



OchsnerTM

Medical Center – North Shore

Patient Handbook





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MISSION AND VISION STATEMENTS

Mission

We Serve, Heal, Lead, Educate and Innovate.

Vision

Ochsner will be a global medical and academic leader who will save and change lives. We will shape the future of healthcare through our integrated health system, fueled by the passion and strength of our diversified team of physicians and employees.

Contact Information

Ochsner Medical Center – North Shore
100 Medical Center Drive
Slidell, LA 70461
ochsner.org

Main Number 985-649-7070

Emergency Department 985-646-5189

Welcome to Ochsner Medical Center – North Shore

Providing Healthcare With Peace Of Mind

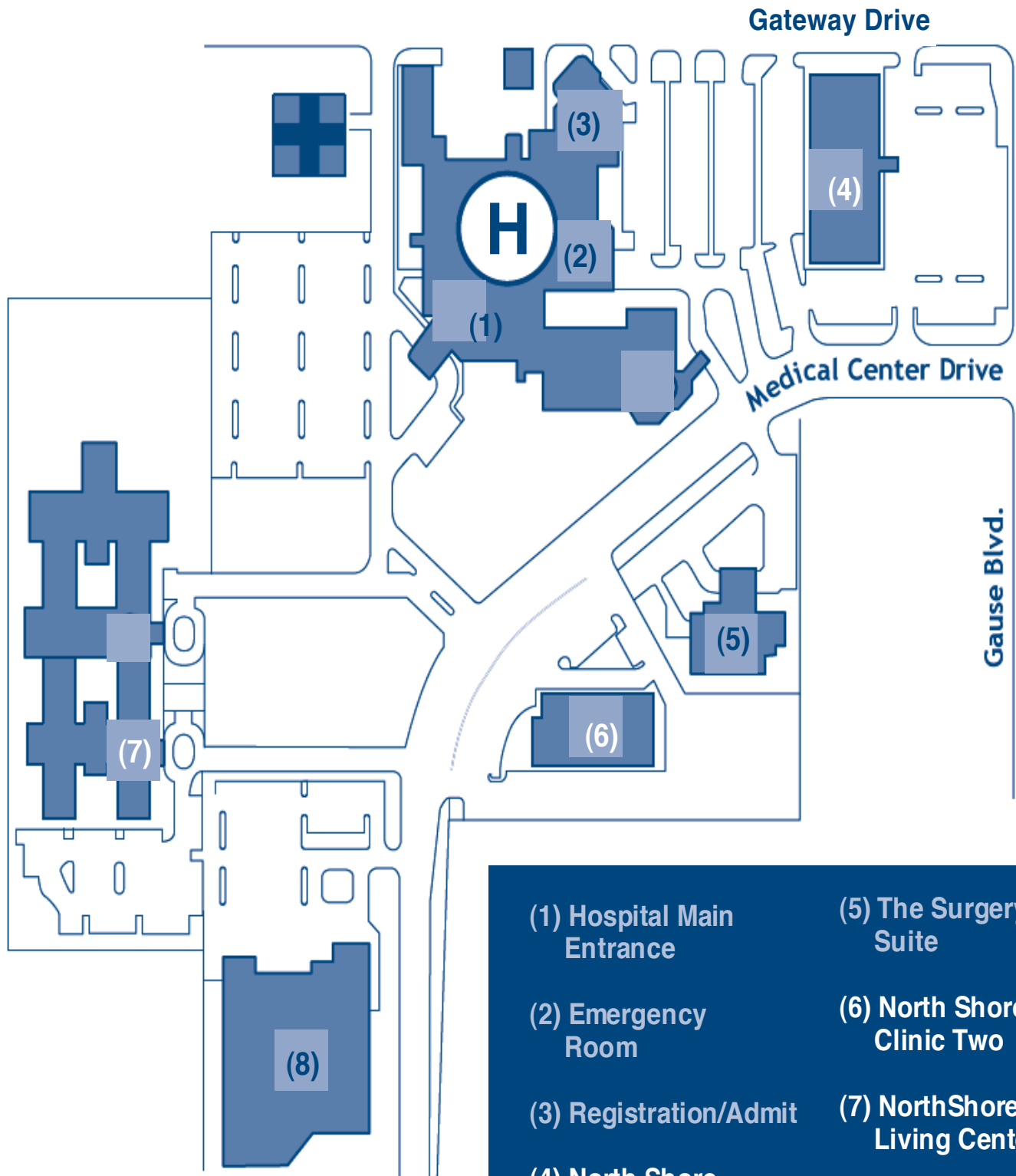
On behalf of the entire staff at Ochsner Medical Center--North Shore, I thank you for placing your trust in our hospital.

For several decades, Ochsner Medical Center--North Shore has been a true community resource for all your family's healthcare. Whether you need 24-hour emergency treatment, heart surgery, rehabilitation for a sports injury or referral to a pediatrician, we strive to deliver highest quality care. We have the region's only Pediatric Intensive Care Unit, advanced maternity care and a skilled and experienced medical staff that includes leading specialists. I invite you to learn more about our many services in this Patient Handbook.

Ochsner Medical Center--North Shore is not only conveniently located here in Slidell, our essential healthcare services also place us in the center of community life in St. Tammany and the Gulf Coast region. What makes us exceptional is our commitment to quality measures and patient satisfaction. Our staff of nurses, doctors, technicians and other professionals works constantly to improve our medical care and customer service, focusing the resources of our entire hospital on you. And, we support the health and vitality of the local communities we serve.

Ochsner Medical Center--North Shore is part of a network of world-class care that happens to be delivered in the neighborhoods you call home. We deeply value the opportunity to serve you and your family. If you have questions or comments, let us know. Call us at 985-649-7070 or visit ochsner.org.

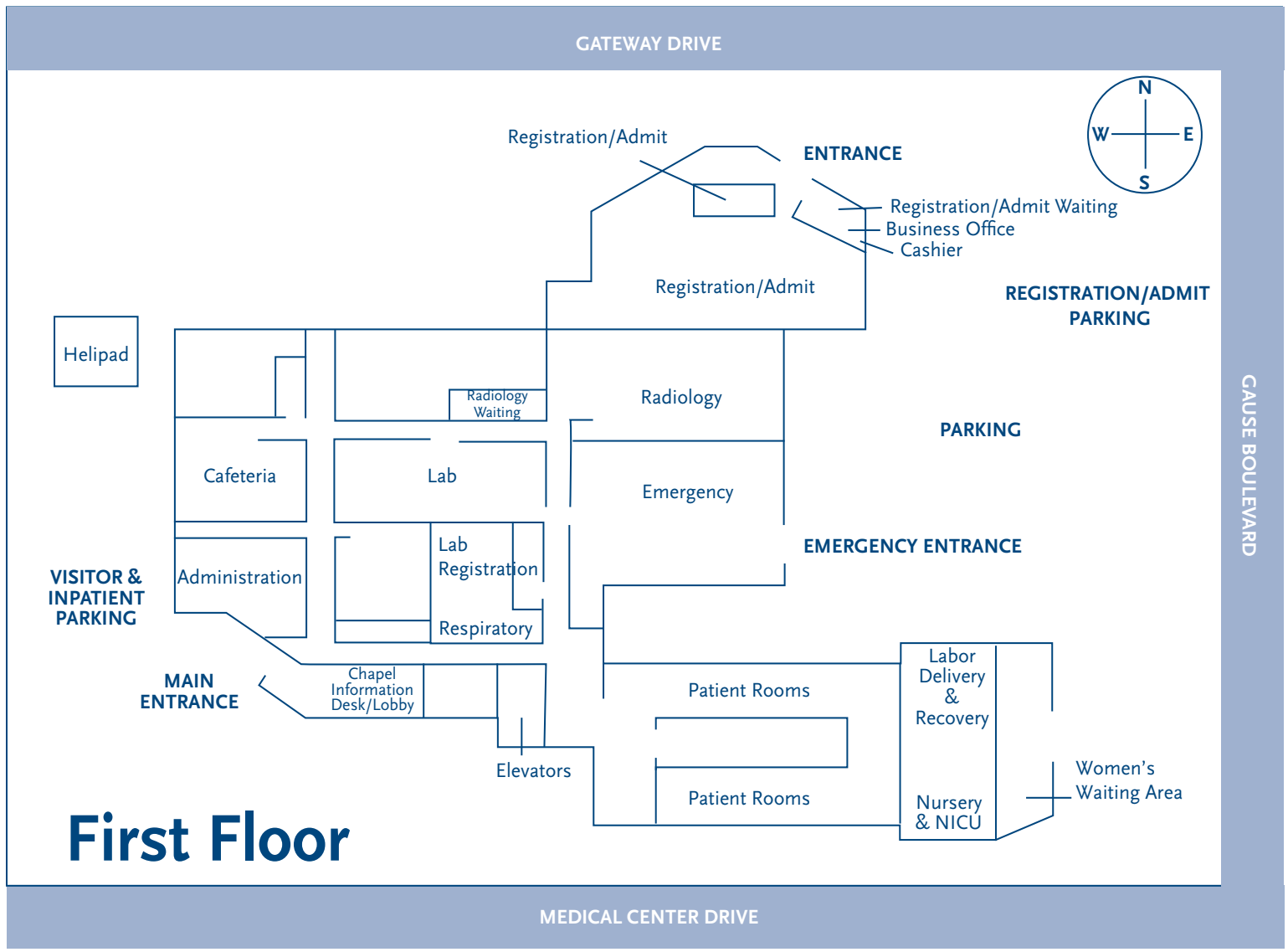
Sincerely,
Polly Davenport, RN, FACHE
Chief Executive Officer
Ochsner Medical Center--North Shore



- | | |
|----------------------------|------------------------------|
| (1) Hospital Main Entrance | (5) The Surgery Suite |
| (2) Emergency Room | (6) North Shore Clinic Two |
| (3) Registration/Admit | (7) NorthShore Living Center |
| (4) North Shore Clinic One | (8) Neuroscience Institute |

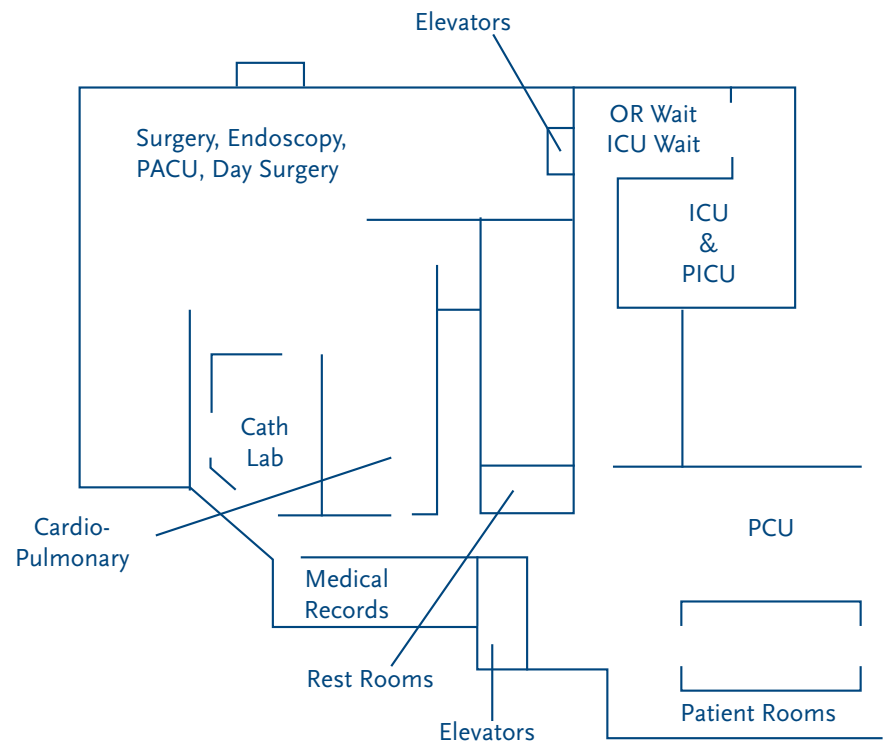
Ochsner Medical Center – North Shore





Second Floor

Nursing Areas:
 Second Floor: ICU, PICU, OR, PACU, PCU, -
 Endoscopy, Day Surgery
 Third Floor: Med Surg
 Fourth Floor: Pediatrics, Med Surg





GENERAL INFORMATION

Thank You For Choosing Ochsner Medical Center – North Shore

Welcome to Ochsner Medical Center – North Shore. Everyone on our staff is here to serve you and your family. We are focused on working for your improved health and are honored that you are our patient. If we can do anything to serve you better at any time, or if you have questions, please let us know. If for some unforeseen reason our staff is unable to help you, please ask for the nurse manager or supervisor, or call the Patient Relations Specialist at extension 5775.

This Handbook contains information for patients at Ochsner Medical Center – North Shore. For more specific information or questions, please call the main hospital line at 985-649-7070 or visit our website at ochsner.org.

We encourage patients to read and understand the Patient Rights & Responsibilities and Advance Directives, which cover Living Wills and Healthcare Power of Attorney.

Admissions/Patient Registration

When you are admitted to Ochsner Medical Center – North Shore, you will need to present your doctor's orders and photo identification. If you are covered by a private insurance plan, you will need to bring your insurance cards and claim forms. If you are covered by Medicare or Medicaid, please bring your card with you at the time of admission.

We will be happy to file your health insurance claims for you. If you have not yet satisfied your deductible, we will ask that your deductible amount be paid in advance of your hospital stay.

If you have no hospitalization coverage of any kind, we ask that you make a pre-payment toward your hospital bill. Please call our Admitting Office at 985-646-5025 to make any necessary pre-admission arrangements or if you have any questions.

During admission, information will be given to you about payment options. In some cases, patients have several medical treatment options from which to choose. Out-of-pocket expenses may differ depending upon the treatment you choose, and admitting personnel will explain the different financial implications of each choice. You will also receive information on Patient Rights and Responsibilities, Advance Directives, organ donation and Medicare.

After you have been admitted, you will be escorted either to your room or to the appropriate department, if testing is required. When you arrive on the nursing unit, our staff will help you get acquainted with your room and your surroundings.

The admitting office is open from 6 a.m. to 5 p.m., Monday through Friday. After hours, admissions are processed at the registration desk in the Emergency Room.

What to Bring

You will find that most of what you need during your stay is already here. You should bring only a few personal items, such as a nightgown, pajamas, robe, slippers, comb, toothbrush and some reading material. Please leave personal appliances such as hair dryers, televisions or non-battery-operated radios at home.

Valuables

Please leave cash, credit cards, jewelry and other valuable items at home. The hospital is not responsible for lost or stolen items. You are responsible for lost personal valuables. If you can not send your valuables home for safe keeping, we suggest you place these important items in the hospital's safe. Ask your caregiver about this service.

Comfort and Safety

Every effort is made to assign you to a room of your choice. We offer private and semi-private rooms; private rooms are available on a limited basis. Our rooms are designed with your comfort and safety in mind, and that includes your bed. The buttons on the upper side rails allow you to adjust your bed, call the staff, control the over bed lights and control your television set. All patient bathrooms have emergency call buttons.





GENERAL INFORMATION

Patient rooms have special electrical outlets for life saving equipment, if necessary. Color television with cable programming is featured in every room. Private rooms are furnished with a sleeper chair for anyone staying overnight.

There are several common things that you can do to make your stay go more smoothly. Wear your identification band. Use the “call” button on your bed to contact a staff member. Wear non-skid slippers and avoid wet floors. Before you get out of bed, please call a staff member if you need assistance as this can help prevent injury.

Medications

We ask that you not bring any medications with you to the hospital. It is important, however, that you give your nurse or doctor a complete list of medications you are taking. Your doctor will prescribe the appropriate medications for you during your stay.

Medication Safety Tips

- Keep an up-to-date list of ALL medicines (prescriptions and over-the-counter) and dietary supplements such as vitamins and herbal supplements.
- Know your medicines – prescription and over-the-counter.
- Make sure you understand the directions. Ask if you have questions or concerns.
- Ask about possible interactions your medicine can have with other medicine or dietary supplements (including vitamins and herbal supplements), beverages or foods.
- Ask if there is anything you can do to minimize side effects, such as eating before you take medicine to reduce stomach upset.

Patient Safety

Your Safety, Your Health

At Ochsner, we take pride in providing quality health care that offers all of our patients peace of mind. A significant part of this involves keeping you safe while in our care. Patient Safety requires that Ochsner staff and patients work together. Patients who are more involved in their healthcare have a better experience with us at Ochsner. If you are unable to participate, please ask a family member to do so on your behalf. Join our team and help us to help you.

You Can Make Healthcare Safer

Healthcare processes and systems are generally very safe, but accidents can happen. The National Patient Safety Foundation has suggestions to make your healthcare experience safer:

- Work with your doctor and other healthcare professionals as a team.
- Share your health history with your care team.
- Share up-to-date information about your care with everyone who is treating you.
- Make sure you understand the care and treatment you will be receiving.
- Pay attention. If something does not seem right, if a medication is now a different color or in a different amount, or if a routine has changed, verify that it is correct with your doctor or healthcare professional.
- Discuss any safety concerns with your healthcare team.



GENERAL INFORMATION

Employee and Patient Identification

We want to make sure you know who we are and we know who you are. Providers should identify themselves by name. They should also identify you by name. Please make sure that your wristband has the correct information and that you wear it at all times. It should be checked before any procedures or tests. If the wristband falls off for any reason, please request a new one. In turn, all providers and other staff should also be wearing their Ochsner name badges at all times.

Avoiding Falls

Both illness and certain medications can put you at risk for a fall and injury.

Make sure your bedrails are up while in bed.

If you need to get out of bed, please call for help. Make sure your call button is within reach. If you need assistance going to the bathroom, try to call before the need is urgent. Keep personal items, such as glasses, labeled and nearby. Wear non-skid footwear to avoid slips.

Lock the brakes on the wheelchair before getting in or out.

Consents, Procedures and Tests

Before any procedures are performed, you should know what will happen and why. Doctors and/or staff should explain possible complications resulting from the procedure, including infection. Please read your consent forms, and ask questions before signing.

Asking Questions

If you have any questions please don't hesitate to ask us, so we can help you. We recommend writing down your questions when you think of them or having a family member do so for you.

Below are some common questions that you should feel welcome to ask your providers and staff.

- "Hi, my name is . What is your name?"
- "Would you please check my name and birth date?"
- "Excuse me. Have you washed your hands?"
- "I'm not sure if my living will/consent form has been signed. Will you please check for me?"
- "What is this medication, and what is it for?"
- "I have some questions (or concerns). Will you please help me get them addressed?"

If you have a special need or request, please let us know so we can assist you.

Hand Hygiene

According to the Joint Commission, avoiding contagious diseases like the common cold, strep throat and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.

1. Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers and the backs of your hands.
- Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill or play with a pet.

2. Make sure healthcare providers clean their hands or wear gloves.

- Doctors, nurses, dentists and other healthcare providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they have cleaned their hands.





GENERAL INFORMATION

- Healthcare providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids and examining your mouth or private parts. Do not be afraid to ask them if they should wear gloves.
3. Cover your mouth and nose.
- Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more! Cover your mouth and nose to prevent the spread of infection to others.
 - Use a tissue. Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
 - If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.
4. If you are sick, avoid close contact with others.
- If you are sick, stay away from other people or stay home. Do not shake hands or touch others.
 - When you go for medical treatment, call ahead and ask if there is anything you can do to avoid infecting people in the waiting room.
5. Get shots to avoid disease and fight the spread of infection. Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:
- Chicken pox
 - Measles
 - Mumps
 - Diphtheria
 - Hepatitis
 - Meningitis
 - Tetanus
 - Shingles
 - Flu (also known as influenza)
 - Whooping cough (also known as pertussis)
 - German measles (also known as rubella)
 - Pneumonia (*streptococcus pneumoniae*)
 - Human papillomavirus (HPV)

Smoking Policy

The Ochsner Health System facilities are smoke free. Ochsner Medical Center – North Shore is a tobacco-free campus. The hospital's tobacco-free policy bans the use of all tobacco products in both indoor and outdoor areas, vehicles and all Ochsner Medical Center – North Shore property. The policy includes all patients, visitors, staff, vendors and others on the hospital campus.



GENERAL INFORMATION

Smoking Cessation

The leading cause of preventable death in the United States is cigarette smoking. The connection between cigarette smoking, lung cancer and chronic lung disease has been well documented. Cigarette smoking is also a major cause of heart and blood vessel disease.

Tobacco use is the cause of about 30% of all cancer deaths in this country. In addition to lung cancer, cigarette smoking is a major cause of cancer of the mouth, voice box, (larynx) and swallowing tube (esophagus). Cigarette smoke is a major cause of a disease that destroys the ability to breathe called emphysema.

Your tobacco smoke affects others. Passive (or involuntary) smoke happens when non-smokers have to breathe the tobacco smoke of others; this may cause serious health problems for non-smokers.

There are no forms of tobacco that are safe. Chewing tobacco and snuff contain nicotine, the same addictive drug found in cigarettes.

Stop smoking now. If you are a smoker, it is never too late to quit. Regardless of how long you have been smoking, quitting will reduce your risk of lung cancer and other diseases tied to smoking.

Escape the smoking habit and look forward to a healthier smoke-free future. Ask your health care provider for more information about how to quit smoking.

Mail and Flowers

Cards and flowers sent by your family and friends to make your stay more pleasant are brought to your room daily. If the hospital receives mail after you are discharged, they will be forwarded to your home.

Telephone System

Here's how our telephone system works. Family and friends can dial directly to all patient rooms, except Intensive Care areas. Your direct dial number is listed on your phone. There's no need to go through the hospital operator.

Local calls are free. Just press "9" and dial the number. You are responsible for long distance calls. To make a long distance call, press "9", then "1", the area code and the number you are calling. The operator will ask you for your method of payment (collect or credit card) and will connect your call.

Additionally, the hospital provides interpreters for non-English speaking patients at no cost to you. A sign language interpreter and Telecommunications Devices for the Deaf (TDD) are also available for the hearing impaired at no cost. A patient representative or nurse will arrange this service for you.

For calls made from inside the building to hospital departments, you only have to dial a four-number extension:

Department	Extension	Hours
Admitting	5025	6 a.m. - 5 p.m. (M-F)
Business Office	5042 & 5025	8 a.m. - 4:30 p.m. (M-F)
Case Manager/Social Services	5145 & 5015	8 a.m. - 4:30 p.m. (M-F)
Scheduling Department	5454	7:30 a.m. - 5 p.m. (M-F)
Financial Counselor	5025	7:30 a.m. - 4:30 p.m. (M-F)
Food Services	5058	7 a.m. - 6 p.m. (M-F)
Gift Shop	5126	10 a.m. - 2 p.m. (M-F)
Information	5020	8 a.m. - 4 p.m. (Daily)
Lost & Found	5565	8 a.m. - 4:30 p.m. (M-F)
Operator	"0"	24 hours
Patient Relations Specialist	5775	8 a.m. - 4:30 p.m. (M-F)

For after hours assistance, dial "0" or ask your nurse.



GENERAL INFORMATION

Television Channels

Channel	Station	Channel	Station	Channel	Station
2	WPXL - ION	18	Local Access	35	Golf Channel
3	WNOL - CW	19	CSPAN	36	Speed Channel
4	WWL - CBS	20	WGN -	37	Versus
5	Home Shopping Network	21	KGLA - Telemundo	38	The Weather Channel
6	WDSU - NBC	22	Charter Main Street	39	CNBC
7	WGNO - ABC	23	E!	40	MSNBC
8	WVUE - FOX	24	Style	41	CNN
9	QVC	25	Lifetime	42	HLN
10	Government Access	26	TLC	43	FOX News Channel
12	WYES - PBS	27	TBS	44	History
13	Educational Access	28	TNT	45	TruTV
14	WHNO - IND	29	USA	46	A&E
15	NewsWatch 15 (WWL)	30	fx	47	The Discovery Channel
16	WUPL - MyTV	31	ESPN	48	National Geographic
17	EWTN	32	ESPN2	49	Travel Channel
		33	FS Southwest	50	Food Network
				51	HGTV/Home and Garden Television
				52	Animal Planet
				53	ABC Family
				54	The Disney Channel
				55	Nickelodeon-East
				56	Cartoon Network
				57	TV Land
				58	AMC
				59	Turner Classic Movies
				60	Hallmark Channel
				61	Oxygen
				62	Bravo - East
				63	SyFy
				64	Spike TV
				65	Comedy Central
				66	MTV
				67	VH-1
				68	CMT
				69	BET

Discharge

Our target discharge time is by or before 11 a.m. Please ensure your transportation is available on the morning of your discharge day. When you are ready to go home, your doctor will write your discharge order. Before you go, remember to ask your doctor, nurse or therapist about special diets for your condition, about your medication, limitations on your activities and next follow-up appointment with your physician.

Check your room for personal belongings. Find out if there are any prescriptions that you should take with you. The hospital pharmacy cannot fill prescriptions for patients being discharged; there are several independent pharmacies located near the hospital.

Finally, make sure that we have your address so that we can forward mail to you.

If you need assistance with post-hospital care, such as community resources, support groups, convalescent care, medical equipment, rehabilitation centers or nursing home care, please call our Case Management/Social Services Department at 985-646-5145.

We sincerely hope your stay with us at Ochsner Medical Center – North Shore is as pleasant as possible and we wish you the best of health in the years to come.

Financial Arrangements

After your physician has determined that you are ready to leave the hospital, you or your representative will be asked to finalize financial arrangements with the Financial Counselor, ext. 5025 or the Business Office, ext. 5042 on the first floor. Since you are responsible for all charges not covered by your health insurance, the Business Office will ask that a payment plan be made at the time of discharge.

Many of our patients carry insurance that requires both the patient and the physician to contact the insurance company for authorization of the admission. Please know your benefits. Without this authorization, some benefits may be subject to a 50 percent reduction.



GENERAL INFORMATION

Your account, with the exception of amounts paid by your insurance or deposits you have made, is due in full when you are discharged. Please note that charges for personal items, such as guest trays, etc. are your responsibility and are payable upon discharge. Our cashier's office is located on the first floor.

Our Financial Counselors may visit with you during your stay to help resolve your insurance and self-pay portions. They are able to offer alternative financing methods to those who qualify. Financial Counselors are available Monday through Friday from 8 a.m. to 4:30 p.m. at 985-646-5025.

If all financial criteria are met before discharge, our Financial Counselors will give you a "courtesy discharge." This will allow you to leave without seeing the cashier and will expedite your discharge process.

We accept several major credit cards including Visa®, MasterCard®, American Express® and Discover®.

Hospitals and doctors charge separately. Your account with us consists of charges for your room, meals, the use of equipment, supplies and services provided by the hospital staff.

Your doctor(s) will bill you separately, as will other professional physician services incurred during your stay including emergency department, anesthesia, pathology, radiology and other consulting physicians.

Some charges may not show immediately. Services ordered 24 hours before your discharge might not appear on your statement when you leave. For example, some lab work can take as long as 72 hours to complete. If your stay is less than three days, those charges will not show up on your statement at discharge.

If you have any questions about your account after discharge, please contact our representative at 985-646-5042.

If you are covered by Medicare, remember you are responsible for paying the amount of your account not covered by Medicare, such as deductibles and co-insurance. In addition, Medicare covers only the cost of a semi-private room. If you prefer a private room, you are responsible for the difference in cost between the two rooms.

We understand that Medicare procedures are complex and sometimes confusing. Our business office is available to help you by answering Medicare-related questions you might have. Just call extension 5042, or after you have been discharged, call 985-646-5042.

Obtaining Your Medical Records

To obtain copies of the medical record, the patient's written authorization must be signed by a patient or legal representative and dated, and the authorization must include an expiration date, the name and address of the individual who is to receive the copies of the record, the treatment dates that are to be copied, and the reason for the request.

Hospitalized patients or family members may pick up an authorization form from the Health Information Management Department on the 2nd floor, located across from the Cardiology Department. These patients can also request the authorization form directly from their nursing staff.

Following the discharge of the patient, requests for release of information can be picked up in the Health Information Management Department.

Patients who request a copy of their medical record for their personal use may receive an abstract of their record for a copy fee of \$1 per page up to 25 pages, and \$.50 for every page over 25 pages. Anything over 500 pages is \$.25 per page. The fee schedule for these copies may be obtained from the Health Information Management Department.





GENERAL INFORMATION

To obtain any films and/or disks, please bring your driver's license or picture identification and the name of the physician requesting your records to the Radiology Department located on the first floor of the hospital.

For additional information regarding release of information, call 985-646-5009.

Filing a Formal Complaint Concerning Patient Care

Each patient and/or patient representative at Ochsner Medical Center – North Shore has the right to voice complaints regarding the care received, and to have those complaints/grievances reviewed and when possible, resolved. Lodging a complaint/grievance in no way serves to compromise a patient's future access to quality services.

If a patient and/or patient representative has a complaint/grievance about patient care, they may file a complaint with the Patient Relations Specialist at 985-646-5775.

Ochsner Medical Center – North Shore will address any concerns or grievances expressed by a patient and/or family members. Response to concerns/grievances must be done within a reasonable time frame not to exceed thirty (30) working days. The hospital contact person will address in writing, in language that the patient understands, the steps taken on behalf of the patient, results of the grievance and the date of completion and signature of the contact person.

The patient and/or patient representative may directly lodge a formal grievance with the state agency at 1-866-280-7737.

Special Services

The Patient Relations Specialist can help you with many things, including seeing to it that the hospital responds to any concerns or questions you might have in connection with your care. As your special communications link with the hospital and your doctor, the Patient Relations Specialist works with you and the hospital to address your concerns.

Reaching the Patient Relations Specialist is simple. You may either dial "0", or just ask your caregiver on your floor to have the Patient Relations Specialist contact you.

Case Management/Social Services

We know that sometimes you need a counselor. A case manager, either a registered nurse or a qualified social worker is available to counsel you and your family about any adjustment to your lifestyle that might be necessary because of changes in your health.

They are ideal sources of information for programs such as support groups, community resources, convalescent care, rehabilitation centers and nursing home care. If your doctor recommends post-hospital nursing care, call the Case Management/Social Services Department to arrange for those services. They can be reached by calling 985-646-5145 on weekdays from 8 a.m. to 4:30 p.m.

Chapel

The chapel is open 24 hours a day for personal reflection and is located on the first floor of the hospital behind the information center, off the main hallway. A non-denominational chapel service is offered on Sundays in the Azalea Room from 8:30 a.m. to 9 a.m. The Azalea Room is also on the first floor, adjacent to the cafeteria.

Pastoral Care

While you are in the hospital, it may be helpful to have someone to share your emotional and spiritual concerns. If you wish to be visited by volunteer clergy, arrangements can be made by dialing "0".

Gift Shop

The Sunshine Gift Shop is located in the main lobby of the hospital and is open Monday through Friday from 10 a.m. to 2 p.m. Gifts and plants can be ordered for patients by calling 985-646-5126.





GENERAL INFORMATION

Volunteers

During your stay at Ochsner Medical Center – North Shore, the hospital's volunteers will greet you. Our volunteers are very special members of the community who provide extra services for your comfort and convenience. Volunteers work in virtually every department of the hospital, providing an extra touch to ensure that your stay with us is a pleasant one.

If you would like more information about becoming a volunteer, call 985-646-5021.

Rehabilitation Services

Problems that cause pain and limitation happen all too often. A man injures his back in a car accident. A woman with diabetes has a wound that will not heal. A teen twists his knee in a soccer game. Patients such as these need a two-part prescription: first, medical treatment for the injury or illness; then rehabilitation to help regain normal function.

Ochsner Medical Center – North Shore provides comprehensive Rehabilitation for these and other physical disabilities for patient of all ages. Physical, Occupational and Speech Therapy services are available on both an inpatient and outpatient basis. Our trained and licensed rehabilitation staff provides cost effective, specialized care focused on increasing the patient's independence and helping them reach specific goals.

For more information about rehabilitation services programs, please call 985-646-5068.

Surgery Suite

For those patients requiring less complicated surgical procedures, The Surgery Suite at Ochsner Medical Center – North Shore specializes in same-day and short-stay surgery. Your surgeon will be assisted by our registered nurses and trained technicians, and an anesthesiologist is available, if needed. The Surgery Suite is a great alternative when major surgery is not required.

FOOD SERVICES

Patient Meals

Eat well to get well. Because nutrition is an important part of your recovery, our dietitians prepare a variety of menus according to your doctor's instructions. Each day you will select from a menu for that day. If your doctor wants you to adhere to a special diet after you leave the hospital, one of our dietitians can explain your new eating plan and how you can adapt it to your lifestyle.

Serving times for patient meals are:

Breakfast – 6:30 a.m. - 8:30 a.m.

Lunch – 11:00 a.m. - 1:30 p.m.

Dinner – 4:30 p.m. - 6:00 p.m.

If lab tests or x-rays delay your meal time, the nursing staff will see that you are served after you return to your room.

One guest tray per meal will be provided free of charge for families of patients ages 13 and under.

Nourishment Rooms are available on each main nursing unit. A variety of nutritionally appropriate beverages and snacks are provided free of charge to patients only.

Special requests: To allow Food and Nutrition Services to accommodate your needs, advance notice is needed for Kosher and vegetarian meals and other special requests.

Cafeteria and Snacks

We welcome patients' families and friends to dine in our first floor cafeteria. Breakfast, lunch and dinner are available seven days a week. Hours are posted in our cafeteria for your convenience. Our cafeteria menu line is extension 5641.





FOOD SERVICES

A 24-hour vending area, also located on the first floor near the cafeteria, offers a selection of cold beverages and a variety of snacks. Complimentary coffee is available 24 hours a day in the hospital cafeteria.

Please refrain from bringing food into the lobby, family waiting areas or patient rooms.

VISITOR INFORMATION

Hospital Visiting Hours

Your family and friends are welcome in most areas of the hospital during daily visiting hours between 9 a.m. and 9:30 p.m. Children under the age of 12 are generally not permitted to visit patients in rooms above the first floor.

ICU Visiting Hours - Information for Family and Friends

TICU provides specialized care for your family and loved ones. To facilitate the highest quality care and accurate hand-off communication the ICU will be closed to visitors as follows:

6:00a.m. to 8:00a.m.

6:00p.m. to 8:00p.m.

At the discretion of the medical care providers and in consideration of patient condition, you may be asked to leave so that the patient may rest.

Occasionally visiting hours are postponed or shortened due to special circumstances and emergency situations. Patient care is our primary concern, and we will do our best to keep you informed if special circumstances occur. Please, be understanding and know that visiting will resume as soon as the situation allows.

Also, patient privacy is crucial and must be respected. We may request that visitor's leave the patient's room while the doctor is present or when treatment is being rendered. Otherwise, we ask that you remain in your loved one's room while visiting, and not linger in the hallways. Should you need assistance, please, feel free to use the nurse call light.

Sitters

In the event that it is in the patient's best interest not to be left alone, we will ask for a family member or friend to stay with them. If that is not possible, agencies that provide sitters can be hired by the family to provide this kind of support. Your nurse can provide a list of agencies to use as a resource. The cost for sitters is the responsibility of the patient/family and cannot be added to the hospital bill.

If you have any questions regarding fall prevention, please ask one of our team members. At Ochsner Medical Center - North Shore we believe that fall prevention is everyone's responsibility. We desire to do all we can to ensure your safety and comfort during your stay.

Hand Washing

We here at Ochsner Medical Center- North Shore know that handwashing is the single most important means of preventing the spread of infection.

Please, wash your hands BEFORE and AFTER each visit. If you are visiting more than one patient in our facility, please, wash your hands between visiting each patient.

Special Considerations

- Only two (2) visitors per patient room at a time
- Children under the age of twelve (12) are not allowed to visit
- Visitors may not consume food or drink in the ICU
- Pictures of loved ones and greeting cards are encouraged
- Battery operated radios, with or without headphones are acceptable
- Magazines, newspapers and books can be brought in
 - * **Plants, flowers and balloons are NOT allowed in the ICU.**





VISITOR INFORMATION

Telephone Numbers for visitors

- ICU Waiting Room 985-646-5288
- ICU Nurses Station 985-646-5280
- ICU Charge Nurse 985-646-5340
- ICU Director 985-646-5040
- Patient Relations Specialist 985-646-5775

Please, feel free to discuss any concerns that you have regarding your loved ones care with the unit charge nurse, unit director or the patient relations specialist.

Parking

Ochsner Medical Center – North Shore provides you with free parking. The visitors parking lot is located directly in front of the main lobby entrance of the hospital. For maternity patients and visitors or people going to the Outpatient Diagnostic Center, a second parking lot is situated adjacent to the Emergency Room entrance. For physically challenged visitors, parking is clearly marked and available in both parking lots.

Restrooms

Public restrooms are located throughout the hospital. Patient restrooms do not lock, so visitors should use the public restrooms to ensure privacy.

Overnight Stays

One family member may stay overnight if the patient has a private room. A sleep chair is provided in our private rooms. Visitors may not stay overnight in semi-private rooms.

No Handguns

State law prohibits carrying handguns on hospital premises.

Wireless Communication

A wireless communication system (spectralink) is in use by the Ochsner staff. These phones allow the Ochsner staff to respond in a timelier manner to your needs and requests in a quiet atmosphere to support recovery. You may notice a low ringing sound when the nurse or patient care assistant is in your room. Please feel free to obtain your nurse's extension and dial directly for assistance.

Ochsner Medical Center – North Shore also offers wireless access to the internet.

Cellular Phones

Cellular phones may be used throughout the hospital.

Contributions

Ochsner Health System welcomes and appreciates donations from patients, friends or organizations in support of our activities in patient care, medical education and research. All gifts are tax-deductible. For additional information about making a contribution to Ochsner Health System, please contact or visit:

Ochsner Health System
Department of Philanthropy
1514 Jefferson Highway, Brent House, Suite 240
New Orleans, LA 70121
504-842-7110





VISITOR INFORMATION

Organ and Tissue Donors Always Are Needed

Ochsner Medical Center – North Shore encourages you to become an organ donor. The need is great. Nearly 1,500 persons in Louisiana wait for lifesaving organ transplants, and an estimated 10 Americans on the transplant waiting list die each day.

One organ donor saves as many as nine lives. To become a donor or learn more, call the Louisiana Organ Procurement Agency at 1-800-521-4483 or visit www.lopa.org.

PATIENTS RIGHTS & RESPONSIBILITIES

Welcome

We consider you a partner in your healthcare. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other healthcare professionals, you help make your care more effective. While you are in the hospital, your rights include the following.

Your Rights as a Patient Include:

You have a right to be provided services in a non-discriminatory manner in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, as well as any other applicable Federal and State laws and regulations.

You have the right to a reasonable, timely response to your request or need for care, as well as the right to considerate and respectful care including an environment that preserves dignity and contributes to a positive self-image.

You have a right to information regarding patient rights, advocacy services and complaint mechanisms, and the right to prompt resolution of any complaint. You or a designee has the right to participate in the resolution of ethical issues surrounding your care. You have a right to file a complaint if you feel that your rights have been infringed, without fear or penalty from Ochsner or the Federal Government. You may file a complaint with a Patient Advocate by calling 985-646-5775. At any time, you may lodge a grievance with the LA Department of Health and Hospitals by calling 1-866-280-7737 or the Joint Commission on Accreditation of Healthcare Organizations by calling 1-800-994-6610.

You, or someone acting on your behalf, have the right to understandable information on your health status, treatment and progress in order to make decisions. You have the right to know the nature, risks and alternatives to treatment. You have the right to be informed, when appropriate, regarding the outcome of the care that has been provided. You have the right to refuse treatment to the extent permitted by law, and the right to be informed of the alternatives and consequences of refusing treatment.

You, in collaboration with your physician, have the right to make decisions regarding care and the right to participate in the development and implementation of the plan of care and effective pain management. You have the right to know the name and professional status of those responsible for the delivery of your care and treatment.

You have a right within legal guidelines to have a guardian, next-of-kin or legal designee exercise patient rights when you are unable to do so. You have the right for your wishes regarding end-of-life decisions to be addressed by the hospital through advance directives. You have the right to personal privacy and confidentiality and to expect confidentiality of all records and communications pertaining to your care. You have the right to request a paper copy of our complete Notice of Privacy Practices, which we are required to provide to you and follow.

You have the right to receive communications about your health information confidentially. You have the right to request restrictions on the uses and disclosures of your health information. You have the right to inspect, copy, request amendments and receive an accounting of to whom we have disclosed your health information.





PATIENTS RIGHTS & RESPONSIBILITIES

You have the right to know if your physician wishes to include clinical investigation as part of your care or treatment. You have the right to refuse to participate in such research.

You have the right to information about charges and available payment methods before services are rendered; immediate and long-term financial implications of treatment choices, insofar as they are known. You have the right to request an explanation of your bill and to be given timely notice of non-coverage of services by your payor.

You have the right to be provided with interpretation services if you do not speak English; to alternative communication techniques if you are hearing or vision impaired; and to have any other resources taken on your behalf to ensure effective communication. These services are provided free of charge.

You have a right to personal safety (free from mental, physical, sexual and verbal abuse, or humiliation, neglect and exploitation).

You have the right to access protective and advocacy services. You have the right to protection of personal possessions, entrusted to the hospital for safekeeping. If you have a safety concern, we encourage you to report it to a department manager or to Patient Relations.

You have the right to consent and rescind consent to recording or photographic, video, electronic or audio filming for purposes other than identification, diagnosis or treatment.

Your Responsibilities as a Patient Include:

To the limit of capability, you are responsible for providing accurate and complete information relevant to the provision of services, including but not limited to present complaints, past illnesses, hospitalizations, medications, pain management and advance directives.

You are responsible for making a reasonable attempt to understand what is expected of you, including asking questions as needed. To the limit of capability, you are responsible for accepting the consequences for the outcomes if you do not follow the care, treatment and service plan.

You are responsible for being considerate and respectful of hospital staff and property as well as other patients and their property.

You are responsible for entrusting valuables to the hospital for safekeeping, when other options are impractical.

You are responsible for complying with hospital safety regulations, operational policies and financial policies, and for helping your caregiver provide a safe patient care environment.





PATIENTS RIGHTS & RESPONSIBILITIES

Bienvenido(a):

Gracias por escoger al Sistema de Salud Ochsner para su atención médica. Su salud es importante para nosotros y, para ayudar a garantizar que usted reciba la mejor atención posible, el Departamento de Relaciones con el Paciente está disponible para contestar sus preguntas o para hablar de sus inquietudes o preocupaciones con relación a la atención recibida en Ochsner. Nuestra meta es elevar su satisfacción concentrándonos en usted.

Le consideramos un(a) aliado(a) en el cuidado de su salud. Cuando usted está bien informado(a), participa en decisiones en cuanto a su tratamiento, y se comunica abiertamente con su médico y otros profesionales de la salud, usted contribuye a que su cuidado sea más efectivo.

Sus derechos como paciente incluyen:

Usted tiene derecho a que se le proporcionen servicios de manera no discriminatoria de conformidad con las estipulaciones del Título VI de la Ley de Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación por Edad de 1975, la Ley de los Americanos con Incapacidades, así como cualquier otra ley o regulación federal y estatal aplicable.

Usted tiene derecho a obtener una respuesta razonable, en un tiempo justo, a su petición o necesidad de cuidado, así como el derecho a un trato considerado y respetuoso incluyendo un ambiente que preserve la dignidad y que contribuya a una imagen personal positiva.

Usted tiene derecho a recibir información en cuanto a los derechos de los pacientes, servicios de soporte y mecanismos de quejas, y tiene el derecho a una resolución pronta sobre cualquier queja. Usted o su designado (a) tienen el derecho a participar en la resolución de asuntos éticos con relación a su cuidado. Usted tiene derecho a presentar una queja si cree que sus derechos han sido infringidos, sin temor o sanción por parte de Ochsner o del Gobierno Federal. Usted puede presentar una queja ante el Departamento de Relaciones con el Paciente llamando al 504-842-3971. En cualquier momento, usted puede presentar una queja ante el Departamento de Salud y Hospitales de LA, llamando al 1-866-280-7737, o ante la Comisión Conjunta con respecto a la Certificación de las Organizaciones de Atención Médica llamando al 1-800-994-6610.

Usted, o alguien actuando en su nombre, tiene el derecho de recibir una información comprensible con relación al estado de su salud, tratamiento y evolución para poder tomar decisiones. Usted tiene derecho a conocer la naturaleza, riesgos y alternativas de tratamiento. Usted tiene derecho a ser informado(a), cuando sea apropiado, sobre los resultados del cuidado que ha recibido. Usted tiene derecho a rehusar tratamiento hasta el nivel permitido por la ley, y tiene derecho a ser informado(a) sobre las alternativas y consecuencias de rehusar tratamiento.

Usted, en colaboración con su médico, tiene derecho a tomar decisiones con relación a su cuidado y tiene derecho a participar en el desarrollo e implementación del plan de tratamiento y manejo del dolor de una manera efectiva. Usted tiene derecho a conocer el nombre y nivel profesional de aquellos responsables de proporcionarle su cuidado y tratamiento.

Usted tiene derecho dentro de las pautas legales a tener un guardián, familiar más cercano o designado (a) legal que ejerza sus derechos como paciente cuando usted no lo pueda hacer. Usted tiene derecho a que sus deseos en cuanto a decisiones de final de vida sean del conocimiento del hospital a través de declaraciones por adelantado. Usted tiene derecho a tener privacidad y confidencialidad personal y a esperar confidencialidad de todo su expediente y comunicaciones relacionadas con su cuidado. Usted tiene derecho a recibir una copia completa en papel de nuestra Notificación de Prácticas de Privacidad, las cuales estamos requeridos a proporcionarle y a seguir.

Usted tiene derecho a recibir confidencialmente comunicaciones sobre información de su salud. Usted tiene derecho a solicitar restricciones en cuanto al uso y divulgación de información de su salud. Usted tiene derecho a inspeccionar, copiar, solicitar enmiendas y recibir cuentas de a quien le hemos revelado información sobre su salud.



PATIENTS RIGHTS & RESPONSIBILITIES

Usted tiene derecho a saber si su médico desea incluir investigación clínica como parte de su cuidado o tratamiento. Usted tiene derecho a rehusar participar en tal investigación.

Usted tiene derecho a recibir información sobre los costos y los métodos de pago disponibles antes de que los servicios sean prestados; implicaciones financieras inmediatas y a largo plazo de las opciones de tratamiento, en cuanto sean conocidas. Usted tiene derecho a solicitar una explicación sobre la cuenta y de recibir con tiempo suficiente notificación sobre servicios no cubiertos por su pagador.

Usted tiene derecho a recibir servicios de intérprete si usted no habla inglés; a métodos de comunicación alternos si usted tiene incapacidad auditiva o visual; y de tomar cualquier otro recurso en su nombre con el fin de garantizar una comunicación efectiva. Estos servicios se proporcionan sin costo alguno.

Usted tiene derecho a seguridad personal (libre de abuso mental, físico, sexual y verbal, descuido y explotación). Usted tiene derecho a tener acceso a servicios de protección y apoyo. Usted tiene derecho a la protección de sus posesiones personales que han sido confiadas al hospital para su seguridad. Si usted tiene una preocupación en cuanto a seguridad, nosotros le animamos a que se lo informe a un gerente de departamento o al Departamento de Relaciones con el Paciente.

Usted tiene derecho a consentir y a revocar consentimiento en cuanto a grabaciones fotográficas, filmaciones en video, electrónicas o de audio para propósitos diferentes a identificación, diagnóstico o tratamiento.

Como paciente, sus responsabilidades incluyen:

Al límite de su capacidad, usted es responsable de proporcionar información exacta y completa relevante a la disposición de servicios, incluyendo pero no limitado a dolencias presentes, enfermedades pasadas, hospitalizaciones, medicamentos, manejo del dolor y declaraciones por adelantado.

Usted es responsable de hacer un intento razonable de comprender lo que se espera de usted, incluyendo hacer preguntas cuanto sea necesario. Hasta el límite de su capacidad, usted es responsable de aceptar las consecuencias de los resultados si usted no sigue el plan de cuidado, tratamiento y servicio.

Usted es responsable de ser considerado(a) y respetuoso(a) hacia el personal y propiedad del hospital así como hacia otros pacientes y sus propiedades.

Usted es responsable de confiar sus objetos de valor al hospital para su seguridad cuando otras opciones no son prácticas. Usted es responsable de cumplir con las reglas de seguridad del hospital, pólizas operacionales y pólizas financieras, y de ayudar a las personas responsables de su cuidado a proveer un ambiente seguro para el cuidado del paciente.





PATIENTS RIGHTS & RESPONSIBILITIES

Comuníquese con Ochsner:

Para comunicarse con un representante de Ochsner con relación a su experiencia en la clínica o el hospital, usted puede llamarnos por teléfono, puede programar una cita para hablar con un representante en persona, o puede escribirnos a:

Ochsner Medical Center
Patient Relations Department
1514 Jefferson Highway
New Orleans, LA 70121
504-842-3971

También puede presentar una queja ante las siguientes organizaciones:

Joint Commission on Accreditation of Healthcare Organizations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Llamada gratis: 1-800-994-6610

Louisiana Department of Health and Hospitals
Health Standards Section
P.O. Box 3967
Baton Rouge, LA 70821
Teléfono: 1-866-280-7737



Advance Directives

Answers to Questions when Making Decisions about Your End of Life Care in Advance of Need

What are Advance Directives?

Advance Directives allow you to make decisions about your medical care in “advance”. They consists of 2 parts:

- Power of Attorney for Healthcare Decisions
- Living Will

Who should receive a copy?

- Your doctor
- Your family and/or friends
- You, to bring when hospitalized

What is the Power of Attorney for Healthcare Decisions?

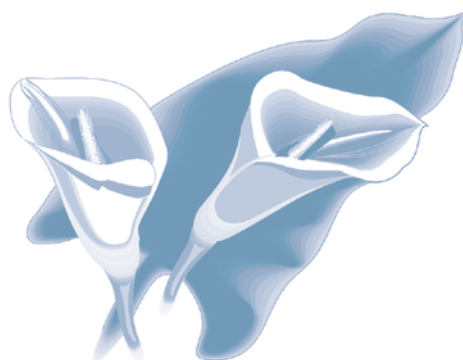
This form allows you to name the person you want to make healthcare decisions for you when you are not able to make them for yourself.

What if I change my mind after completing Advance Directives?

- Notify your doctor
- Notify your family
- Destroy other copies

What is a Living Will?

This form allows you to state what you wish and do not wish to be done in the event you are unable to speak for yourself and have a terminal and irreversible condition, which is defined as “a continual profound comatose state with no reasonable chance of recovery or a condition caused by injury, disease or illness which, within reasonable medical judgment, would produce death and for which the application of life-sustaining procedures would serve only to postpone the moment of death”.



For more information call 504-842-9474 (842-WISH).



Ochsner
ADVANCED DIRECTIVES
LIVING WILL

WITHHOLDING OR WITHDRAWAL OF
LIFE SUSTAINING MEDICAL PROCEDURES
(LA.REV.STAT.40:1299.58.3)

The Kind Of Medical Treatment I Want Or Do Not Want

I, _____, believe that my life is precious and I deserve to be treated with dignity. If the time comes that I am very sick and am not able to speak for myself, I would like for my wishes to be respected and followed. The instructions that I am including in this section are to let my family, my doctors and other health care providers, my friends and all others know the kind of medical treatment that I want or do not want.

If at any time I should have an incurable injury, disease, or illness, or be in a continual, profound comatose state with no reasonable chance of recovery, certified to be in a terminal and irreversible condition by two physicians who have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I would like the following instructions to be followed:

Close To Death: If my doctor and another physician both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death OR

In A Coma and Not Expected To Wake Up or Recover: If my doctor and another physician both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death OR

Permanent And Severe Brain Damage And Not Expected To Recover: If my doctor and another physician both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment. Life-support means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied artificially by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; and antibiotics. (Cross out anything in the definition that you do not agree with.)
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help, but I want my doctor to stop giving me life-support treatment if it is not helping conditions or symptoms.

I understand the full impact of this declaration, and I am emotionally and mentally competent to make this decision.

This declaration is made and signed by me on this _____ day of _____, in the year _____, in the presence of the undersigned witnesses who are not entitled to any portion of my estate.

Signed: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

WITNESS ACKNOWLEDGMENT: The Declarant is and has personally been known to me, and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage and would not be entitled to any portion of Declarant's estate upon his/her death. I was physically present and personally witnessed the Declarant execute the foregoing Declaration.

 WITNESS SIGNATURE / Print Witness Name

 WITNESS SIGNATURE / Print Witness Name





**OCHSNER
ADVANCED DIRECTIVES
POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS**

**The Person I Want To Make Health Care Decisions For Me
When I Cannot Make Them For Myself**

If I, _____, being of sound mind, am no longer able to make my own health care decisions, the person I choose as my Health Care Power of Attorney is:

(First Choice Name) _____

(Address) _____ (Phone Number) _____

If this person is not able or willing to make these choices for me, OR is divorced or legally separated from me, OR this person has died, then these people are my next choices:

(Second Choice Name) _____ **(Third Choice Name)** _____

(Address) _____ (Address) _____

(City/State/Zip) _____ (City/State/Zip) _____

(Phone) _____ (Phone) _____

I understand that my Health Care Power of Attorney can make health care decisions for me. I want my Health Care Power of Attorney to be able to do the following: **Please check all items that you want your agent/attorney in fact to do.**

- | | |
|--|--|
| <input type="checkbox"/> make health care and treatment decisions for me
<input type="checkbox"/> make decisions concerning surgery
<input type="checkbox"/> make decisions concerning medical expenses
<input type="checkbox"/> make decisions concerning hospitalization
<input type="checkbox"/> make decisions concerning nursing home residency
<input type="checkbox"/> take any legal action needed to carry out my wishes
<input type="checkbox"/> make decisions concerning the withholding or withdrawal of life sustaining procedures | <input type="checkbox"/> make decisions concerning medications
<input type="checkbox"/> see and approve the release of my medical record
<input type="checkbox"/> make decisions concerning selection of physicians
<input type="checkbox"/> apply for Medicare/Medicaid or other programs for insurance
<input type="checkbox"/> hiring and firing of a health care worker if needed to take care of me |
|--|--|

Such Health Care Power of Attorney has full authority to make such decisions as fully, completely and effectually, and to all intents and purposes with the same validity as if such decisions had been personally made by me.

This declaration is made and signed by me on this _____ day of _____, in the year _____, in the presence of the undersigned witnesses who are not entitled to any portion of my estate,

Signed: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

WITNESS ACKNOWLEDGEMENT: The Declarant is and has personally been known to me, and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage and would not be entitled to any portion of Declarant's estate upon his/her death. I was physically present and personally witnessed the Declarant execute the foregoing Declaration.

WITNESS SIGNATURE / Print Witness Name

WITNESS SIGNATURE / Print Witness Name





Declaraciones por Adelantado

Advanced Directives

Respuestas a preguntas cuando se tomen decisiones
por adelantado acerca del Cuidado al Final de la Vida

Answers to Questions when Making Decisions about Your End of Life Care in Advance of Need

¿Qué son Declaraciones por Adelantado?

Las Declaraciones por Adelantado le permiten tomar decisiones “por adelantado” acerca de su cuidado médico. Estas consisten en dos 2 partes:

- Poder notarial para decisiones del cuidado de la salud
- Testamento de vida

¿Quién debe recibir una copia?

- Su médico
- Su familia y/o amigos
- Usted, para traerlo cuando le hospitalicen

¿Qué es el Poder Notarial para decisiones del cuidado de la salud?

Esta forma le permite nombrar a la persona que usted quiere que tome las decisiones del cuidado de su salud cuando usted no pueda hacerlas por sí mismo(a).

¿Qué pasa si yo cambio de opinión después de completar las Declaraciones por Adelantado?

- Notificar al médico
- Notificar a su familia
- Destruir otras copias

¿Qué es un Testamento de Vida?

Esta forma le permite indicar lo que usted desea y no desea que se haga en caso de que no pueda hablar por sí mismo(a) y tenga una condición maligna e irreversible, la cual se defina como “un estado comatoso profundo continuo sin posibilidad razonable de recuperación o una condición ocasionada por lesión, enfermedad o dolencia la cual, dentro del criterio médico razonable, causaría la muerte y para la cual la aplicación de procedimientos para el mantenimiento de vida servirían solamente para posponer el momento de la muerte”.

Para más información, llame al 504-842-9474 (842-WISH)

Abril 2005 Forma No. 00128s Copy Center



Ochsner
DIRECTIVAS POR ADELANTADO
TESTAMENTO DE VIDA
Advanced Directives - Living Will
RECHAZO O RETIRO DE
PROCEDIMIENTOS MEDICOS DE MANTENIMIENTO DE VIDA
Withholding or withdrawal of life sustaining medical procedures
(ESTATUTO ENMEDADO DE LOUISIANA 40:1299.58.3)

La clase de tratamiento médico que yo quiero o que no quiero

Yo, _____, creo que mi vida es preciosa y merezco ser tratado(a) con dignidad. Si llega la hora cuando esté muy enfermo(a) y no pueda hablar por mí mismo(a), yo quisiera que mis deseos se respeten y se sigan. Las instrucciones que estoy incluyendo en esta sección son para informarles a mi familia, mis médicos y otros proveedores del cuidado de la salud, mis amigos y a todos los demás sobre la clase de tratamiento médico que quiero o que no quiero.

Si en algún momento yo tuviera una lesión, dolencia, o enfermedad incurable, o si estuviera en un estado comatoso profundo continuo sin una posibilidad razonable de recuperarme, y que se certifique como una condición maligna e irreversible por dos médicos que hayan determinado que mi muerte ocurrirá aunque se utilicen procedimientos para el mantenimiento de vida y que la aplicación de dichos procedimientos serviría nada más que para prolongar artificialmente el proceso de muerte, yo deseo que se sigan las siguientes instrucciones:

Cerca de la muerte: Si mi médico y otro médico determinan ambos que yo probablemente moriré dentro de un corto período de tiempo, y que el tratamiento para mantenimiento de vida solamente aplazaría el momento de mi muerte O

En un coma y sin esperar que me despierte o recupere: Si mi médico y otro médico determinan ambos que yo estoy en un coma del cual no esperan que me despierte o recupere, y que tengo daño cerebral, y el tratamiento para mantenimiento de vida solamente aplazaría el momento de mi muerte O

Daño cerebral severo y permanente y sin esperar que me recupere: Si mi médico y otro médico determinan ambos que yo tengo daño cerebral severo y permanente (por ejemplo, que yo pueda abrir mis ojos, pero no pueda hablar ni entender) y que no se espere que yo mejore, y el mantenimiento de vida solamente aplazaría el momento de mi muerte (Escoja *uno* de los siguientes):

- Yo quiero recibir tratamiento de mantenimiento de vida. (Mantenimiento de vida significa cualquier procedimiento médico, dispositivo o medicamento para mantenerme vivo(a). El tratamiento de mantenimiento de vida incluye: dispositivos médicos que se me colocan para ayudarme a respirar; alimentos y agua administrados artificialmente por medio de un dispositivo médico (alimentación por tubo); resuscitación cardiopulmonar (RCP); cirugía mayor; transfusiones de sangre; diálisis; y antibióticos. (Tache cualquier cosa en la definición con la que usted no esté de acuerdo).
- Yo no quiero recibir tratamiento de mantenimiento de vida. En caso de que ya se haya empezado, yo quiero que se suspenda.
- Yo quiero recibir tratamiento de mantenimiento de vida si mi médico cree que eso podría ayudarme, pero yo quiero que mi médico deje de darme el tratamiento de mantenimiento de vida si no está ayudando mis condiciones ni síntomas.

Yo comprendo el impacto pleno de esta declaración, y me encuentro competente emocional y mentalmente para tomar esta decisión.

Esta declaración la hago y la firmo este día _____ de _____, en el año _____, ante la presencia de los testigos suscritos quienes no tienen derecho a ninguna porción de mi herencia.

Firmado: _____

Dirección: _____

Fecha de nacimiento: _____ Número de Seguro Social: _____

RECONOCIMIENTO DE LOS TESTIGOS: Conozco y he conocido personalmente al Declarante, a quien considero mentalmente capacitado. No tengo parentesco alguno con el Declarante por consanguinidad ni por matrimonio y no tendría derecho a ninguna porción de la herencia del Declarante a su muerte. Estuve físicamente presente y personalmente fui testigo de que el Declarante formalizó la Declaración anterior.

 FIRMA DEL TESTIGO /Nombre del testigo en letra molde

 FIRMA DEL TESTIGO /Nombre del testigo en letra molde



Ochsner
DIRECTIVAS POR ADELANTADO
Advanced Directives
PODER NOTARIAL PARA DECISIONES DEL
CUIDADO DE LA SALUD
Power of Attorney for Health Care Decisions

La persona que yo quiero que haga las decisiones del cuidado de mi salud cuando yo no pueda hacerlas por mí mismo(a)

Si yo, _____, estando en mi sano juicio, ya no puedo tomar mis propias decisiones el cuidado de mi salud, la persona que yo escojo como mi Apoderado del Cuidado de la Salud es:

(Nombre - Primera opción) _____

(Dirección) _____ (Número de teléfono) _____

Si esta persona no puede o no está dispuesta a tomar estas decisiones por mí, O está divorciada o legalmente separada de mí, O esta persona ha fallecido, entonces yo escojo a las siguientes personas:

(Nombre - Segunda opción) _____ (Nombre - Tercera opción) _____

(Dirección) _____ (Dirección) _____

(Ciudad/Estado/Zip) _____ (Ciudad/Estado/Zip) _____

(Teléfono) _____ (Teléfono) _____

Yo comprendo que mi Apoderado del Cuidado de la Salud puede tomar decisiones del cuidado de mi salud por mí. Yo quiero que mi Apoderado del Cuidado de la Salud pueda hacer lo siguiente: **Por favor marque lo que usted quiere que haga su agente/apoderado-de-hecho.**

- | | |
|---|---|
| <input type="checkbox"/> tomar decisiones del cuidado de la salud y tratamiento por mí | <input type="checkbox"/> tomar decisiones respecto a medicamentos |
| <input type="checkbox"/> tomar decisiones respecto a cirugía. | <input type="checkbox"/> ver y aprobar la revelación de mis récords médicos |
| <input type="checkbox"/> tomar decisiones respecto a gastos médicos | <input type="checkbox"/> tomar decisiones respecto a la selección de médicos |
| <input type="checkbox"/> tomar decisiones respecto a hospitalización | <input type="checkbox"/> aplicar para Medicare/Medicaid u otros programas para seguro |
| <input type="checkbox"/> tomar decisiones respecto a permanencia en asilo de ancianos | <input type="checkbox"/> emplear y despedir a un trabajador del cuidado de la salud si es necesario para cuidarme |
| <input type="checkbox"/> tomar cualquier acción legal necesaria para llevar a cabo mis deseos | |
| <input type="checkbox"/> tomar decisiones respecto al rechazo o retiro de procedimientos de mantenimiento de vida | |

Dicho Apoderado del Cuidado de la Salud tiene plena autoridad para tomar tales decisiones plenamente, completamente y eficazmente, y prácticamente con la misma validez como si tales decisiones las hubiera hecho yo personalmente.

Esta declaración la hago y la firmo este día _____ de _____, en el año _____, ante la presencia de los testigos suscritos quienes no tienen derecho a ninguna porción de mi herencia.

Firmado: _____

Dirección: _____

Fecha de nacimiento: _____ Número de Seguro Social: _____

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Medical Center – North Shore