IN THIS GUIDE

Welcome 2
Your Satisfaction 3
Telephone Directory 4
During Your Stay 5-7
Visitor Passes 5
Visitor Guidelines 5
Parking 5
Your Room 5
Calling Your Nurse 5
Interpreters 5
Telephone 5
Visiting Hours 5
Rapid Response Team 6
Valuables 6
Medications from Home 6
Music Library 6
Fire Safety 6
Quiet Matters 6
Patient Meal Delivery Times 6
Smoking 6
Electrical Appliances 7
TV, TV Channels 7
Flowers 7
ATM 7
Pastoral Care 7
Gift Shop 7
Cafeteria 7
Wireless Internet Services 7
Speak Up! 8
Your Rights & Responsibilities 9
Privacy & Your Health 10
Our Commitment to Care 11
What Are Your Advance Directives? 12
Stay Safe 13-18
Know Your Meds 14
Questions For My Doctor 14
Fighting Infections 15
Preventing Falls 15
Help Us Protect Your Skin 16
Prevent the Spread of MDROs 17
Adult Vaccines 18
Do You Have Pain? 19
Don’t Leave Until...20-21
A Patient’s Guide to Observation 22-23
Preparing to Leave the Hospital 23-24
Going Home/Meeting Your Discharge Planner 23
Discharged Lobby 23
Commercial Insurance 24
If You Have No Insurance 24
Uninsured 24
What a Hospital Bill Covers 24
Pre-Certification 24
Coordination of Benefits 24
Medicare 24
Medi-Cal 24
Medication Side Effect Quick Reference 25-30
Food and Drug Interaction 31-32

LOS ALAMITOS MEDICAL CENTER

The editorial content displayed here is the responsibility of PatientPoint. This material is for your educational use only. It does not contain, nor should it be construed as containing, medical advice. Talk to your doctor before making any lifestyle or treatment changes. Sponsors are responsible for the material provided, and your healthcare provider’s participation in the program does not represent an explicit or implied endorsement of any material presented. The people shown are models and are not known to have any health condition. Images are for illustrative purposes only. Image credits: Getty Images, iStockphoto. ©2015 PatientPoint®

10 MY HEALTH REC
Find out how to view select lab results and access your health records online.

13 STAY SAFE
You can contribute to health care safety.

20 DON’T LEAVE UNTIL...
6 things to know before you walk out that hospital door.
It is my privilege to welcome you to Los Alamitos Medical Center. Los Alamitos Medical Center is much more than an acute-care hospital. We are a team of health care professionals that specializes in various programs and clinical services—but first and foremost, we are caregivers. Our dedicated nurses, technicians, social workers and other personnel are here to provide you with excellent care in a safe, compassionate environment. We care for members of our own families, colleagues, and community members, and we want to earn your trust and confidence when it comes to your health.

Los Alamitos Medical Center has been serving the community since 1968—growing and changing while navigating a sophisticated health care landscape. We provide emergency services, inpatient and outpatient care, and numerous other health services.

Some recent changes to our developing medical campus include a new parking structure with over 1,000 parking spaces and a medical office building that holds physician offices. Patient access to selected medical records, a discharged lobby and two new Catheterization Labs (Cath Lab) also are part of our growth endeavors. The Cath Lab project will allow us to offer our patients world-class, interventional resources spanning the spectrum of nearly all medical specialties. This allows us to expand our neurology and cardiology offerings. We are expecting the final phase of this project to culminate in the first quarter of 2015.

In addition to technology upgrades, our quality indicators are a great source of pride. We have been honored and recognized by The Joint Commission, CIGNA, Blue Cross/Blue Shield, American Heart Association and American Stroke Association, to name a few. We are one of only six hospitals in the state chosen for a Senate bill pilot program for our Catheterization Lab (heart services), and we were among the first hospitals nationwide to earn complete accreditation for all imaging services.

On behalf of our employees, physicians and volunteers, thank you for choosing Los Alamitos Medical Center.

Sincerely,

Kent Clayton
Chief Executive Officer
YOUR Satisfaction

We encourage your feedback to improve care.

Your health care is our priority. To determine where improvements are needed, this hospital takes part in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

The HCAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S. After you are released from the hospital, you may be selected to participate in the HCAHPS survey. The survey asks multiple-choice questions about your hospital stay. Please take the time to speak with the representative and participate in the phone survey; your feedback is valuable!

What is HCAHPS?
The HCAHPS survey is backed by the U.S. Department of Health and Human Services. The survey is used to improve the quality of health care. HCAHPS makes survey results public so hospitals are aware of where changes are needed. The results also enable health care consumers to review and compare hospitals before choosing a health care provider.

YOU ARE PART OF THE TEAM

COMMUNICATE: It’s your health; don’t be afraid to ask your doctors and nurses questions.

PARTICIPATE: You are the center of your health care team, so ask questions, understand your treatment plan and medications, and communicate with your doctors and nurses.

APPRECIATE: There are hundreds of people in the hospital who need help; please be patient as doctors and nurses attend to everyone.

HOSPITAL COMPARE is a government website that allows users to compare the quality of care provided by hospitals. The information provided on this website is based on HCAHPS survey results. www.medicare.gov/hospitalcompare

THE LEAPFROG GROUP rates hospitals that take part in the Leapfrog Hospital Quality and Safety Survey. The survey measures how well hospitals meet the Leapfrog Group’s quality and safety standards. Survey results are reported on Leapfrog’s website for users to compare hospitals. www.leapfroggroup.org/cp

THE JOINT COMMISSION has created quality and safety standards for health care organizations. The Joint Commission reviews, accredits and certifies health care organizations that meet its high standards. Quality reports for all accredited organizations are available on its website. www.qualitycheck.org

“TRUTH IS WHAT STANDS THE TEST OF EXPERIENCE.”
ALBERT EINSTEIN 1879-1955
Our Services
- 24-Hour Emergency Department
  - Advanced Primary Stroke Center
  - Cardiac Receiving Center
  - InQuickER appointment service
- Birthing Center
- Neurointerventional Lab
- GI Inpatient and Outpatient services
- Cancer Center
- Cardiology and Pulmonary Services
- Diagnostic Services
  - Ultrasound
  - CT Scan
  - Mammography
  - MRI
  - PET/CT
  - Nuclear Medicine
- Surgical Services
  - General, Vascular, Thoracic, GI, GYN, Urological
- Orthopaedics and Spine
- Robot Assisted Surgery
- Wound Healing & Hyperbarics

General visiting hours are 9:00 a.m. to 8:00 p.m.

Administration 562.799.3192
Admitting 562.799.3166
Birthing Center 562.799.3178
Business Development 562.799.3258
Cardiac Rehab 562.799.3134
Cardio/Pulmonary/Neurology 562.799.3148
Case Management/Discharge Planning 562.799.3218
Cath Lab 562.799.3203
Compliance/Privacy Officer 562.799.3376
Customer Service/Concerns 562.799.3446
Discharged Lobby 562.799.3522
Emergency Department 562.799.4213
Gero-Psychiatry 562.799.3234
Health Information Services 562.799.3219
Human Resources 562.799.3135
ICU/CCU 562.799.3210
Infusion Center 562.799.3126
Laboratory 562.799.3155
Medical Staff Office 562.799.3160
Medical 1 562.799.3146
Medical 2 (Tele) 562.799.3147
Medical 3 562.799.3196
Nursing Office 562.799.3145
Orthopaedic Institute 562.799.3284
Outpatient Diagnostics (Total Care Imaging) 562.799.3251
Pathology 562.799.3132
Perioperative Services 562.799.3151
Pharmacy 562.799.3173
Public Relations 562.799.3573
Quality Improvement 562.799.3220
Radiation Therapy 562.799.3198
Radiology 562.799.3294
Rehabilitation Therapy 562.799.3215
Respiratory Therapy 562.799.3148
Social Services 562.799.3194
Surgical Floor 562.799.3188
Wound Healing and Hyperbaric 562.799.3474

Please visit us at www.losalamitosmedctr.com

Calling a Department WITHIN the Hospital?
Dial the last four digits of the number.
**VISITOR GUIDELINES**
We encourage visitors for emotional support and recovery. To provide a restful and safe environment, we ask that all visitors comply with the following guidelines:

- Be considerate of other patients by keeping noise to a minimum.
- Refrain from visiting if you have a cold, sore throat or any contagious disease.
- Observe “No Visiting” and “Isolation Precaution” signs before entering a room.
- Do not smoke.
- Leave the room during tests or treatments if asked.
- Visiting age subject to change during flu season or as appropriate for seasonal epidemics.

**PARKING**
Parking is available in our main parking lot off of Kaylor Street. Trams are located throughout our campus to get you from your car to the building you need. Patients may be dropped off at the main lobby. There is a turn-around drive located off of Cherry Street. Emergency parking is located in front of the main hospital building off of Katella directly adjacent to the Emergency Department entrance. A multilevel parking structure is open to the public. Visitors may park for 20 minutes for free. Paid rates are $3 for the first two hours or a $5 daily rate.

**YOUR ROOM**
Our rooms are designed with your needs in mind. Your remote-controlled bed enables you to adjust the head and foot of the bed for maximum comfort. A wardrobe closet and bedside stand offer a convenient place to store your belongings, such as clothing and toiletries. Your personal TV provides entertainment for you and your visitors. A TV guide listing is available in this packet.

**CALLING YOUR NURSE**
All patient rooms are equipped with a nurse call system. A nurse call button is located by each bed. It can be used to alert the nurse when you need assistance. Your nurse also carries a mobile phone, and the number will be provided on your personalized whiteboard in your room. You may call the four-digit extension directly.

**INTERPRETERS**
We are pleased to provide Wave Tech telephone translation service. Wave Tech also offers services for a Sign Language interpreter live on a laptop, amplified phones and amplified devices to better communicate with our patients. Please ask your nurse for further information.

**TELEPHONE**
Local calls are free. To make a local call, please press 9 before dialing the number. You may use your cellphone or phone calling card to make long-distance calls by calling the hospital operator.
RAPID RESPONSE TEAM

The Rapid Response Team was developed to improve the care and safety of our patients during hospitalization.

A Rapid Response Team (RRT) is a group of highly skilled expert health care providers who utilize their assessment and intervention skills to provide emergent care to patients whose condition has acutely changed.

The RRT can be activated by anyone, anywhere. If you or your family member(s) suspect that a change in condition has occurred, contact your nurse or unit charge nurse immediately by using your call light or by telephone; the numbers are posted on the white boards at each patient’s bedside. The nurse or charge nurse will immediately respond and assess the patient and can then activate the Rapid Response Team.

Our goal is to provide our patients with an immediate assessment and/or interventions to prevent their condition from further deterioration and improve our patients’ outcomes.

VALUABLES

The hospital assumes no responsibility for personal belongings and valuables. The hospital has recommended that all personal belongings be sent home. You will be solely responsible for personal property that you choose to keep in your possession. The hospital shall not be liable for any loss or damage to your personal belongings and valuables. If you bring or have a valuable item during your hospitalization, you are responsible for notifying hospital staff so that the item can be updated on the belongings form.

MEDICATIONS FROM HOME

All medications you may have brought to the hospital with you, including over-the-counter medications and herbal medications, should be returned home unless otherwise directed by your physician. We offer a secure area in the pharmacy to hold your medications if you do not have someone to take your medications home for you. Please notify your nurse for assistance. To use your own medication from home, a physician order must be obtained. The medication will then be kept in the pharmacy and dispensed to you by your nurse. If you have any questions, please do not hesitate to contact your nurse. You also may request to speak to one of our clinical pharmacists who will be happy to speak to you regarding new medications, side effects or any of your existing medications.

MUSIC LIBRARY

Our goal is to make your stay as comfortable as possible. Studies have shown that many patients benefit from music and find it a therapeutic tool in their recovery. We have portable CD players with disposable headphones for you to use at no charge. You can also have access to a variety of relaxing images and sounds on your television. If you are interested, please contact your nurse and he/she will arrange for you to use a CD player during your stay.

FIRE SAFETY

We periodically conduct fire drills. If you hear an alarm, stay where you are. In the event of an actual emergency, hospital staff will notify you.

QUIET MATTERS

Every effort is being made to eliminate any noise that interferes with your rest and relaxation. Certain activities must happen to return everyone to good health. We know you are used to the quiet solitude of sleeping in your home, but the hospital is a little different. Because we work to provide excellent care for our patients at all hours, you may hear us moving a patient throughout the halls or hear us working at the nurse’s station. You may ask the nurse to close your door or provide you with earplugs or TV headsets to assist you with your rest.

PATIENT MEAL DELIVERY TIMES

Breakfast: 7:30 a.m. to 8:00 a.m.
Lunch: 12:00 p.m. to 12:30 p.m.
Dinner: 5:30 p.m. to 6:00 p.m.

If you would like to speak to our dietitian, please call ext. 3171.

SMOKING

Los Alamitos Medical Center is a smoke-free facility. Patients, visitors, physicians, personnel and volunteers are not permitted to smoke indoors or outside our facility.
under any circumstances. For your health and the health of others, we have cleared the air for a healthier you.

**ELECTRICAL APPLIANCES**

Electrical appliances including hair dryers, curling irons, razors, radios, heating pads, portable heaters, VCRs, computers and other devices are not permitted in patient rooms. You may use only battery-operated devices.

**TV**

We offer basic cable service to all our patients. We also provide TV headsets upon request, so each patient can adjust the volume on his/her TV to his/her satisfaction. Please ask your nurse for assistance. Channel numbers may change without notice.

**FLOWERS**

Flowers are welcome on all units, except in critical care areas. Flowers are available for purchase in our Auxiliary Gift Shop located in the main lobby.

**ATM**

An ATM is located in the hospital cafeteria just off the main lobby.

**PASTORAL CARE**

Patients may ask to be seen by a chaplain or minister. Ask your nurse to contact Social Services to receive a visit by clergy.

**GIFT SHOP**

Our gift shop is operated by the volunteer Auxiliary and hours vary. The gift shop is located in the hospital’s main lobby. All proceeds go to the Auxiliary Scholarship Fund.

### TV CHANNELS

<table>
<thead>
<tr>
<th>Channel</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBS</td>
<td>2 Prime Ticket</td>
</tr>
<tr>
<td>NBC</td>
<td>4 Lifetime Movie Network</td>
</tr>
<tr>
<td>KTLA</td>
<td>5 Comedy Central</td>
</tr>
<tr>
<td>ABC</td>
<td>7 Food Network</td>
</tr>
<tr>
<td>WGN</td>
<td>8 HGTV</td>
</tr>
<tr>
<td>KCAL</td>
<td>9 E!</td>
</tr>
<tr>
<td>KCET(PBS)</td>
<td>10 AMC</td>
</tr>
<tr>
<td>KWL</td>
<td>11 MSNBC</td>
</tr>
<tr>
<td>FOX</td>
<td>11 Lifetime</td>
</tr>
<tr>
<td>KCOP</td>
<td>13 Netflix</td>
</tr>
<tr>
<td>Telemundo</td>
<td>20 Lifetime</td>
</tr>
<tr>
<td>USA</td>
<td>28 Nicktoon</td>
</tr>
<tr>
<td>TBS</td>
<td>29 FX</td>
</tr>
<tr>
<td>CNN</td>
<td>30 ESPN</td>
</tr>
<tr>
<td>Discovery Channel</td>
<td>31 ESPN</td>
</tr>
<tr>
<td>Fox Sports</td>
<td>32 ESPN</td>
</tr>
</tbody>
</table>

*Channel lineup subject to change without notice.*
Speak UP!

Take charge of your care.

During your stay, the doctors, nurses and staff of your hospital will treat you and your family as partners in your own care. One important way that you can be involved is to speak up. Ask questions, voice your concerns, and don’t be afraid to raise any issues relating not only to your care and treatment, but also to overall hospital services.

In the pages that follow, you’ll find a step-by-step guide to making the most of your hospital stay—how to stay safe, get the information you need, ask the right questions and interact effectively with your doctors, nurses and hospital staff.

SPEAK UP & STEP UP

SPEAK UP
Ask questions and voice concerns. It’s your body, and you have a right to know.

PAY ATTENTION
Make sure you’re getting the right treatments and medicines.

EDUCATE YOURSELF
Learn about the medical tests you get and your treatment plan.

FIND AN ADVOCATE
Pick a trusted family member or friend to be your advocate or support person.

WHAT Meds & WHY
Know what medicines you take and why you take them.

CHECK BEFORE YOU GO
Use a hospital, clinic, surgery center or other type of health care organization that meets The Joint Commission’s quality standards.

PARTICIPATE IN YOUR CARE
You are the center of the health care team.

REMEMBER
- Write down any questions you have.
- Choose a support person to communicate with the doctors and staff.
- Keep a list of doctors you see and the meds they prescribe.

“WHO QUESTIONS MUCH, SHALL LEARN MUCH AND RETAIN MUCH.”
FRANCIS BACON 1561-1626
As a patient, you have the right to respectful and considerate care. In addition, there are specific rights and responsibilities you have during your hospital stay.

**YOU HAVE THE RIGHT TO:**

- be informed of the hospital’s rules and regulations as they apply to your conduct.
- expect privacy and dignity in treatment consistent with providing you with good medical and psychiatric care.
- receive considerate, respectful care at all times and under all circumstances.
- expect prompt and reasonable responses to your questions.
- know who is responsible for authorizing and performing your procedures or treatments.
- know the identity and professional status of your caregivers.
- know what patient support services are available, including access to an interpreter if language is a problem.
- have access to your medical records according to hospital policy.
- be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis, and any continuing health care requirements after your discharge in terms you can understand.
- be informed of medical alternatives for care or treatment.
- refuse treatment, except as otherwise provided by law, and to be informed of the consequences of your refusal.
- receive access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, national origin, religion, physical handicap or sources of payment.
- know if the medical treatment prescribed for you is for experimental purposes and to give your written consent to participate if you choose.
- participate in the decision-making process related to the plan of your care.
- have access to professionals to assist you with emotional and/or spiritual care.
- exercise your cultural values and spiritual beliefs as long as they do not interfere with the well-being of others, or the planned course of any medical care.
- participate in the discussion of ethical issues that may arise.
- express concerns regarding any of these rights in accordance with the grievance process.
- formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

**YOU ARE RESPONSIBLE FOR:**

- providing accurate and complete information to your health care providers about your present and past medical conditions and all other matters pertaining to your health.
- reporting unexpected changes in your condition to your health care providers.
- informing your health care providers whether or not you understand the plan of care and what is expected of you.
- following the treatment plan recommended by your health care providers.
- keeping appointments and, if you cannot, notifying the proper person.
- knowing the consequences of your own actions if you refuse treatment or do not follow the health care providers’ instructions.
- being considerate of the rights of other patients and hospital personnel and to follow hospital policy and regulations regarding care and conduct.
- fulfilling your financial obligations to the hospital as promptly as possible.
You have privacy rights under a federal law that protects your health information. These rights are important for you to know. Federal law sets rules and limits on who can look at and receive your health information.

**WHO MUST FOLLOW THIS LAW?**

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes and many other health care providers
- Health insurance companies, HMOs and most employer group health plans
- Certain government programs that pay for health care, such as Medicare and Medicaid

**WHAT INFORMATION IS PROTECTED?**

- Information your doctors, nurses and other health care providers put in your medical records
- Conversations your doctor has with nurses and others regarding your care or treatment
- Information about you in your health insurer’s computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

**YOU HAVE RIGHTS OVER YOUR HEALTH INFORMATION.**

Providers and health insurers who are required to follow this law must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- File a complaint

To make sure that your health information is protected in a way that doesn’t interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and help run their businesses
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public’s health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Without your written permission, your provider cannot:

- Give your health information to your employer
- Use or share your health information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions
Our Commitment TO CARE

Los Alamitos Medical Center is committed to providing the highest quality of care and services to the patients we serve. We work to continuously improve the quality of care that we provide to all of our patients, and your input is an important part of that process.

If you have quality of care or safety concerns regarding care you received at our hospital, we would like to hear about it. Please contact the Nursing Administration Office at 562.799.3187 or the Quality/Risk Management Department at 562.799.3220.

You may contact The Joint Commission on Healthcare Accreditation for any concerns at the address listed below.
Email: complaint@jointcommission.org

Mail:
CA Dept. of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Office of Quality and Patient Safety
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

ETHICS COMMITTEE
Requests for a bio-ethics committee consultation can be directed to our social services department at ext. 3194 or 562.799.3194.

“COMMITMENT IS AN ACT, NOT A WORD.”
JEAN-PAUL SARTRE
WHAT ARE YOUR ADVANCE DIRECTIVES?

You have the right to make decisions about your own medical treatment. These decisions become more difficult if, due to illness or a change in mental condition, you are unable to tell your doctor and loved ones what kind of health care treatments you want. That is why it is important for you to make your wishes known in advance.

Here is a brief description of each kind of directive:

**LIVING WILL**
A set of instructions documenting your wishes about life-sustaining medical care. It is used if you become terminally ill, incapacitated or unable to communicate or make decisions. A living will protects your rights to accept or refuse medical care and removes the burden for making decisions from your family, friends and medical professionals.

**HEALTH CARE PROXY**
A person (agent) you appoint to make your medical decisions if you are unable to do so. Choose someone you know well and trust to represent your preferences. Be sure to discuss this with the person before naming him or her as your agent. Remember that an agent may have to use his or her judgment in the event of a medical decision for which your wishes aren’t known.

**DURABLE POWER OF ATTORNEY**
*For health care:* A legal document that names your health care proxy. Once written, it should be signed, dated, witnessed or notarized, copied and put into your medical record.

*For finances:* You also may want to appoint someone to manage your financial affairs when you cannot. A durable power of attorney for finances is a separate legal document from the durable power of attorney for health care. You may choose the same person for both, or choose different people to represent you.

**POLST – (Physician Orders For Life Sustaining Treatment)**
A patient and his/her physician may complete a POLST form. This is a document signed by the patient and his/her physician that helps health care providers understand and honor a patient’s wishes regarding resuscitative and life-sustaining treatment. The POLST form takes the individual’s wishes and converts those wishes into a medical order that applies across care settings.

If you wish to complete a POLST form, please ask your physician and he/she will complete the form based on your preferences and medical indications.

For more information about advance directives or to obtain forms, please speak with your nurse.

**HOW DO I GET COPIES OF MY MEDICAL RECORDS?**
Contact our Health Information Services department at 562.799.3219. It is located in the 3771 Katella building on the medical center campus.

If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you weren’t able to exercise your rights, you can file a complaint with your provider or health insurer. You can also file a complaint with the U.S. government. Go online to www.hhs.gov/ocr/hipaa/ for more information.

A separate law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, go online to www.samhsa.gov.

Adapted from U.S. Department of Health & Human Services Office for Civil Rights
While you are in the hospital, many people will enter your room, from doctors and nurses to aides and orderlies. The following information will help make your hospital stay safe and comfortable.

**FEAR IS THE FATHER OF COURAGE AND THE MOTHER OF SAFETY.**
HENRY H. TWEEDY 1868-1953

You can contribute to health care safety.

DON’T BE AFRAID TO ASK...
A number of people may enter your hospital room. Be sure to:
- Ask for the ID of everyone who comes into your room.
- Speak up if hospital staff doesn’t ask to check your ID.
- Ask if the person has washed his or her hands before he or she touches you.
- If you are told you need certain tests or procedures, ask why you need them, when they will happen and how long it will be before you get the results.

EMPLOYEE IDENTIFICATION
All hospital employees wear identification badges. Feel free to ask any staff member for his or her name and job classification. If you do not see an ID badge on an employee, please call your nurse immediately.

PATIENT IDENTIFICATION
Any time staff enters your room to administer medications, transport you or perform procedures and treatments, they must check your birth date and name before they proceed. At times, you may be asked the same questions repeatedly. We are aware that this may be annoying. Please understand, however, that this verification process is a critical component in our patient safety program in order to guarantee that all of our patients receive the correct medications and treatments.
Know Your MEDS: Remember—you play an important role in helping to reduce medication errors.

While you are hospitalized, your doctor may prescribe medications for you. Be sure that you understand exactly what they are and why they are being prescribed.

Use this checklist to help you get the information you need from your doctor:

- What is the name of the medicine? What is its generic name?
- Why am I taking this medicine?
- What dose will I be taking? How often, and for how long?
- When will the medicine begin to work?
- What are the possible side effects?
- Can I take this medicine while taking my other medications or dietary supplements?
- Are there any foods, drinks or activities that I should avoid while taking this medicine?
- Should I take my medicine at meals or between meals?
- Do I need to take the medicine on an empty stomach or with food or a whole glass of water?
- What should I do if I forget to take the medicine and miss a dose?

PREVENTING MEDICATION ERRORS

By taking part in your own care, you can help the members of your health care team avoid medication errors. Here’s how:

- Be sure that all of your doctors know what medications you have been taking, including prescription drugs, over-the-counter medications, herbal and vitamin supplements, natural remedies and recreational drugs.
- Be sure that all of your doctors know of any allergies you may have—to medications, anesthesia, foods, latex products, etc.
- When you are brought medications or IV fluids, ask the person to check to be sure you are the patient who is supposed to receive the medications. Show that person your ID bracelet to double-check.

QUESTIONS for My Doctor

BE INFORMED: You and your caregiver need to stay informed about your medical condition and treatments while you are hospitalized. Once you are released from the hospital, it is important to have this information available so you can share it with your primary care physician during your next visit. These checklists will help you ask questions while in the hospital and keep track of vital health and medication information.

ABOUT MY MEDICINES: Once you are discharged from the hospital, your pharmacist can help answer your questions about medications, including what the label on the medicine bottle means. Ask your pharmacist to put your medicines in easy-to-open containers, and ask for large-print labels. Also, see “Know Your Meds” above.

ABOUT MY CONDITION

- What effect did my hospitalization have on my condition? Is it cured or just under control for now?
- How can my condition be treated, managed or made better?
- How will this condition affect me? Will I need to change some of my activities?
- Are there long-term effects of my condition?
- How can I learn more about my condition?

ABOUT MY MEDICAL TESTS

- Why do I need this test?
- What will this test show about my health?
- What will the test cost? Will my insurance cover the costs?
- What do I need to do to get ready for the test?
- How is the test done? What steps does the test involve?
- Are there any dangers or side effects?
- How will I find out the results of my test?
- How long will it take to get the results?
- What will we know after the test?
- Will I get a written copy of the test results?
STAY SAFE

FIGHTING Infections

While you’re in the hospital to get well, there is the possibility of developing an infection. The single most important thing you can do to help prevent infections is to wash your hands and make sure that everyone who touches you—including your doctors and nurses—washes his or her hands, too.

YOU, YOUR FAMILY AND FRIENDS SHOULD WASH HANDS:

1. after touching objects or surfaces in the hospital room
2. before eating
3. after using the restroom

It is also important that your health care providers wash their hands with either soap and water or an alcohol-based hand cleaner every time, both before and after they touch you. Health care providers know to practice hand hygiene, but sometimes they forget. You and your family should not be afraid or embarrassed to speak up and ask them to wash their hands.

NO SOAP? NO PROBLEM. Alcohol-based hand cleaners are as effective as soap and water in killing germs. To use, apply the cleaner to the palm of your hand and rub your hands together. Keep rubbing over all the surfaces of your fingers and hands until they are dry.

HAPPY BIRTHDAY TO YOU! Wash your hands with soap and warm water for 15 to 20 seconds. That’s about the same amount of time that it takes to sing the “Happy Birthday” song twice.

PREVENTING Falls

Hospital patients often fall because they are weak or unsteady due to illness or medical procedures, their medications make them dizzy or they’ve been sitting or lying down for too long. The most common place patients fall is in the bathroom. If you have been identified as a fall risk, staff will stay in the bathroom with you and respect your privacy as much as possible. Los Alamitos Medical Center cares about our patients’ safety.

PLEASE HELP US KEEP YOU SAFE BY FOLLOWING THESE GUIDELINES DURING YOUR HOSPITAL STAY:

- Keep often-used items—call button, tissues, water, eyeglasses, telephone, TV remote—within easy reach.
- Do not walk in bare feet. Wear non-skid socks or slippers.
- Make sure your robe or pajamas don’t drag on the floor; they can cause you to trip.
- Use the handrails in your bathroom and throughout the hospital at all times.
- Ask your nurse to show you how to properly walk with your IV pole, drainage bags or any other equipment.
- Be sure your wheelchair is locked when getting in or out of it. Never step on the footrest.
- If you see a spill on the floor, report it at once.

PATIENTS OF ALL AGES ARE AT RISK OF FALLS BECAUSE OF MEDICATIONS THAT MAY MAKE THEM DIZZY, WEAK OR UNSTEADY
Once you are admitted to Los Alamitos Medical Center, your nurse performs a skin assessment. This indicates if you are at risk for developing a pressure ulcer. A pressure ulcer, sometimes called a bed sore, is an injury to the skin and underlying tissue usually caused by unrelieved pressure or from lying down for long periods of time. Unrelieved pressure on the skin squeezes tiny blood vessels. When skin is starved for oxygen and nutrients for too long, the tissue dies and a pressure ulcer forms. They also can be caused by sliding down in a bed or chair. Friction or rubbing can cause minor ulcers that quickly can worsen.

You can assist your health care team in lowering your risk for pressure ulcers by limiting pressure. If you are in bed, your position should be changed at least every two hours. If you are in a chair, your position should be changed at least every hour. If you are able to shift your own weight, you should do so every 15 minutes. Reduce friction by not pulling or dragging yourself across the sheets when moving or sitting in bed. Avoid repetitive movements such as rubbing your feet on the sheets to scratch. Avoid doughnut-shaped cushions because they may cause tissue injury.

**Take Care of Your Skin.** Allow a staff member to inspect your skin at least once a day and notify your nurse if something doesn’t seem right. Your skin should be cleaned thoroughly immediately after soiling. Don’t rub or massage over boney areas of your body.

**Safeguard Your Skin from Moisture.** Use absorbent pads while in bed and briefs only while out of bed that pull moisture away from your body. A cream or ointment may be provided to protect your skin from urine or stool.

**Improve Your Ability to Move.** Talk to your nurse about using a chair cushion and remember that comfort and good posture are important. Ask if you qualify for a rehabilitation program designed to help you improve movement and gain independence.

**If You Are Confined to a Bed for a Long Time…** Try to keep the head of your bed as low as possible (unless other medical conditions do not permit it). Use pillows to keep knees and ankles from touching each other. Avoid lying on your hip bone when lying on your side, but if you cannot move at all, place pillows under your legs from mid-calf to ankle to keep your heels off the bed. Never place pillows behind the knee.
When you are admitted into the hospital, you may have a nasal swab done to determine if you have MRSA (methicillin-resistant Staphylococcus aureus). This is a multi-drug-resistant organism (MDRO) that is frequently found in patients. MDROs are bacteria that are resistant to antimicrobial drugs (antibiotics), so precautions must be taken to ensure that the MDRO hasn’t spread.

If your culture is positive, you will be placed on isolation. This means staff will wear gowns, gloves or masks when they treat you. Your family and visitors are expected to do the same to help prevent the spread of bacteria. These are the most common types of MDROs:

**MRSA: METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS**

MRSA is a bacterium that is carried on the skin or in the noses of healthy people and is a common cause of minor skin infections. It can also cause surgical wound infections, bloodstream infections and pneumonia. To prevent the spread of MRSA:

- Cover your wound: Keep areas of affected skin covered with clean, dry bandages.
- Clean your hands: Anyone in close contact should clean hands with soap and warm water or an alcohol-based sanitizer.
- Do not share personal items: Avoid sharing clothing, towels or razors.
- Talk to your doctor: Tell any of your health care providers that you have a MRSA infection.

If you have a wound that does not heal or a boil or “spider bite” that looks infected, see your doctor.

**E. COLI: ESCHERICHIA COLI**

E. coli is a type of bacteria found in your intestines and is usually harmless. This bacteria, highly resistant to antibiotics, can spread outside of your gut, and cause an infection. In hospitals, E. coli infections spread through contact with wounds or stool. To help prevent E. coli infections:

- Tell your medical team if you were treated in another hospital or country recently.
- Make sure that all healthcare providers clean their hands before and after caring for you.
- Be sure to clean your hands often.
- Take antibiotics only as prescribed.

**VRE: VANCOMYCIN-RESISTANT ENTEROCOCCI**

Enterococci are bacteria that are normally present in the intestines and in the female genital tract. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. When enterococci become resistant to vancomycin (not killed by it) it is called VRE. VRE can cause infections of the urinary tract or the bloodstream, or of wounds. Most VRE infections can be treated with antibiotics other than vancomycin. If you develop VRE while on a urinary catheter, removal of the catheter can help get rid of the infection.

**BE SURE TO FINISH ALL YOUR MEDICATIONS, EVERY TIME THEY ARE PRESCRIBED, TO LOWER THE RISK OF DRUG-RESISTANT ORGANISMS.**
Vaccines work with your immune system to help protect you from infections and disease. As you age, you’re more at risk of certain health conditions because your immune system isn’t as strong as it used to be. And if you do get sick, the symptoms can be more serious than when you were younger.

Three types of vaccines are especially important for older adults, including:

**INFLUENZA VACCINE.** The flu vaccine is recommended for all ages every year, and there is a higher-dose vaccine for adults over age 65. You need the vaccine every year because the flu virus changes over time.

**ZOSTER OR HERPES ZOSTER VACCINE.** This vaccine protects against shingles. It’s one dose and is recommended for all adults age 60 and up. Shingles causes rash, blisters and severe pain.

**PNEUMOCOCCAL VACCINES.** Recommendations recently changed for pneumonia vaccines. Even if you already received one vaccine, you may still need another. Talk to your doctor about the vaccination schedule that’s right for you.

**Pneumococcal conjugate or PCV13:** You need one dose of this vaccine if you are age 65 or older and didn’t receive it at a younger age. It’s best to get this one before the PPSV23 vaccine (see below). Wait at least 12 months if you receive the PPSV23 first.

**Pneumococcal polysaccharide or PPSV23:** If you are age 65 or older, you need one dose of this vaccine, ideally 6 to 12 months after receiving the PCV13 vaccine (see above).

Your doctor is your best source for information about vaccines. Which vaccines are right for you depend on your age, other health conditions you have (including pregnancy) and where you travel.

**Anyone who is 6 months or older can benefit from the protection of a flu vaccination.**

**TALK TO YOUR DOCTOR ABOUT OTHER VACCINES YOU MAY NEED, INCLUDING A BOOSTER FOR TD (TETANUS DIPHTHERIA).**
Do You Have PAIN?

Manage your pain so your hospital stay is as comfortable as possible.

You are the expert about how you are feeling. Be sure to tell your doctor or nurse when you have any kind of pain.

**TO HELP DESCRIBE YOUR PAIN, BE SURE TO REPORT:**
- When the pain began.
- Where you feel pain.
- How the pain feels—sharp, dull, throbbing, burning, tingling.
- If the pain is constant, or if it comes and goes.
- What, if anything, makes the pain feel better.
- What, if anything, makes the pain feel worse.
- How much pain, if any, your medicine is taking away.
- If your medicine helps with the pain, how many hours of relief do you get?

**USE THE PAIN RATING SCALE BELOW TO TELL YOUR DOCTOR OR NURSE HOW YOUR PAIN IS AFFECTING YOU.**

**MEDICATIONS FOR PAIN**

Pain medication may be given in different forms:
- Tablet or liquid
- Injections into your skin or a muscle (IM)
- Injections into a vein (IV)
- Through a small tube in your back (an epidural)
- Via Patient-Controlled Analgesia (PCA): a method of giving medicine into the vein with a pump that you control so you receive medicine when you need it

**WHAT YOU CAN DO**

If your current pain treatment is not working, talk with your caregiver about finding other methods that will help reduce or relieve your pain. Some things you can do:
- Hold the incision or painful area with a blanket or pillow when coughing or moving
- Walk if your doctor allows
- Take your mind off the pain by watching a movie, reading or playing a game

**Wong-Baker FACES® Pain Rating Scale**

0 No Hurt
2 Hurts Little Bit
4 Hurts Little More
6 Hurts Even More
8 Hurts Whole Lot
10 Hurts Worst


Are you afraid that you’ll become addicted to pain medicine? This is a common concern of patients. Studies show that addiction is unlikely, especially if you have never had a history of addiction to drugs or alcohol. Talk to your doctor or nurse about your fears.

In addition, there are other non-medicinal ways to relieve pain. Speak with your doctor about whether any of these treatments may be right for you:
- Acupuncture, which uses small needles to block pain
- Hypnosis
- Physical therapy
- Massage
- Exercise
- Heat or cold
- Electrical nerve stimulation, which uses small jolts of electricity to block pain
- Relaxation

**COURAGE IS RESISTANCE TO FEAR, MASTERY OF FEAR, NOT ABSENCE OF FEAR.**

MARK TWAIN 1835-1910
Don’t **LEAVE** Until...

6 things to know before you walk out that hospital door.

When it’s time to be released from the hospital, your physician will authorize a hospital discharge. This doesn’t necessarily mean that you are completely well—it only means that you no longer need hospital services. If you disagree, you or your caregiver can appeal the decision (see If You Disagree, below).

On the other hand, you may be pleased to learn that your doctor has approved your discharge. But before you can leave the hospital, there are several things that you or your caregiver must attend to.

The first step is to know who will be involved in your discharge process. This starts with the hospital’s discharge planner, who may be a nurse, social worker or administrator, or may have some other title. You and your caregiver should meet this person relatively early in your hospital stay; if not, find out who this person is and be sure to meet with him or her well before your expected discharge date.

**HAVE THE FOLLOWING INFORMATION BEFORE YOU LEAVE THE HOSPITAL:**

1. **Discharge summary.** This is a formal report that explains why you were in the hospital, who cared for you, any procedures you had, and which medicines you took. It can take time to gather all the information and finalize your discharge summary, depending on how long you were in the hospital and how many doctors you saw. If the summary is not final on the day you leave, ask how you can get a copy when it’s ready.

2. **Medications list.** This is a listing of what medications you are taking, why, in what dosage and who prescribed them. Having a list prepared by the hospital is a good way to double-check the information you should already have been keeping track of.

3. **Rx.** A prescription for any medications you need. Be sure to fill your prescriptions promptly, so you don’t run out of needed medications.

4. **Follow-up care instructions.** Make sure you have paperwork that tells you:
   - what, if any, dietary restrictions you need to follow and for how long
   - what kinds of activities you can and can’t do, and for how long
   - how to properly care for any injury or incisions you have
   - what follow-up tests you may need and when you need to schedule them
   - what medicines you must take, why, and for how long
   - when you need to see your physician
   - any other home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment and what signs and symptoms to watch out for
   - telephone numbers to call if you or your caregiver has any questions pertaining to your after-hospital care

**IF YOU DISAGREE**

You or your support person can appeal your doctor’s discharge decision. If you are a Medicare patient, be sure you are given “An Important Message from Medicare” from the hospital’s discharge planner or caseworker. This details your rights to remain in the hospital for care and provides information on who to contact to appeal a discharge decision.

"**IN THE FIELD OF OBSERVATION, CHANCE FAVORS ONLY THE PREPARED MIND.**"

LOUIS PASTEUR 1822-1895
5. Other services. When you leave the hospital, you may need to spend time in a rehabilitation facility, nursing home or other institution. Or you may need to schedule tests at an imaging center, have treatments at a cancer center or have in-home therapy. Be sure to speak with your nurse or physician to get all the details you need before you leave.

6. Community resources. You and your caregiver may feel unprepared for what will happen after your discharge. Make sure your discharge planner provides you with information about local resources, such as agencies that can provide services like transportation, equipment, home care and respite care. Here’s a brief explanation of the various services that you may use during your recovery.

**AFTER-HOSPITAL CARE THAT IS TAILORED TO YOUR NEEDS CAN SPEED YOUR RECOVERY AND HELP YOU GET BACK TO YOUR NORMAL ROUTINE.**

**Home Health Care**
Part-time health care provided by medical professionals in a patient’s home to maintain or restore health. Home health care includes a wide range of skilled and non-skilled services, including part-time nursing care, therapy and assistance with daily activities and homemaking services, such as cleaning and meal preparation. Medicare defines home health care as intermittent, physician-ordered medical services or treatment.

**Durable Medical Equipment (DME)**
Medical equipment that is ordered by a doctor for use in a patient’s home. Examples are walkers, crutches, wheelchairs and hospital beds. DME is paid for under both Medicare Part B and Part A for home health services.

**Independent Living**
Communities for seniors who are very independent and have few medical problems. Residents live in private apartments. Meals, housekeeping, maintenance, social outings and events are provided.

**Assisted Living**
An apartment in a long-term care facility for elderly or disabled people who can no longer live on their own but who don’t need a high level of care. Assisted-living facilities provide assistance with medications, meals in a cafeteria or restaurant-like setting and housekeeping services. Nursing staff is on site. Most facilities have social activities and provide transportation to doctor’s appointments, shopping, etc.

**Nursing Home**
A residential facility for people with chronic illness or disability, particularly elderly people who need assistance for most or all of their daily living activities, such as bathing, dressing and toileting. Nursing homes provide 24-hour skilled care and are also called long-term care facilities. Many nursing homes also provide short-term rehabilitative stays for patients recovering from an injury or illness. Some facilities also have a separate unit for residents with Alzheimer’s disease or memory loss.

**Hospice**
A licensed or certified program that provides care for people who are terminally ill and for their families. Hospice care can be provided at home, in a hospice or other freestanding facility or within a hospital. Hospice care emphasizes the management of pain and discomfort and addresses the physical, spiritual, emotional, psychological, financial and legal needs of the patient and his or her family.

**HOSPITAL TO HOME PROGRAM**
We have partnered with two caregiver agencies in order to provide a safe and timely discharge for patients. Patients who are ready for discharge to home and are in need of transportation and up to four hours of caregiver services will qualify for this program.

- Patients must be able to ambulate on their own or with assistance
- Patient needs a ride home and family is unable to pick him or her up in a timely manner
- Patients must be oriented
- Patients who would benefit from a little extra help to ease them back into their home environment

**SERVICES PROVIDED**
- Drive patients home from the hospital
- Pick up groceries and prescriptions
- Prepare a meal
- Do a little housework or laundry
- Provide physical assistance and personal care as needed

**CONTACT**
Social Services at ext. 3194 to coordinate service Monday through Friday 7:30 a.m. to 5:00 p.m. and Saturday 8:00 a.m. to 4:30 p.m. After hours, please call directly to the following agencies and leave voicemail messages for social services that referral was made to:

- **Living Well** or **Colonial Home Care**
  - Michael Santos
  - Nancy or Sandra
  - 562.926.2353 or 714.289.7220
A PATIENT’S GUIDE TO OBSERVATION

WHAT IS OBSERVATION ADMISSION STATUS?
Observation is a way of billing for services. It is used when a patient needs treatment or monitoring before the doctor can decide about admission or discharge. This usually happens after a patient goes to the ER. It also can happen if the patient has complications after outpatient surgery. The patient is given a room in the hospital while in observation.

WHAT IS THE DIFFERENCE IN BILLING BETWEEN OBSERVATION AND INPATIENT?
Observation is billed under outpatient services (under Medicare, this would be under Part B), while full inpatient admission is billed under inpatient services (under Medicare, this would be Part A).

WHAT KIND OF PROBLEMS DO PEOPLE HAVE THAT WOULD MAKE OBSERVATION APPROPRIATE?
Problems that can usually be treated within 24 hours or conditions for which the cause has not yet been determined would be appropriate for observation.

WHAT ARE SOME EXAMPLES OF THESE PROBLEMS?
Some examples include vomiting, weakness, headache, stomach pain, nausea, some breathing problems, fever and some types of chest pain.

HOW LONG CAN A PATIENT STAY IN OBSERVATION?
Different insurance companies have different amounts of time that are covered in observation. Medicare generally covers 24 hours. Typically, a decision is made within 24 hours.

CAN I BE PLACED IN OBSERVATION AFTER UNDERGOING AN OUTPATIENT SURGICAL PROCEDURE?
Medicare allows for four to six hours as a recovery period. The intent of outpatient surgery is that you have your surgery and go home the same day. However, if you experience a post-operative complication, then your physician may decide to keep you in the hospital to further monitor you.

WHAT IF I DESIRE TO SPEND THE NIGHT AFTER MY OUTPATIENT SURGERY? WILL MEDICARE COVER THIS?
No, Medicare will only pay if there is a medical condition that warrants post-operative monitoring. If you desire to stay over for patient/family convenience, you will be fully responsible for payment.

IF I’M ADMITTED AS AN INPATIENT, CAN MY PHYSICIAN CHANGE MY BILLING STATUS TO OBSERVATION?
Yes, if it is determined that your medical condition is more appropriately treated in observation. A physician’s order must be written to change your status to observation, and the change must occur while you are still in the hospital. Your entire stay will be billed under Medicare Part B and will require an outpatient copayment. The process to convert a patient from an inpatient to outpatient status is condition code 44 as developed by the Centers for Medicare and Medicaid Services.
**WILL MEDICARE COVER ALL MY EXPENSES THE SAME WAY IT WOULD IF I WERE AN INPATIENT?**

No, Medicare will cover your expenses under your Part B benefits. Your outpatient co-pay will apply. Medicare will also not pay for routine drugs/medications, which are considered self-administered drugs. Self-administered drugs are generally those that are taken orally (by mouth) and are taken for conditions other than the reason you are currently in the hospital. This means that you may be responsible for any oral medications you may take for chronic illnesses such as medications for high cholesterol or high blood pressure.

*For more information about observation, go to www.medicare.gov/Publications*

---

**PREPARING TO LEAVE THE HOSPITAL**

**GOING HOME/MEETING YOUR DISCHARGE PLANNER**

When your doctor feels that you are ready to leave the hospital, he or she will authorize a hospital discharge. When you leave the hospital we want to make sure that you understand and feel comfortable and educated in the following areas:

- What you will be responsible for in managing your health (e.g. diet, exercise, keeping regularly scheduled doctor appointments).
- Any medications that you will be taking and their side effects.
- That staff took your preferences and those of your family or caregiver into account when deciding on your health care needs.
- Before you leave the hospital, make sure someone has discussed whether you will have the help you need when you get home and has provided you with written information on symptoms or health problems to look for that would need medical attention.

Additional tips to make your discharge process run smoothly:

- Be sure that you and/or your caregiver have spoken to your nurse or case manager and that you understand what services you may need after leaving the hospital.
- Verify your discharge date and time with your nurse or doctor (discharge time is 11:00 a.m. If you should need alternate means of transportation home, please contact our Case Management department at 562.799.3218.)
- Have someone available to pick you up.
- Check your room, bathroom, closet and bedside table carefully for any personal items.
- Make sure you have all the necessary paperwork for referrals, prescriptions, discharge instructions, etc. (Your nurse, case manager, or social worker will discuss your discharge and discuss your discharge instructions with you.)
- The nurse or case manager will discuss with you making your physician appointment or will assist in making one for you.

---

**Discharged Lobby**

The new Discharged Lobby is designed as a comfortable space for patients who have been released from an inpatient hospital unit and are awaiting transportation home. Once discharge orders are written, patients will be brought to the Discharged Lobby. It is staffed with a team of dedicated registered nurses who will be on hand to discuss discharge plans with each patient, provide information and assistance on follow-up appointments, medications and discharge instructions, and more. In the event transportation becomes a problem, the staff can help make alternative transportation arrangements.

The new Discharged Lobby offers a number of other amenities such as:

- Specialized comfortable seating in order to relax and watch television
- Telephones
- Restrooms
- Refreshments
- Access to Walgreens Bedside Delivery Medication Program for Discharge Patients
WHAT A HOSPITAL BILL COVERS
The hospital bill covers the cost of your room, meals, 24-hour nursing care, laboratory work, tests, medication, therapy and the services of hospital employees. You will receive a separate bill from your physicians for their professional services. If you have questions about these separate bills, please call the number printed on each statement.

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. You should remember that your policy is a contract between you and your insurance company and that you have the final responsibility for payment of your hospital bill.

PRE-CERTIFICATION
Most insurance plans now require pre-certification for hospital stays and certain tests and procedures in order for you to be eligible for full policy benefits. It is your responsibility to see that this is completed. This information can be found on your insurance card. If you are unsure of your pre-certification requirements, we recommend that you contact your insurance company as soon as possible.

COORDINATION OF BENEFITS (COB)
Coordination of Benefits, referred to as COB, is a term used by insurance companies when you are covered under two or more insurance policies. This usually happens when both husband and wife are listed on each other’s insurance policies, when both parents carry their children on their individual policies, or when there is eligibility under two federal programs. This also can occur when you are involved in a motor vehicle accident and have medical insurance and automobile insurance.

Most insurance companies have COB provisions that determine who is the primary payer when medical expenses are incurred. This prevents duplicate payments. COB priority must be identified at admission in order to comply with insurance guidelines. Your insurance may request a completed COB form before paying a claim and every attempt will be made to notify you if this occurs. The hospital cannot provide this information to your insurance company. You must resolve this issue with your insurance carrier in order for the claim to be paid.

MEDICARE
We will need a copy of your Medicare card to verify eligibility and to process your claim. You should be aware that the Medicare program specifically excludes payment for certain items and services, such as cosmetic surgery, some oral surgery procedures, personal comfort items, hearing evaluations and others. Deductibles and co-payments are the patient’s responsibility.

MEDI-CAL
We will need a copy of your Medi-Cal card. Medi-Cal has payment limitations on a number of services and items. Medi-Cal does not pay for the cost of a private room unless medically necessary.
**Medication Side Effect Quick Reference**
(Your medication may cause other side effects. This is only a general reference highlighting some of the major side effects)

**KEEP YOUR MOST CURRENT MEDICATION LIST WITH YOU AT ALL TIMES.**

<table>
<thead>
<tr>
<th>Drug Class and Indication</th>
<th>Most Frequently Prescribed Brand Names (generic name in parentheses)</th>
<th>Common Side Effects (Tell your doctor if these symptoms are severe or do not go away)</th>
<th>Side Effects that Require Immediate Contact with Your Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACE INHIBITORS</strong></td>
<td>Altace (Ramipril) Accupril (Quinapril) Capoten (Captopril) Lotensin (Benazepril) Monopril (Fosinopril) Prinivil/Zestril (Lisinopril) Vasotec (Enalapril)</td>
<td>Cough (dry and continuing) Headache Dizziness, light-headedness, fainting, or tiredness Nausea or vomiting Diarrhea or constipation</td>
<td>Swelling of face, mouth, hands or feet Trouble breathing or swallowing Chest pain Extreme weakness Fever, chills, or sore throat Hoarseness Irregular heartbeat Numbness or tingling in hands or feet</td>
</tr>
<tr>
<td><strong>ANGIOTENSIN RECEPTOR ANTAGONISTS (ARB)</strong></td>
<td>Cozaar (Losartan) Diovan (Valsartan) Atacand (Candesartan) Benicar (Olmesartan) Avapro (Irbesartan) Micardis (Telmisartan)</td>
<td>Dizziness Headache Excessive tiredness Diarrhea Stomach upset Back pain Joint pain</td>
<td>Swelling of face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs Hoarseness Difficulty breathing or swallowing Fainting</td>
</tr>
<tr>
<td><strong>ANTI-ARRHYTHMIC</strong></td>
<td>Cordarone or Pacerone (Amiodarone) Multaq(Dronedarone)</td>
<td>Diarrhea or constipation Nausea &amp; vomiting Itching &amp; rash Visual disturbance Do not use with grapefruit juice Do not use if allergy to iodine (amiodarone)</td>
<td>Swelling of face, mouth, hands or feet No improving condition or feeling worse Gain in weight, edema (swelling of legs) Shortness of breath Yellow eyes or skin Sensitive to sun</td>
</tr>
<tr>
<td><strong>ANTIBIOTICS</strong></td>
<td>Amoxil (Amoxicillin) Augmentin (Amoxicillin - clavulanate) Keflex (Cephalexin) Suprax (Cefixime) Vantin (Cefpodoxime) Zithromax (Azithromycin) Levaquin (Levofloxacin) Cipro (Ciprofloxacin) Flagyl (Metronidazole)</td>
<td>Rash or itching Diarrhea Nausea, vomiting, gas Bad taste (Flagyl) Headache Bad dreams Do not take medication with milk, dairy, or calcium</td>
<td>No improving condition or feeling worse Sores or white patches in mouth or throat Vaginal itching or discharge</td>
</tr>
<tr>
<td>Drug Class and Indication</td>
<td>Most Frequently Prescribed Brand Names (generic name in parentheses)</td>
<td>Common Side Effects (Tell your doctor if these symptoms are severe or do not go away)</td>
<td>Side Effects that Require Immediate Contact with Your Doctor</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **ANTIBIOTICS continued** | Bactrim (Trimethoprim-sulfamethoxazole) Vibramycin (Doxycycline) Zyvox (Linezolid) | (Levaquin, Cipro, Vibramycin) | • Bleeding problems  
• Headaches (Coumadin)  
• Nausea or Vomiting (Coumadin)  
• Irritation where the shot is given  
• Coumadin may interact with other medications, foods, and alcohol  
• Signs of life-threatening reactions (i.e., wheezing, bad cough, chest tightness, blue skin color, swelling of the face, lips, tongue, or throat)  
• Severe dizziness or passing out  
• Swelling or pain of leg or arm  
• Severe headache  
• Severe nausea or vomiting  
• Unusual bruising or bleeding  
• Any rash  
• No improving condition or feeling worse |
| **ANTICOAGULANTS** | Coumadin (Warfarin) Lovenox (Enoxaparin) Fragmin (Dalteparin) Arixtra (Fondaparinux) Pradaxa (Dabigatrin) Xarelto (Rivaroxaban) Eliquis (Apixaban) | • Bleeding problems  
• Headaches (Coumadin)  
• Nausea or Vomiting (Coumadin)  
• Irritation where the shot is given  
• Coumadin may interact with other medications, foods, and alcohol  
• Signs of life-threatening reactions (i.e., wheezing, bad cough, chest tightness, blue skin color, swelling of the face, lips, tongue, or throat)  
• Severe dizziness or passing out  
• Swelling or pain of leg or arm  
• Severe headache  
• Severe nausea or vomiting  
• Unusual bruising or bleeding  
• Any rash  
• No improving condition or feeling worse |
| **ANTIPLATELETS** | Prevents platelets from becoming sticky and clumping together, reducing heart attack and stroke. Plavix (Clopidogrel) Aggrenox (Aspirin/Dipyridamole) Pletal (Cilostazol) Ticlid (Ticlopidine) Aspirin Effient (Prasugrel) Brilinta (Ticagrelor) | • Dizziness  
• Stomach pain/heartburn  
• Nausea or vomiting  
• Diarrhea  
• Bleeding problem  
• Rash  
• Flu-like symptoms  
• Signs of life-threatening reactions (i.e., wheezing, bad cough, chest tightness, blue skin color, swelling of the face, lips, tongue, or throat)  
• Suspected overdose  
• Change in strength on one side greater than the other, difficulty speaking or thinking, change in balance, or blurred vision  
• Significant change in thinking clearly and logically  
• Severe headache  
• Severe nausea or vomiting  
• Unusual bruising or bleeding  
• Any rash  
• No improving condition or feeling worse |
<table>
<thead>
<tr>
<th>ANTIDEPRESSANTS</th>
<th>Treats depression, mood disorder.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoloft (Sertraline)</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Paxil (Paroxetine)</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Prozac (Fluoxetine)</td>
<td>Drowsiness, excessive tiredness</td>
</tr>
<tr>
<td>Lexapro (Escitalopram)</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Citalopram</td>
<td>Difficulty falling asleep or staying asleep</td>
</tr>
<tr>
<td>Wellbutrin (Bupropion)</td>
<td>Muscle or joint pain</td>
</tr>
<tr>
<td>Cymbalta (Duloxetine)</td>
<td>Dry mouth</td>
</tr>
<tr>
<td>Luvox (Fluvoxamine)</td>
<td>Excessive sweating</td>
</tr>
<tr>
<td>Effexor (Venlafaxine)</td>
<td>Changes in sex drive</td>
</tr>
<tr>
<td>Remeron (Mirtazapine)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANTI-NAUSEA/ANTI-VERTIGO</th>
<th>Relieves nausea and/or vomiting. Some are also used to treat allergic reactions and itching.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benadryl (Diphenhydramine)</td>
<td>Drowsiness or dizziness</td>
</tr>
<tr>
<td>Phenergan (Promethazine)</td>
<td>Trouble sleeping, restlessness, depression</td>
</tr>
<tr>
<td>Compazine (Prochlorperazine)</td>
<td>Dry mouth</td>
</tr>
<tr>
<td>Vistaril (Hydroxyzine)</td>
<td>Constipation</td>
</tr>
<tr>
<td>Zofran (Ondansetron)</td>
<td>Blurred vision, dry eyes, or eyes more sensitive to light</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BETA-BLOCKERS</th>
<th>Treats high blood pressure and certain heart conditions DO NOT STOP ABRUPTLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopressor (Metoprolol)</td>
<td>Dizziness or lightheadedness</td>
</tr>
<tr>
<td>Toprol-XL (Metoprolol)</td>
<td>Tiredness</td>
</tr>
<tr>
<td>Tenormin (Atenolol)</td>
<td>Gas or bloating</td>
</tr>
<tr>
<td>Inderal (Propranolol)</td>
<td>Heartburn</td>
</tr>
<tr>
<td>Zebeta (Bisoprolol)</td>
<td>Constipation</td>
</tr>
<tr>
<td>Betapace (Sotalol)</td>
<td>Rash or itching</td>
</tr>
<tr>
<td>Coreg (Carvedilol)</td>
<td>Cold hands and feet</td>
</tr>
<tr>
<td>Trandate (Labetalol)</td>
<td>Worsening of psoriasis</td>
</tr>
<tr>
<td>Bystolic (Nebivolol)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Side Effects</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Upset stomach</td>
<td>• Hallucinating (seeing things or hearing voices that do not exist)</td>
</tr>
<tr>
<td>• Diarrhea</td>
<td>• Seizure</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Abnormal bleeding or bruising</td>
</tr>
<tr>
<td>• Drowsiness, excessive tiredness</td>
<td>• Blurred vision</td>
</tr>
<tr>
<td>• Nervousness</td>
<td>• Rapid or irregular heartbeat</td>
</tr>
<tr>
<td>• Difficulty falling asleep or staying asleep</td>
<td>• Skin rash</td>
</tr>
<tr>
<td>• Muscle or joint pain</td>
<td></td>
</tr>
<tr>
<td>• Dry mouth</td>
<td>• Upset stomach</td>
</tr>
<tr>
<td>• Excessive sweating</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Changes in sex drive</td>
<td>• Vomiting</td>
</tr>
<tr>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
<td>• Seizure</td>
</tr>
<tr>
<td>• Abnormal bleeding or bruising</td>
<td>• Blurred vision</td>
</tr>
<tr>
<td>• Rapid or irregular heartbeat</td>
<td>• Skin rash</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Abnormal bleeding or bruising</td>
</tr>
<tr>
<td>• Diarrhea</td>
<td>• Blurred vision</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Rapid or irregular heartbeat</td>
</tr>
<tr>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
<td>• Skin rash</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Abnormal bleeding or bruising</td>
</tr>
<tr>
<td>• Diarrhea</td>
<td>• Blurred vision</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Rapid or irregular heartbeat</td>
</tr>
<tr>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
<td>• Skin rash</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
</tr>
<tr>
<td>• Upset stomach</td>
<td>• Abnormal bleeding or bruising</td>
</tr>
<tr>
<td>• Diarrhea</td>
<td>• Blurred vision</td>
</tr>
<tr>
<td>• Vomiting</td>
<td>• Rapid or irregular heartbeat</td>
</tr>
<tr>
<td>• Hallucinations (seeing things or hearing voices that do not exist)</td>
<td>• Skin rash</td>
</tr>
<tr>
<td>Drug Class and Indication</td>
<td>Most Frequently Prescribed Brand Names (generic name in parentheses)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>BIQUANIDES</td>
<td>Glucophage (Metformin)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardizem (Diltiazem) Norvasc (Amlodipine) Procardia XL/AdalatCC</td>
</tr>
<tr>
<td></td>
<td>(Nifedipine) Plendil (Felodipine) Sular (Nisoldipine) Calan</td>
</tr>
<tr>
<td></td>
<td>(Verapamil)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIAC GLYCOSIDES</td>
<td>Lanoxin (Digoxin)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CORTICOSTEROIDS</td>
<td>Medrol (Methylprednisolone) Hydrocortisone Prednisone Celestone</td>
</tr>
<tr>
<td></td>
<td>(Betamethasone) Decadron (Dexamethasone)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DIURETICS</td>
<td>Treats high blood pressure and fluid retention (edema). This medicine is a diuretic (water pill).</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NARCOTIC-ANALGESIC</td>
<td>Relieves pain.</td>
</tr>
<tr>
<td>NEUROPATHIC PAIN MEDICATIONS</td>
<td>Treats nerve pain.</td>
</tr>
<tr>
<td>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</td>
<td>For pain and/or inflammation.</td>
</tr>
<tr>
<td>SEDATIVES &amp; ANTI-ANXIETY</td>
<td>Treats insomnia (difficulty falling sleep), anxiety, nervousness, muscle spasms, and seizures.</td>
</tr>
<tr>
<td>SULFONYLUREAS</td>
<td>Stimulates insulin release from pancreas.</td>
</tr>
<tr>
<td>STATIN ANTI-HYPERLIPIDEMIC AGENTS</td>
<td>Lowers cholesterol levels to prevent heart attack or other problems. Used in combination with a diet program to lower cholesterol.</td>
</tr>
<tr>
<td>THIAZOLIDINEDIONES</td>
<td>Increases insulin sensitivity. Keep record of daily weight taken at the same time every day.</td>
</tr>
</tbody>
</table>
## FOOD AND DRUG INTERACTION REFERENCE

### Interaction Code

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Take with food. May cause upset stomach.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Take on an empty stomach (1 hour before or 2 hours after meal.)</td>
<td>Food Containing <strong>Caffeine</strong>: Chocolate, cocoa, coffee, cola, tea</td>
</tr>
<tr>
<td>3</td>
<td>Take on an empty stomach. If irritation occurs, take with food/milk.</td>
<td>Food Containing <strong>Tyramine</strong>: Aged cheese, aged meat, anchovie, avocado, banana, beer, broad bean, caffeine, chicken liver, chocolate, cola, fig (canned), pickled herring, raisin, sausage, sour cream, soy sauce, wine, yeast extract, yogurt</td>
</tr>
<tr>
<td>4</td>
<td>Take half hour before meals.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Take one hour before meals.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do NOT take with alcohol. May cause excessive sedation.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do NOT take with alcohol. May cause nausea or vomiting.</td>
<td>Food Containing <strong>Potassium</strong>: Apricot, artichoke, banana, beans (dried only), broccoli, brussel sprout, cantaloupe, carrots, celery, date, dried fruit, fig, honeydew, milk, oranges, orange juice, potato, prune, prune juice, pumpkin, squash, raisin, rhubarb, spinach, tomato, tomato juice</td>
</tr>
<tr>
<td>8</td>
<td>Avoid alcohol. Increases side effect of drug.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Potential increase in side effects with foods high in potassium.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>May cause potassium loss. Eat foods high in potassium.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Take after breakfast, unless otherwise directed.</td>
<td>Food Containing <strong>Vitamin K</strong>: Broccoli, brussel sprout, cabbage, green tea, herbal tea, kale, Romaine lettuce, lentil, liver, spinach</td>
</tr>
<tr>
<td>12</td>
<td>Avoid foods high in Tyramine.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Avoid calcium (Dairy products or calcium-fortified foods.)</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Maintain consistent intake of Vitamin K.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Avoid salt substitute (Potassium).</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Avoid antacid.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Take with a full glass of water.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Avoid grapefruit and grapefruit juice.</td>
<td></td>
</tr>
</tbody>
</table>

### Interaction Table Reference

<table>
<thead>
<tr>
<th>Drug 1</th>
<th>Drug 2</th>
<th>Code</th>
<th>Reference Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen/Codeine</td>
<td>Tylenol#2,#3,t4</td>
<td>8</td>
<td>Ketoconazole</td>
</tr>
<tr>
<td>Albuterol</td>
<td>Ventolin/Proventil</td>
<td>1</td>
<td>Ketorolac</td>
</tr>
<tr>
<td>Alendronate</td>
<td>Fosamax</td>
<td>5,17</td>
<td>Lansoprazole</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
<td>6</td>
<td>Levetiracetam</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>Elavil</td>
<td>1,8</td>
<td>Levofoxacin</td>
</tr>
<tr>
<td>Amlodipine</td>
<td>Norvasc</td>
<td>18</td>
<td>Levothyroxine</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>Amoxil</td>
<td>2</td>
<td>Lithium</td>
</tr>
<tr>
<td>Amoxicillin/Clavulante</td>
<td>Augmentin</td>
<td>2</td>
<td>Loratadine</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>Ampicillin</td>
<td>2</td>
<td>Lorazepam</td>
</tr>
<tr>
<td>Alendronate</td>
<td>Fosamax</td>
<td>4,17</td>
<td>Lovastatin</td>
</tr>
<tr>
<td>Atorvastatin</td>
<td>Lipitor</td>
<td>18</td>
<td>Meclizine</td>
</tr>
<tr>
<td>Benztropine</td>
<td>Cogentin</td>
<td>8</td>
<td>Metoclopramide</td>
</tr>
<tr>
<td>Bumetanide</td>
<td>Bumex</td>
<td>10</td>
<td>Metronidazole</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>Tegretol</td>
<td>1,8</td>
<td>Moxifloxacin</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Brand Name</td>
<td>Quantity</td>
<td>Interaction</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Carisoprodol</td>
<td>Soma</td>
<td>8</td>
<td>Niacin</td>
</tr>
<tr>
<td>Cefuroxime</td>
<td>Ceftin</td>
<td>1</td>
<td>Nifedipine</td>
</tr>
<tr>
<td>Cephalexin</td>
<td>Keflex</td>
<td>3</td>
<td>Nitrofurantoin</td>
</tr>
<tr>
<td>Cetirizine</td>
<td>Zyrtec</td>
<td>8</td>
<td>Nitroglycerin</td>
</tr>
<tr>
<td>Chloral Hydrate</td>
<td>Nortec</td>
<td>6</td>
<td>Omeprazole</td>
</tr>
<tr>
<td>Chlorpheniramine</td>
<td>Clortrimeton</td>
<td>1,6</td>
<td>Oxcarbazepine</td>
</tr>
<tr>
<td>Citalopram</td>
<td>Celexa</td>
<td>8</td>
<td>Pantoprazole</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
<td>1,6</td>
<td>Paroxetine</td>
</tr>
<tr>
<td>Clonidine</td>
<td>Catapres</td>
<td>6</td>
<td>Penicillin VK</td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
<td>Flexeril</td>
<td>8</td>
<td>Phelazine</td>
</tr>
<tr>
<td>Digoxin</td>
<td>Lanoxin</td>
<td>11</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Diltiazem</td>
<td>Cardizem</td>
<td>5,18</td>
<td>Phenytoin</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Benadryl</td>
<td>1,6</td>
<td>Potassium</td>
</tr>
<tr>
<td>Diphenoxylate/Atropine</td>
<td>Lomotil</td>
<td>6</td>
<td>Pramipexole</td>
</tr>
<tr>
<td>Droxipine</td>
<td>Sinequan</td>
<td>1,8</td>
<td>Prednisone</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>Vibramycin</td>
<td>2,13</td>
<td>Procainamide</td>
</tr>
<tr>
<td>Entacapone</td>
<td>Comtan</td>
<td>8</td>
<td>Risedronamid</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>E-Mycin</td>
<td>1</td>
<td>Ropinirole</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>Lexapro</td>
<td>8</td>
<td>Sertraline</td>
</tr>
<tr>
<td>Famotidine</td>
<td>Pepcid</td>
<td>4</td>
<td>Simvastatin</td>
</tr>
<tr>
<td>Felodipine</td>
<td>Pendii</td>
<td>18</td>
<td>Spironolactone</td>
</tr>
<tr>
<td>Ferrrous Sulfate</td>
<td>Feosol,SlowFe</td>
<td>3</td>
<td>Sucralfate</td>
</tr>
<tr>
<td>Fluoxetine</td>
<td>Prozac</td>
<td>8</td>
<td>Sulfameth/Trimethprim</td>
</tr>
<tr>
<td>Furosemide</td>
<td>Lasix</td>
<td>3,10</td>
<td>Tetracycline</td>
</tr>
<tr>
<td>Glipizide</td>
<td>Glucotrol</td>
<td>8</td>
<td>Theophyllyne</td>
</tr>
<tr>
<td>Glyburide</td>
<td>Micronase, Diabeta</td>
<td>8</td>
<td>Thyroid</td>
</tr>
<tr>
<td>Hydrochlorothiazide</td>
<td>HydroDiuril</td>
<td>3,10</td>
<td>Tranilcyprone</td>
</tr>
<tr>
<td>Hydrocodone/Acetaminophen</td>
<td>Vicosin,Lortab,Norco</td>
<td>8</td>
<td>Trazodone</td>
</tr>
<tr>
<td>Hydroxyzine</td>
<td>Vistaril/Atarax</td>
<td>1,6</td>
<td>Triamterene/HCTZ</td>
</tr>
<tr>
<td>Ibandronate</td>
<td>Boniva</td>
<td>5,17</td>
<td>Trihexyphenidyl</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Motrin/Advil</td>
<td>1</td>
<td>Valproic acid</td>
</tr>
<tr>
<td>Imipramine</td>
<td>Tofranil</td>
<td>1,6</td>
<td>Venlafaxine</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>Indocin</td>
<td>1</td>
<td>Verapamil</td>
</tr>
<tr>
<td>Isospropoxazid</td>
<td>Marplan</td>
<td>8,12</td>
<td>Voriconazol</td>
</tr>
<tr>
<td>Itraconazole (Capsule)</td>
<td>Sporonox</td>
<td>1</td>
<td>Warfarin</td>
</tr>
<tr>
<td>Itraconazole (Suspension)</td>
<td>Sporonox</td>
<td>2</td>
<td>Zithromax</td>
</tr>
</tbody>
</table>