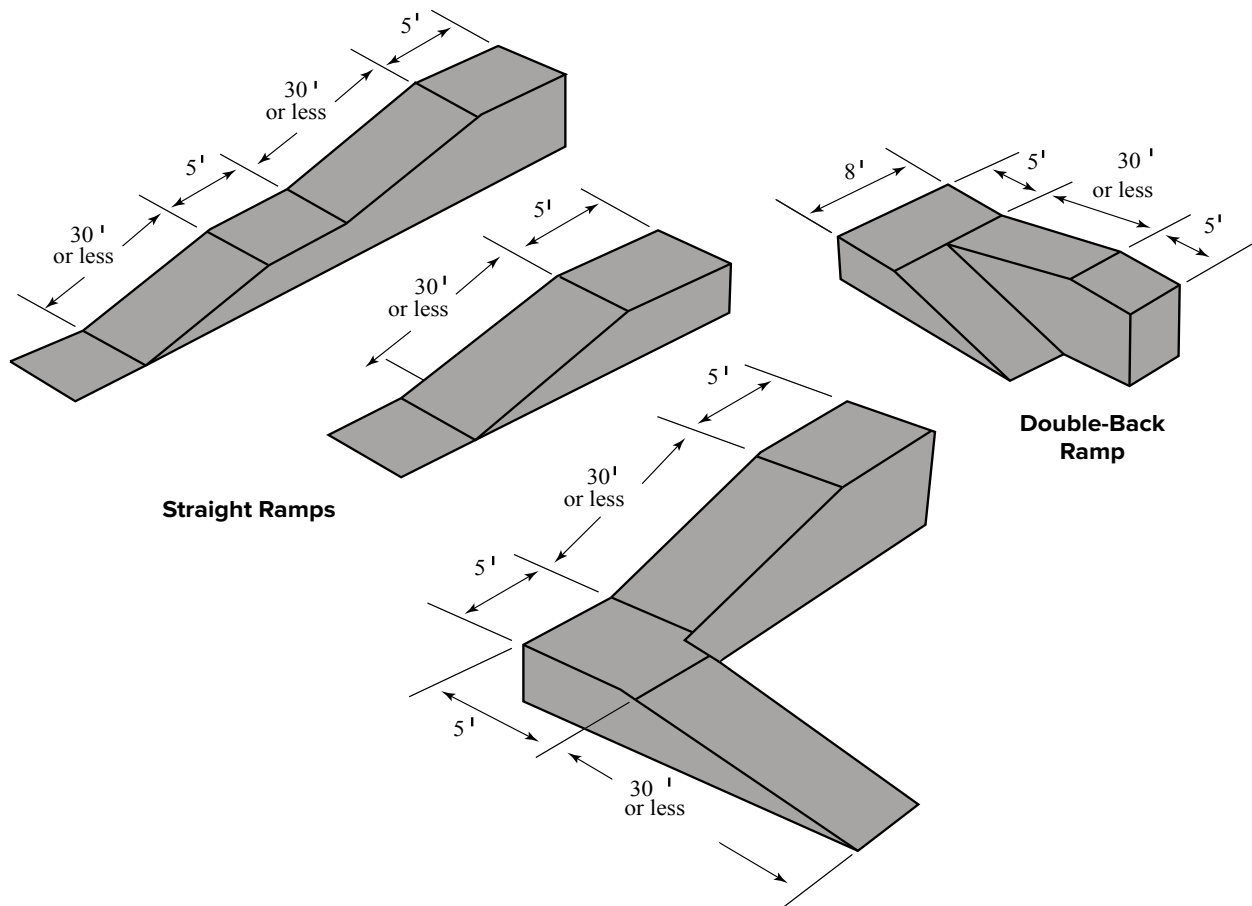


Landings and platforms

An **entry platform**, level with the threshold, is required at the door. This platform needs to be a minimum of 5 feet wide by 5 feet long.

The **landing at the bottom of the ramp** should be at least as wide as the ramp and at least 5 feet long. If a turn is required at this landing, the minimal size is 5 feet wide by 5 feet long.

Level platforms are needed to break up ramps that are longer than 30 feet. If a 90 degree turn is needed, the platform must be 5 feet wide by 5 feet long. If a 180 degree turn is needed, the platform must be 5 feet wide by 8 feet long.

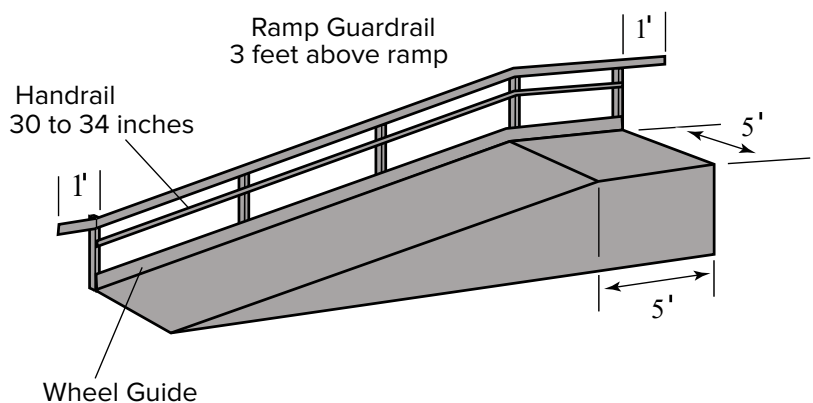


Handrails

Handrails are required if a ramp has a 6 inch rise or greater or if the ramp is longer than 6 feet (72 inches).

Handrails need to:

- Be 2 inches in diameter (wood) or at least 1½ inches in diameter (metal).
- Extend 3 inches out from the ramp support posts and walls.



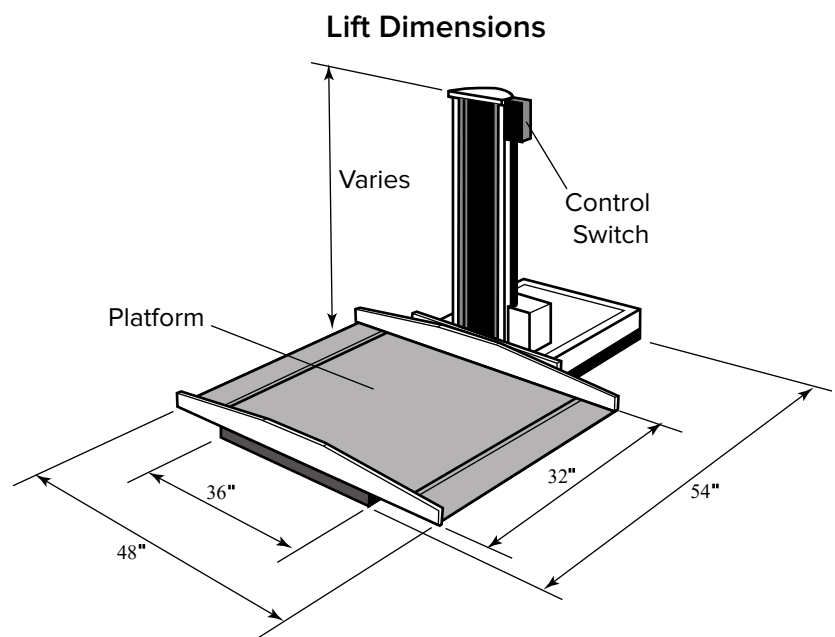
- Be mounted 30 to 34 inches above the ramp surface.
- Extend 1 foot (12 inches) past the end of the ramp and end at a post/wall or be rounded off.
- Have ramp guardrail installed 36 inches above the ramp surface.
- Have a wheel guide installed, at least 2 inches high, along both sides of the ramp floor. This will prevent the front wheels of the wheelchair from slipping off the ramp edge.

Electric porch lifts

Porch lifts can be more expensive than ramp construction. If there is not enough room for a ramp or if extensive ramping is required, a lift becomes an affordable option. Search for local suppliers online with the search term “wheelchair lifts and ramps.” The lifts are weather proof and have a lock and key for safety and security.

Lift Considerations

- **Lifts must sit on a sturdy platform of 5 feet wide by 5 feet long.** Cement, bricks, or patio blocks may be used.
- **You will need an outside electrical outlet.**
- **An outside light is needed for safety.**
- **You may need to build a platform “bridge” from the lift (in its raised position) to the entry door.** This platform should be at least 5 feet long.
- **The lift should be able to handle a load of 300 to 400 pounds.**
- Lifts can be ordered or adjusted to meet a variety of heights.



Emergency Planning for Disabilities



Emergencies happen. Everyone should take steps to be ready when disaster strikes, but people with a disability or health concerns have special needs to plan for to stay safe.

Being ready takes 3 steps:

1. Make a plan.
2. Prepare an emergency kit.
3. Listen for information when an emergency happens.

Make a plan

You can prepare for emergencies by planning ahead with your family and/or caregiver.

As you plan, think about these things:

- Know what kinds of emergencies could happen in your area.
- Know the resources and assistance available.
- Find out how local authorities will warn you of a disaster.
- Include in your plan your needs for:
 - Evacuating your home or workplace, if needed
 - Supplies if you need to stay home for a while (shelter in place)

- Supplies, equipment, and assistance you will need if you must go to a shelter
- Transportation
- Water and power
- Caring for a service animal
- Assess your personal needs for supplies and assistance before, during, and after an emergency. Use the worksheets on the following pages to help you.

Identify Your Support Network

Include 3 or more people. Think of roommates, relatives, neighbors, friends, or co-workers. Make a list of their names and phone numbers. Make a note of how they can support you in an emergency.

Assess Your Needs

Use the following questions to help you to identify what your needs may be in an emergency. Peoples needs vary, so not all sections may apply to you.

Personal Care

Do you need help with personal care, such as bathing and grooming?

- My abilities today:

- Help or things I may need in an emergency:

Do you use adaptive devices to help you get dressed? To prepare or eat food?

- Adaptive equipment I use today:

- Help or things I may need in an emergency:

What will you do if water service is cut off or if you are not able to heat water?

- My water needs now:

- Help or things I may need in an emergency:

Do you use a shower chair, tub transfer bench, or other bathing equipment?

- Equipment I use today:

- Help or things I may need in an emergency:

Do you need help to leave your home or workplace?

- How I am able to leave now:

- Help or things I may need in an emergency:

If you use an elevator, are there other exits you can use if it is not working?

- Options for exiting the building other than the elevator:

- Help or things I may need in an emergency:

If you use a ramp, what will you do if the building ramps are damaged?

- Options if the ramps cannot be used:

- Help or things I may need in an emergency:

Service Animals

Will you be able to care for your animal during and after an emergency?

- Care my service animal needs:

- Help or things I may need in an emergency:

Putting Your Plan Together

Use the answers to these questions to make a list of things you need to gather, buy, or arrange. Consider the following as you prepare:

- What supplies or equipment did you identify that you will need? Are there programs in your community that can provide it or help you cover the cost?
- Make a plan for someone to help during an emergency. This person will need to get into your home and know how to provide care.
- If there is a power outage, how will you use essential medical equipment?
- If you use a power wheelchair, consider having a manual wheelchair as a backup.
- Store back-up equipment at a neighbors/friends/family members or at school or work.
- Plan for someone to convey information if you are vision impaired, deaf, or hard of hearing.

- If you use a personal care attendant, see if their agency has special services for emergencies.
- Wear a medical alert tag or bracelet that lists your health care needs.
- For those who need dialysis or other life-sustaining treatment, know the location of more than 1 facility where you can get care.
- Consider getting a medical alert system to call for help if you cannot move.
- Let emergency responders know what your needs are ahead of time. Many Ohio cities and counties have a system to let you register your special needs with local emergency services.

Caring for Pets and Service Animals

- Make a supply kit for your pet or service animal. It may include food, water, medicine, a carrier, leash, litter (for cats), vet records, and any needed identification. Service dogs often have a special vest, harness, or collar.
- Be prepared to bring your pet with you or arrange ahead of time someone to care for or evacuate your pets if you are unable to do so. Service dogs should be allowed at any shelter with their owner, by law.
- Keep your pets' vaccines up to date and keep their tags on their collars.

Prepare an emergency kit

Keep emergency supplies in a container that you can take with you if you need to leave home, such as a large bag or plastic container. Check your supplies every few months for freshness.

Listen for information when an emergency happens

Local and state officials have plans to protect the public. Stay calm and listen for reports on the television, radio, or online. Have a radio with extra batteries in case there is no electricity. If your communication is limited, you may need to decide what is best for you and your family.

Learn more at [ready.gov/disability](https://www.ready.gov/disability)

Get tips on getting informed, making a plan, and building a kit for a variety of disabilities and health concerns.

Sources: Ohio Disability and Health Program; Ready Now, Oregon Health and Science University; Federal Emergency Management Agency; Ready.gov.

Portable Health Profile

Use this profile as a summary of your health care history. Keep the information current and use it to share with other doctors and members of your care team. This will help you answer questions and communicate your needs in an emergency if you are unable.

We can help you fill in information, or if you already have a profile, we can help you update it.

Name _____ Date _____

Emergency contact information _____

Insurance information _____

Advanced Directives / Power of Attorney:

- not established given education to establish attached

Hospital preference _____

Immunization status _____

Swallowing status _____

Vision status _____

Hearing status _____

Please read your discharge instructions for information about your:

- Medical diagnoses/conditions
- Functional status
- Risk factors
- Allergies
- Medicines
- Equipment and devices
- Health care providers and doctors involved with your care

Making the Most of Visits with Your Doctor

After you leave Dodd, you will have ongoing visits with your primary care doctor and other doctors, so your well-being and recovery continues to improve. Here are some tips to help you and your family make the most of these visits.

1. Organize Your Health Information

Keep a notebook of your health history to help you remember dates, health problems, or treatments you have had. This makes it easier to share your health history with your doctor. Below are suggestions of things to include. Do not worry if you do not have all this information.

Record dates and notes about:

- Past and present health problems, including mental health issues
- Type of contraception you or your partner use
- Surgeries or procedures you have had
- Medical tests and results
- Vaccines you have had
- Past pregnancies, including miscarriages and abortions
- Date of last menstrual cycle (if you are still having periods)
- Any medical devices you use, such as a walker, nebulizer, or CPAP machine
- Family medical history, including cancer (type and age it started)
- Allergies you have and your reactions

You may also want to keep a list of your:

- Doctors and other providers with phone numbers and addresses
- Pharmacy phone number and location, including mail order pharmacies

2. Keep a Medicine List

Keep a list of all of the medicines you take in your wallet. Include prescriptions, over the counter medicines, and any vitamin or herbal products you take. Include eye drops, inhalers, and creams.

Your list should include:

- Name of the medicine
- How much you take
- When you take it
- What you take the medicine for

3. Prepare for Your Visit

- Write down any questions you have. Underline the ones you want to make sure are answered.
- Write down any symptoms or problems, especially any new symptoms you have had since your last visit.
- Ask a friend or family member to come with you to listen and take notes.
- For patients that do not read, speak, or understand English, arrangements can be made for an interpreter. An interpreter may come in person to the appointment or do interpretation over the phone or video screen. If possible, please tell your office or clinic if an interpreter is needed before the appointment.

Things to bring to your visit:

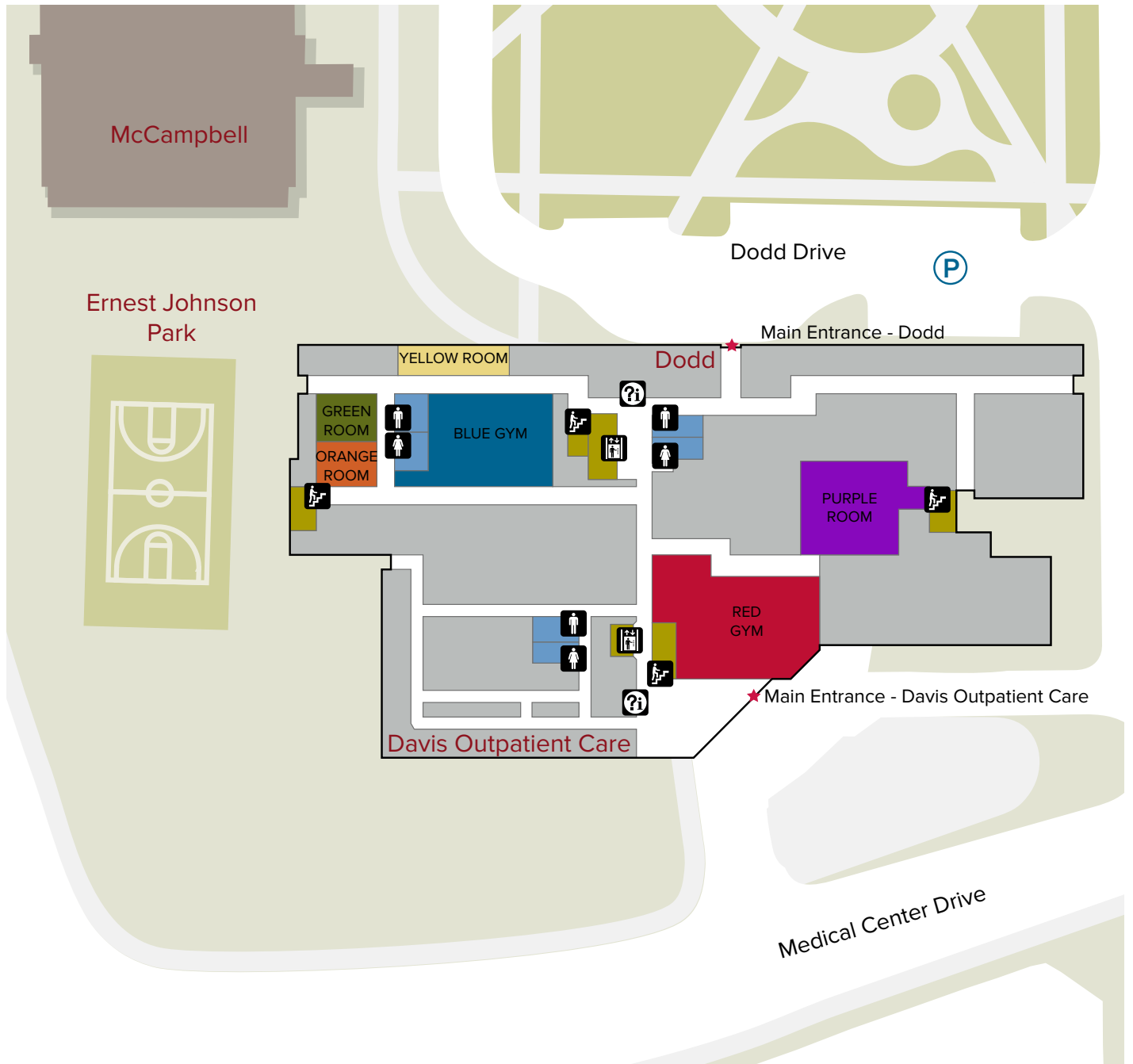
- Insurance information
- Photo ID, such as your driver's license
- Your list of questions
- Your list of medicines
- Glasses or hearing aids, if needed

4. During Your Visit






- Ask about anything you do not understand.
- Make sure you understand any medicine you need to take, including how much you should take, the time of day you should take it, and for how many days. Ask about any side effects you should watch for and what you should do if these happen to you.
- Ask for written instructions or make your own notes about your care.
- It is helpful if you can schedule your next appointment at the end of each office or clinic visit. Be sure to mark your appointments on a calendar as a reminder.

Finding Your Way

Dodd / Davis Outpatient Care



First Floor

- | | | |
|---|--|---|
|  Stairs |  Women's Restroom |  Information |
|  Elevators |  Men's Restroom | |



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WEXNER MEDICAL CENTER

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