

















Patient Name: \_\_\_\_\_

This plan is a guide only and may not apply to all patients and/or situations.  
This plan is not intended to override patient/family decisions in seeking care.

| SYMPTOMS   | CALL FREUDENTHAL HOME HEALTH WHEN:   | CALL 911 WHEN:  |
|--|--|---|
|  <p><b>I Hurt</b></p>                   | <ul style="list-style-type: none"> <li>• New pain <b>OR</b> pain is worse than usual</li> <li>• Unusual bad headache</li> <li>• Ears are ringing</li> <li>• My blood pressure is above <b>180/90</b></li> <li>• Unusual low back pain</li> <li>• Chest pain or tightness of chest <b>RELIEVED</b> by rest or medication</li> </ul> | <ul style="list-style-type: none"> <li>• Severe or prolonged pain</li> <li>• Pain/discomfort in neck, jaw, back, one or both arms, or stomach</li> <li>• Chest discomfort with sweating/nausea</li> <li>• Sudden chest pain or pressure &amp; medications don't help (e.g. Nitroglycerin as ordered by physician) <b>OR</b> Chest pain went away &amp; came back</li> </ul> |
|  <p><b>I Have Trouble Breathing</b></p> | <ul style="list-style-type: none"> <li>• Cough is worse</li> <li>• Harder to breathe when I lie flat</li> <li>• My inhalers don't work</li> <li>• Changed color, thickness, odor of sputum (spit)</li> </ul>   | <ul style="list-style-type: none"> <li>• I can't breathe!</li> <li>• My skin is gray or fingers/lips are blue</li> <li>• Fainting</li> <li>• Frothy sputum (spit)</li> </ul>  |
|  <p><b>I Have Fever or Chills</b></p>  | <ul style="list-style-type: none"> <li>• Fever is above <b>100° F</b></li> <li>• Chills/can't get warm</li> </ul>  | <ul style="list-style-type: none"> <li>• Fever is above <b>101° F</b> with chills, confusion or difficulty concentrating</li> </ul>   |
|  <p><b>Trouble Moving or Fell</b></p> | <ul style="list-style-type: none"> <li>• Dizziness or trouble with balance</li> <li>• Fell and hurt myself</li> <li>• Fell but didn't hurt myself</li> </ul>   | <ul style="list-style-type: none"> <li>• Fell and have severe pain</li> </ul>   |
|  <p><b>I See Blood</b></p>            | <ul style="list-style-type: none"> <li>• Bloody, cloudy or change in urine color or foul odor</li> <li>• Gums, nose, mouth or surgical site bleeding</li> <li>• Unusual bruising</li> </ul>  | <ul style="list-style-type: none"> <li>• Bleeding that won't stop</li> <li>• Bleeding with confusion, weakness, dizziness, &amp; fainting</li> <li>• Throwing up bright red blood or it looks like coffee grounds</li> </ul>  |

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|---|---|--|
| <br><b>Trouble Thinking</b>              | <ul style="list-style-type: none"> <li>• Confused</li> <li>• Restless, agitated</li> <li>• Can't concentrate</li> </ul>   | <ul style="list-style-type: none"> <li>• Sudden difficulty speaking</li> </ul>   |
| <br><b>My Weight or Appetite Changed</b> | <ul style="list-style-type: none"> <li>• I don't have an appetite</li> <li>• Lost <b>5 lbs</b> in 7 days</li> <li>• Gained <b>3 lbs in 1 day</b> OR <b>5 lbs in 7 days</b></li> </ul>   |  |
| <br><b>I Don't Feel Right</b>            | <ul style="list-style-type: none"> <li>• Weaker than usual</li> <li>• Dizzy, lightheaded, shaky</li> <li>• Very tired</li> <li>• Heart fluttering, skipping or racing . Blurred vision</li> </ul>   | <ul style="list-style-type: none"> <li>• Sudden numbness or weakness of the face, arm or leg</li> <li>• Sudden difficulty speaking/slurred words Suddenly can't keep my balance</li> </ul> |
| <br><b>I Feel Sick To My Stomach</b>     | <ul style="list-style-type: none"> <li>• Throwing up</li> <li>• New coughing at night</li> </ul>  | <ul style="list-style-type: none"> <li>• Can't stop throwing up</li> <li>• Throwing up blood</li> </ul>  |
| <br><b>Bowel Troubles</b>              | <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• Black/dark OR bloody bowel movement</li> <li>• No bowel movement in 3-5 days</li> <li>• No colostomy/ileostomy output in 8-12 hours</li> </ul>   |  |
| <br><b>Trouble Urinating</b>           | <ul style="list-style-type: none"> <li>• Leaking catheter</li> <li>• No urine from catheter in 8-12 hours</li> <li>• Have not passed water in 8-12 hours</li> <li>• Urine is cloudy</li> <li>• Burning feeling while urinating</li> <li>• Belly feels swollen or bloated</li> </ul> |  |

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|--|--|---|
|  <p><b>I'm Anxious or Depressed</b></p>     | <ul style="list-style-type: none"> <li>• Always feeling anxious</li> <li>• Loss of appetite</li> <li>• Unable to concentrate</li> <li>• Trouble sleeping</li> <li>• Loss of hope</li> <li>• Constant sadness</li> </ul>  | <ul style="list-style-type: none"> <li>• I have a plan of hurting myself or someone else</li> </ul>   |
|  <p><b>My Wound Changed</b></p>             | <ul style="list-style-type: none"> <li>• Change in drainage amount, color or odor increase in pain at wound site</li> <li>• Increase in redness/warmth at wound site</li> <li>• New skin problem</li> <li>• Fever is above <b>100° F</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Fever is above <b>101° F</b> with chills, confusion or difficulty concentrating</li> <li>• Bleeding won't stop</li> </ul>  |
|  <p><b>I have Diabetes &amp; I'm...</b></p> | <ul style="list-style-type: none"> <li>• Thirsty or hungry more than usual</li> <li>• Urinating a lot</li> <li>• Vision is blurred</li> <li>• I'm feeling weak</li> <li>• My skin is dry and itchy</li> <li>• Repeated blood sugars greater than <b>350 mg/dl</b></li> </ul>   | <ul style="list-style-type: none"> <li>• Fruity breath</li> <li>• Nausea/throwing up</li> <li>• Difficulty breathing</li> <li>• Blood sugar greater than <b>500 mg/dl</b></li> </ul>  |
|  | <ul style="list-style-type: none"> <li>• Shaky</li> <li>• Sweating</li> <li>• Extreme tiredness</li> <li>• Hungry</li> <li>• Have a headache</li> <li>• Confusion</li> <li>• Heart is beating fast</li> <li>• Trouble thinking, confused or irritable.</li> <li>• Vision is different</li> <li>• Repeated blood sugars less than <b>60 mg/dl</b></li> </ul> <p>Take: 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, <b>OR</b></p> <p>Wait: 15 minutes &amp; re-check blood sugar. IF your blood sugar is still low and symptoms do not go away:</p> <ul style="list-style-type: none"> <li>• Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass milk</li> <li>• Wait: 15 minutes &amp; re-check blood sugar</li> </ul> | <ul style="list-style-type: none"> <li>• Low blood sugar not responding to treatment</li> <li>• Unable to treat low blood sugar at home</li> <li>• Unconsciousness</li> <li>• Seizures</li> </ul>   |
|  <p><b>Other Problems</b></p>             | <ul style="list-style-type: none"> <li>• Feeding Tube clogged</li> <li>• Problems with my IV/site</li> </ul>   |  <p><b>Patient Name:</b> _____</p> <p>This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care.</p> |