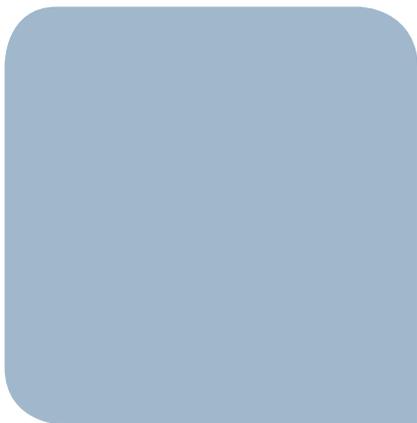
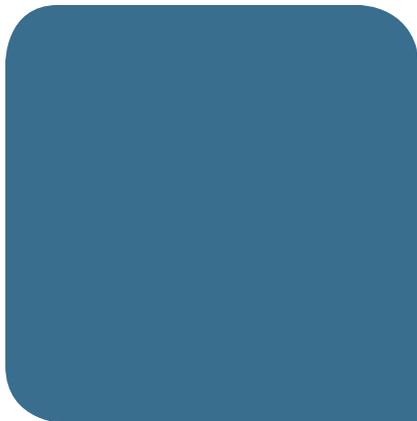


# Helping you through a hospital stay

## Advice from older people



The Social Care Institute for Excellence (SCIE) promotes good practice in care services. With help from an advisory group of older people, a team from SCIE looked at older people's experiences of being in hospital and discussed how to get important information across to older people in the same situation. Valuable comments, suggestions and support were also received from health and social care professionals and from older people and carers at Age Concern and the Alzheimer's Society.

We hope that older people – and their families, carers and friends as well – will find this booklet helpful. Our thanks go to everyone involved in its creation.

#### Note

Words in **bold type** are explained in the Glossary on page 40.

#### Acknowledgements

We would particularly like to thank all the members of the older people's advisory group (Barry Chalkley, Geoff Fawcett, Edith Feasby, the late Kathleen Hillaby, Frank Kelly and Joan Machulec), and Angela Godfrey for recruitment and facilitation.

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Produced in cooperation with Age Concern and the Alzheimer's Society.

## Contents

	About this booklet	page 3
	1 Going into hospital	page 5
	2 In hospital	page 11
	3 Getting ready to leave	page 17
	4 Back at home... those first few days	page 23
	5 Longer-term recovery	page 29
	Your important notes	page 32
	Useful contacts	page 35
	Glossary	page 40



## About this booklet

We know that everyone is different, but the main aim of this booklet is to help with some of the feelings, uncertainties and anxieties you might face before, during and after your hospital stay. It suggests ways you can be involved in your treatment and care, and in planning for when you return home. It also includes information on what to expect from doctors, nurses, social workers and other professionals working in the hospital and in the community.

This booklet often refers to the help and support that family and friends can give. However, if you prefer not to depend on them, or if you do not have family or friends to turn to, you should be able to get the support you need from services.

This booklet has been written mainly for people returning to their own homes. It will also be useful for people who need more support or care, for example, people in sheltered housing and people in care homes.

We hope you find this booklet reassuring and that it helps to make your experience a positive one where you have more choice and control.

## 1

# 1 Going into hospital...

## Introduction

If you are going into hospital for a **planned admission**, you can plan ahead with the help of a relative, friend or carer. This section will help you.

If you go into hospital as an **emergency admission** – after a fall, for example – you should still find some things in this section helpful. This includes checking that things at home are being dealt with for you, such as collecting your pension or benefits. If you are worried about anything at home, don't hesitate to ask the hospital staff. If they cannot help directly, they should be able to put you in touch with someone who can.



## How may I feel?

You may be relieved that your health problems are being dealt with. But this can still be an anxious time for you and your family, especially if you are having a major operation or if you have a worrying medical condition. You may also be concerned about what will happen while you are in hospital. These concerns might be about other people who depend on you, about your pets or about making sure that everything is alright at home.

## What can I do to help myself?

If you are having a **planned admission**, there are some practical things you can do in advance.

- If someone depends on you for their care, your local council's social services should be able to help you find alternative care. You may want to make a list of the sorts of things you normally do for this person. Try to contact the council as far in advance as possible.
- If you receive help from health or social services, make sure you tell them that you are going into hospital, and how long you expect to be away. This will prevent staff worrying if they cannot get an answer when they call at your home.

- If you own a pet, make sure you organise someone to look after it for you. If you don't know anyone suitable, you may be able to pay a 'pet-sitter'. Ask your vet if they can suggest someone, or contact a charity such as the Cinnamon Trust (see page 36).
- Your State Pension will continue to be paid indefinitely while you are in hospital. Pension Credit will usually (but not always) be paid while you are in hospital. If you need to know more about this or about any other benefits, it is best to ask advice from an agency such as Age Concern or your local Citizens Advice Bureau (see pages 35 and 36).
- If you can't leave your valuables and keys with a trusted friend or relative and have to take them into hospital, ask the nurse to put them in a safe place.

## If you live on your own:

- Unplug all electrical appliances, except for your fridge/freezer. If you know you are going to be in hospital for a long stay, remove all perishable foods from your fridge/freezer and from the rest of your home.
- Turn your central heating down or off. In cold weather it may be best to leave your central heating on a low setting to prevent your water pipes freezing.
- Try to get someone to collect your mail, water your plants, and pay any bills that need paying. And cancel your milk and papers if you normally have these delivered.
- Make sure your home is secure.

## Hospital checklist – things to pack

Make sure you pack these essential items. If you need help getting things together, ask a relative, friend or carer, if available, to assist you.

- All the medicines you are currently taking
- List of allergies to medicine/food/types of dressing, etc
- Nightwear, dressing gown, slippers and underwear
- Toothbrush, toothpaste or denture cleaner, soap and shampoo
- Small hand towel
- Comb or hairbrush
- Electric shaver/razor
- Glasses or contact lenses
- Hearing aid
- Disposable wet wipes
- Money for Patientline (bedside console for TV, phone and radio) and to spend in the hospital shop
- Any special **equipment** or aids you normally use
- Keys for when you return home
- Address book
- Notepad and pen (for jotting down questions as you think of them)
- Magazines and a book

If you are admitted to hospital in an emergency, your nurses can offer you the basic things you will need until a relative, friend or carer brings your own things in.

## What can I expect from professionals?

You should expect to be treated with dignity and to be kept informed about your condition, how long your hospital stay is likely to be, and the expected recovery period. Your **GP** may have referred you to see a **hospital specialist doctor** about your condition; this usually happens in an outpatient clinic.

Your hospital **admission letter** will tell you when you are due to be admitted and may also ask you to come to a **pre-assessment appointment** before your admission. At this appointment you will meet a nurse who will explain your operation or procedure and do some routine health checks. The nurse will complete your admission forms and will also start to discuss and plan with you your discharge from hospital.

It is a good idea to write down any questions before you meet your **GP, hospital specialist doctor** or pre-assessment **nurse**. If you are unclear or unhappy about something you've been told, or have any more questions, don't hesitate to ask. Sometimes medical staff may say things you don't understand – don't let them pass! You might find it helpful to make a note of the main points discussed or ask for a written summary. You might also find it useful to ask a relative, friend or carer, if available, to support you with this.

## 2 In hospital

### Introduction

Different people will have different feelings and concerns about being in hospital. You may feel reassured that you are in the hands of experts who have the knowledge and skills to deal with your condition. However, if this is your first stay in hospital, it may take a while to get used to the way things work.



## How may I feel?

You may feel a sense of relief after having waited for treatment for a long-standing or difficult medical condition. You may also feel anxious, which is quite normal.

At times you may feel too ill or confused to be able to explain yourself clearly, especially if you are recovering from an anaesthetic or treatment. In addition, staff may use words that you do not understand.

You may also feel that you lack privacy and comfort, especially if people of different sexes and ages are in your ward. All these feelings are understandable.

## What can I do to help myself?

- Make the best use of time you have with hospital staff by thinking ahead about what you need to know. It may help to note down your questions and the answers so that you can think about them and ask more questions later if you need to.
- Don't feel awkward about asking about medicines, anaesthetics, operations or anything else related to your condition.
- Don't hesitate to volunteer information about your medicines and health.

- If the medication or treatment makes it difficult for you to understand what staff have said or to explain yourself clearly, don't hesitate to get help from someone like a relative, friend or carer, if available, or another member of staff. Remember – it's your body and you have a right to know what is happening to it!
- If English is not your first language and you would like an interpreter, ask if one is available.
- Most hospitals have Patientline (bedside console for TV, radio and phone). You can ask your **nurse** about this.
- You could ask about any local voluntary visiting schemes. If you need spiritual support, ask for a visit from the hospital chaplain or a representative of your faith.
- It is very important that you eat and drink well to help your recovery. If you need a special diet, have a food allergy or don't like the meal choices, ask one of the **nurses** if they can arrange for another meal option. Also, tell one of the **nurses** if you have a condition (e.g. arthritis or vision difficulties) that means you find it difficult to eat and drink.
- If you have any concerns or need advice and information, you can contact the **Patient Advice and Liaison Service (PALS)**. This is a free and confidential service based in the hospital. There should be a notice on the ward explaining how to make contact.

## What can I expect from professionals?

A number of professionals may be involved in your treatment and care. These may include **doctors, nurses, anaesthetists, hospital social workers, physiotherapists, occupational therapists** and **dieticians**. They should explain clearly what they are doing and why. If you need an interpreter, the hospital should make sure one is available.

Hospital staff should always respect your privacy and dignity and be sensitive to your cultural needs. For example, most hospitals will put you in a single-sex ward if that is what you wish. Staff should also be sensitive about helping you with personal care such as using the toilet or a bedpan.

Planning for your discharge – for what happens when you leave hospital – starts soon after your admission. The next section discusses this.

## 3 Getting ready to leave

### Introduction

While you are in hospital, your treatment is the first priority. However, soon after your admission, hospital staff should start to plan for your return home. They should involve you in this, and also, with your consent, a relative or a friend or carer, if available, and other staff involved in your care.

Planning to return home is called an **assessment**. You should discuss anything that might make your return home more difficult so that a **social worker** or **care manager** can organise the services and support you will need before you leave hospital. They will advocate on your behalf and organise the discharge to make sure all your needs are met before you leave hospital.

Everyone, including you, should be satisfied that you will be able to manage safely at home with or without help.

Sometimes it is not possible to return home, and different arrangements such as a residential or nursing care home might be proposed. Everyone



involved should consider these very carefully during your **assessment**. You should insist on plenty of time to think about all your options, which should include a chance to try living at home with support if you want. You may be offered a temporary placement, such as a residential **care home**, to give you more time while you make such an important decision.

## How may I feel?

You may feel nervous about leaving the safety, security and company of the ward. You may be thinking about the coming weeks and months and be concerned about your safety, managing alone, putting strain on your family, or using **equipment and adaptations** to your home. Your **assessment** is the best time to discuss these concerns.

On the other hand, you may be eager to leave hospital. But it is important to be realistic about your abilities. If you overestimate what you can do, you might not get help that would be useful to you.

## What can I do to help myself?

- Any services and support you need at home should have already been planned at your **assessment** and should start when you return home. If you have not had an **assessment**, you should tell one of the hospital staff.

- Try to get a relative, friend or carer, if available, to make sure your home is ready for when you return.
- Make sure you understand what medicines you need to take and whether these replace the ones you are used to. If you want information about their side effects, ask your hospital **doctor** or **nurse**.
- Be sure that you feel confident about using any **equipment** properly before you leave hospital.
- If you have been given any written information that you do not understand, or if you would like more information on your recovery, ask the hospital **doctor** or **nurse**.
- Make sure you collect and check all your belongings before leaving and that you have your key to get in when you return home.

## What can I expect from professionals?

Hospital staff should let you know in good time when you will be leaving. This will help you and your relatives or carer prepare for your return home.

Before you leave hospital, you should receive a written **discharge plan**, which should be explained to you. It will include details of any care services that have been arranged for you and information on any **equipment**, medications or dressings that you need. You should be told the name of the person responsible for making sure that arrangements are co-ordinated. This will usually be a **social worker**. Your **GP** should receive a copy of your **discharge plan**.

In some areas, 'home from hospital' schemes are available (Some of these are run by Age Concern – see page 35). These schemes will do things like making sure that your heating is switched on before you arrive home, that you have food in the house and that services are working properly.

If you have no one to collect you and cannot make your own way home, hospital staff can arrange for your transport home. If you are making your own travel arrangements, you may be able to reclaim the cost if you receive certain benefits or are on a low income. Ask one of the **nurses** for more information.

If a relative, friend or carer is looking after you on a long-term basis, they can ask for their needs to be assessed by contacting the council's social services department.

## 4 Back at home... those first few days

### Introduction

The first few days after returning home can be a period of uncertainty and anxiety. This is the case not only for you but also for the people around you. Your health condition or recent operation can make it difficult to readjust. You should have been told before you left hospital about how you can expect to feel and what to do and what not to do. You should also know about any arrangements made to help you manage at home. It is important that you feel relaxed, and that people around you are able to help with this.



## How may I feel?

Home may seem very quiet after the hustle and bustle of hospital. You may welcome the silence, or you may find it quite difficult not being surrounded by other people and worry that no one is on hand if you need anything. You may also be anxious about managing everyday tasks safely, or feel awkward about relying on others for personal care.

It can take time to readjust to everyday life and get your confidence back, and this may make you feel low. This feeling is quite normal in the short term and usually does not last long. If it doesn't disappear, discuss your feelings with your **doctor** and/or with someone who has experienced a similar situation.

## What can I do to help myself?

- Keep emergency contact details handy. These include the telephone numbers of a relative, friend or carer; your **GP**, **social worker** and **district nurse**, if you have one; and the hospital ward. One of the ward staff should have given you the ward number before you left hospital. Phone someone if you have any concerns.
- Try not to do too much during the first few days – you need plenty of rest during this crucial time. If you can, get someone to help you with essential tasks such as collecting your pension and paying any bills.

- Plan something you can look forward to so you have a goal to work towards.
- If you cannot cope with too many visitors at home during the first few days, don't feel awkward about saying so.
- Tackle a small job every day to give you confidence. Keep trying – things get easier with practice.
- Make the best of any help you get and don't worry about depending on others.
- Always seek help and advice if you are worried or in doubt about your situation. If you are not happy with the services you are receiving, a **social worker** can offer support and **advocacy**. You can always ask for a further **assessment**.

## What can I expect from professionals?

The person responsible for your discharge from hospital should make sure that any services and support agreed at your **assessment** have been set up for you on your return home. These should be delivered as planned to ensure you have the best possible chance of recovery.

A professional such as a **district nurse** may have been organised to visit you to provide help and support and to check that you are recovering normally.

If you have questions about your medicines, these could be answered by your **community pharmacist**. You can also ask him or her about a **Medicines Use Review (MUR)**

appointment. This will give you more time to discuss your medicines and how to get the most out of them.

If you are less mobile after returning home, you may have concerns about your personal safety and security at home. If you are worried about fire safety, ask whether your local Fire Service can provide a free home fire safety check. (See page 38 for more information.)

## 5 Longer-term recovery

### Introduction

Your recovery period will vary according to your medical condition. It could be a matter of days, or a few weeks, or several months before you are able to get out and about and return to normal living. It is important to try and be positive. This can go a long way towards your recovery.



## How may I feel?

You may still feel tired even after several weeks and worry about your rate of recovery. New symptoms may appear which could make you anxious.

You may be facing considerable changes and depend on **equipment and/or adaptations** to your home. You may have adjusted to this quite well or may still be finding things difficult.

If you need to rely more on others, you may be concerned about your loss of freedom and independence. You may also feel that you cannot do as much as you used to for other people.

## What can I do to help myself?

- Have confidence – things will get easier and better and you will be able to work out ways to manage as time goes by.
- Try a little gentle exercise (providing your **doctor** agrees). The best exercise is walking, and if you can do this it can be a great way to unwind.
- You may have to think carefully about what matters most to you, and how to ensure you can stay in control of the most important things in your life.
- Try to get out and visit relatives or friends, or ask them to come to you.

- If you are eating out and need food to be cut up, ask if the kitchen staff can do this for you before you are served.
- You may find new ways of managing such as using a microwave or stocking the freezer with easy but healthy meals to use when you cannot cook.
- You should know your limits and be willing to accept offers of help from others.
- If you find you need more support to manage at home, contact your **GP** or your local council's social services department.

## What can I expect from professionals and others?

A **social worker** from your council's social services department may be able to organise essential extra help and support if you are struggling with personal or **home care**. (Home care is sometimes called domiciliary care.) **Home care** can include someone to do your shopping or cleaning or to bring you a meal. The **social worker** can also suggest sources of benefits advice and counselling if you need these. A local voluntary organisation such as Age Concern (see page 35) may also be able to help.

You may be given a follow-up appointment with the hospital to check on your condition. This is a good chance to discuss any concerns about your recovery.

Remember, don't struggle on alone. Always talk to someone if you are having difficulty or are concerned about anything.



## Useful contacts

Here is a list of national organisations that can provide information and help via special helpdesk phone numbers and websites. Please note that not all phone lines operate all the time – a recorded message should tell you when you can phone back. Many of these organisations have branches around the country. The hospital, your GP, social services or your local library should be able to give you information about local organisations.

### ■ Age Concern

0800 00 99 66 [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Provides information, advice and support (including day care) to older people through local branches. Also campaigns on issues affecting older people.

### ■ Alzheimer's Society

0845 30 00 336 [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Care and research charity for people with dementia and their families and carers

### ■ Asthma UK

08457 01 02 03 [www.asthma.org.uk](http://www.asthma.org.uk)

Provides advice and information on every aspect of asthma

### ■ British Heart Foundation

08450 70 80 70 [www.bhf.org.uk](http://www.bhf.org.uk)

Campaigns and provides information on heart conditions

### ■ Cancerbackup

0808 800 1234 [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Provides information, practical advice and support for cancer patients and their families and carers

### ■ Carers UK

0808 808 77 77 [www.carersuk.org](http://www.carersuk.org)

Provides information and advice for carers about their rights and how to get support

### ■ Cinnamon Trust

01736 757900 [www.cinnamon.org.uk](http://www.cinnamon.org.uk)

Offers practical help with caring for pets during an owner's illness or hospital stay

### ■ Citizens Advice

[www.adviceguide.org.uk](http://www.adviceguide.org.uk)

Provides free, confidential and independent advice from over 3,000 locations, including Citizens Advice Bureaux, GP surgeries, hospitals, colleges, prisons and courts. Details of your local Bureau can be found in the telephone directory and at [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk) (for England and Wales) and [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk) (for Northern Ireland)

### ■ Continence Foundation

0845 345 01 65 [www.continence-foundation.org.uk](http://www.continence-foundation.org.uk)

Provides information and advice about bladder and bowel problems

### ■ **Counsel & Care**

0845 300 7585 [www.counselandcare.org.uk](http://www.counselandcare.org.uk)

Provides advice and guidance for people who are searching for care and support services in the community or in residential care.

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### ■ **Crossroads**

0845 450 0350 [www.crossroads.org.uk](http://www.crossroads.org.uk)

Runs network of local schemes that provide practical support for carers, usually in the home

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### ■ **Diabetes UK**

0845 120 2960 [www.diabetes.org.uk](http://www.diabetes.org.uk)

Supports people living with diabetes through advice, campaigning and research. Local support groups provide support, information and social opportunities

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### ■ **Disabled Living Foundation**

0845 130 9177 [www.dlf.org.uk](http://www.dlf.org.uk)

Free, impartial advice about all types of disability equipment and mobility products for older and disabled people and their carers and families

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### ■ **EAC (Elderly Accommodation Counsel)**

020 7820 1343 [www.eac.org.uk](http://www.eac.org.uk)

Helps older people make informed choices about how to meet their housing and care needs

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### ■ **Fire Service**

Free home fire safety checks are available in most areas of England, Northern Ireland and Wales. These look at all areas of fire risk in your home and advise on installing and maintaining smoke alarms. Some people may qualify for a free smoke alarm.

**You can request a fire safety check as follows:**

#### **England**

Go to [www.fire.gov.uk/Home+safety/](http://www.fire.gov.uk/Home+safety/) or phone your local fire authority

#### **Northern Ireland**

Go to [www.nifrs.org/](http://www.nifrs.org/) or phone 028 92 600 4767 or 028 9266 4221

#### **Wales**

Phone 0800 169 1234

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### ■ **Help the Aged**

0808 800 65 65 [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

Campaigning organisation fighting to free disadvantaged older people from poverty, isolation and neglect

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### ■ **Local Involvement Networks**

See [Department of Health website www.dh.gov.uk](http://www.dh.gov.uk)

Known as LINKs, these new organisations are expected to become operational from 1st April 2008. These will be a new way for people to have a say and influence how health and social care services are planned and run. LINKs will replace Patients' Forums and the Commission for Patient and Public Involvement in Health will stop.

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**■ Multiple Sclerosis Society**

0808 800 8000 [www.mssociety.org.uk](http://www.mssociety.org.uk)

Funds MS research, runs respite care centres, provides grants, education and training on MS

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**■ National Osteoporosis Society**

0845 4500 230 [www.nos.org.uk](http://www.nos.org.uk)

Provides information and advice for people with osteoporosis and runs a network of local support groups

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**■ National Rheumatoid Arthritis Society**

0845 458 3969 [www.rheumatoid.org.uk](http://www.rheumatoid.org.uk)

Provides support and information for people with rheumatoid arthritis and juvenile idiopathic arthritis

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**■ NHS Direct**

0845 4647 [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Provides health information services day and night direct to the public by telephone and online

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**■ RNIB (Royal National Institute of the Blind)**

0845 766 9999 [www.rnib.org.uk](http://www.rnib.org.uk)

Offers information, support and advice to people with sight problems

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**■ RNID**

0808 808 0123 [www.rnid.org.uk](http://www.rnid.org.uk)

Supports deaf and hard of hearing people through care services, communication support services, rights and welfare advice, and employment advice

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**■ Samaritans**

08457 90 90 90 [www.samaritans.org](http://www.samaritans.org)

Provides day-and-night confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide

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**■ Stroke Association**

0845 3033 100 [www.stroke.org.uk](http://www.stroke.org.uk)

Provides a range of information and practical support services for people who have had a stroke

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## GLOSSARY

### Admission letter

A letter providing details of a hospital stay, such as the date of admission and where to go in the hospital.

### Advocacy

Helping and supporting people to say what they want, secure their rights, represent their interests and obtain services they need.

### Anaesthetist

A specialist doctor responsible for administering anaesthetics for pain control.

### Assessment

Identifying and recording a person's health and social care needs and evaluating their impact on daily living and quality of life, so that appropriate action can be planned.

### Care home

There are two main types of care home:

#### *Care home without nursing*

A residential home that provides accommodation, meals and personal care (for example, help with washing, dressing, eating and medication). People live there either permanently or for temporary stays.

#### *Care home with nursing*

A residential home that provides accommodation, meals and personal care and also has a registered nurse on duty at all times to care for people who are physically or mentally frail and for people who need regular attention from a nurse.

### Care Manager

A professional (who may be a social worker) with responsibility for co-ordinating the assessment, care planning, service delivery and reviewing of services for an individual.

### Community pharmacist

A community (or retail) pharmacist is an expert in medicines who supplies prescription medicines and advises people on how to manage their medicines effectively.

### Dietician

A dietician draws up nutritional care plans and advises people about their diet. Dieticians work particularly with people with conditions such as allergies, eating disorders and diabetes.

### Discharge plan

A plan that sets out the care arrangements a person will need when they leave hospital.

### District nurse

A district nurse provides care to patients in their own homes or in residential care homes, as well as support to family members.

**Doctor**

A doctor treats patients by diagnosing them and deciding on the best course of treatment. Doctors based in hospitals are usually known by the specialist area in which they practise, for example, an anaesthetist or surgeon.

**Domiciliary care**

See *Home care* below.

**Emergency admission**

An unplanned admission into hospital following an unforeseen event such as a fall or a stroke.

**Equipment and adaptations**

Equipment and adaptations helps people to live as safely and independently as possible in their own homes. Equipment includes such things as raised toilet seats and walk-in showers. Adaptations to the home, such as grab rails, make it easier to get around. These are available through a social services assessment.

**GP (General Practitioner)**

A GP is a family doctor with general responsibility for managing patient healthcare, including the diagnosis and treatment of health problems and referring patients for specialist treatment if necessary.

**Home care**

Personal care and practical help for people in their own homes to help them live independently within the community, including services such as meals on wheels and community nursing. Home care is provided by social services or by independent agencies. Also known as domiciliary care.

**Hospital social worker**

A social worker based in a hospital. Hospital social workers work with the individual and their family and with health professionals to assess the patient and decide what sort of support they will need after they leave hospital.

**Hospital specialist doctor**

A doctor who works at the hospital and specialises in one area of medicine, such as orthopaedics.

**Medicines Use Review (MUR)**

An appointment with a community pharmacist to look at how a person is getting on with their medicines. The MUR usually takes place at a local pharmacy.

**Nurse**

A nurse is trained to provide health care to patients. Nurses assess an individual's condition, set up and implement their care and provide advice. Nurses work in different locations including hospitals, in the community visiting people at home or within general practices or health centres.

**Occupational therapist**

A specialist who helps people manage the daily activities of living, such as dressing, grooming and cooking, and to regain vocational skills.

**Patient Advice and Liaison Service (PALS)**

Free and confidential service that provides information about hospital services and helps deal with problems and concerns. There should be a PALS office in the hospital. The phone number will be on the hospital website. Alternatively phone the main hospital number and ask for PALS.

**Physiotherapist**

A specialist who works to rehabilitate patients with physical problems caused by accidents, illness or ageing. Treatment includes therapeutic exercise and the use of specialist equipment.

**Planned admission**

A hospital admission that is planned in advance.

**Pre-assessment appointment**

A hospital appointment before hospital admission. A pre-assessment nurse will take a medical history and do some routine health tests, as well as provide information about any forthcoming operation or procedure.

**Sheltered housing**

Accommodation (usually one-bedroom flats or studio apartments) for older people who can live independently. Laundry facilities and a communal lounge are generally provided. Many schemes also have their own 'scheme manager' or 'warden', whose job is to manage the scheme and help arrange any services residents need.

**Social worker**

Social workers work together with the individual and their family, as well as other relevant professionals, to assess a person's needs and determine what services might be helpful. Social workers work for the council's social services department or are based in hospitals (see hospital social worker).

March 2008

## **Helping you through a hospital stay**

### **Advice from older people**

This booklet has been written in partnership with older people who have been in hospital. It aims to help with some of the feelings, uncertainties and anxieties you might face before, during and after your hospital stay.

This publication is available in an alternative format upon request.

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