



Patient and caregiver guide



Baylor Scott & White

THE HEART HOSPITAL

PLANO

Joint ownership with physicians



At **Baylor Scott & White The Heart Hospital - Plano**, our goal is to create an environment where you and your family feel at ease. We understand that facing surgery can be an overwhelming experience. This booklet provides information you and your family need to prepare mentally and physically for your upcoming procedure.

Your individual needs are very important to us. If at any time during your visit you have a question or concern, please contact your nurse or a staff member so we may address your needs promptly.



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Pre-admission testing checklist

This checklist guides you step-by-step through the pre-admission testing (PAT) process. To get started, please remember the three points below prior to your appointment:

1. Fasting is **NOT** required for your PAT appointment.
2. Take your medications per your usual routine on this day.
3. Allow two hours for this appointment.

Please bring with you:

- Your driver's license (or picture ID) and insurance card
- A list of all your medications, **with dosages**, and when you take them. Please include herbal supplements, vitamins and over-the-counter medications. Even if you don't take them regularly, please include them on the list
- Any papers you were given at the surgeon's office
- Advance directives (i.e., living will or medical power of attorney)

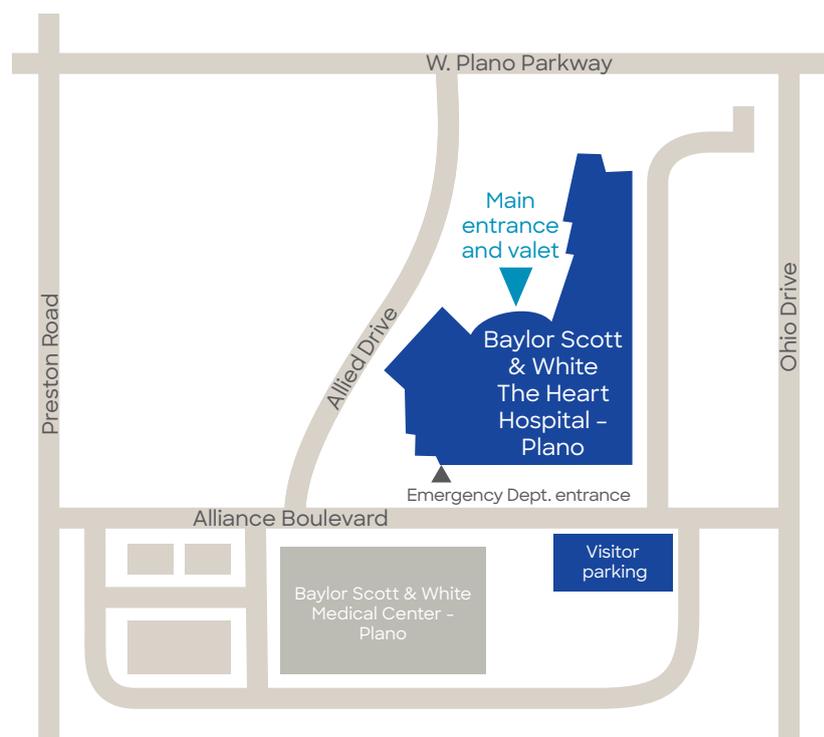
Once you are checked in, you will:

- Be pre-registered
- Discuss fees and medical insurance for your procedure
- Pay deductibles, co-payments and a portion of your out-of-pocket expenses for your procedure
- Be guided back to the pre-admission testing area

In pre-admission testing, you will:

- Have blood work, an EKG and chest X-ray as needed
- Provide medical history information
- Review your medications list
- Receive detailed instructions and education concerning the night before your surgery, the day of your surgery, and what to expect after your surgery

Questions? We're here to help.
469.814.3565



Your healthcare team members

Physicians oversee your care and will visit you daily, explain test results and procedures, and talk to other specialized physicians about your care as needed.

Our advanced practice providers consist of **nurse practitioners (NP)** and **physician assistants (PA)**. They work closely with the physicians and others on the interprofessional team in order to develop a customized patient plan of care.

Hospitalists are physicians who practice hospital medicine and are often the attending physicians while you are with us.

Registered nurses (RN) will update you on your care plan, teach you about your condition and treatment, and give you medicine and other care as needed.

A **patient care technician (PCT)** helps you with walking, bathing, getting dressed and other tasks you are unable to do alone.

A **respiratory therapist (RT)** may be called to give you treatment that will help you breathe better and/or monitor your oxygen level.

What you can expect

At Baylor Scott & White The Heart Hospital – Plano, keeping you informed and making your stay as comfortable as possible is one of our top goals.

Purposeful rounding

Often, a member of your care team will visit your room to check on you, ask you about your comfort level and pain, help you change positions, use the bathroom, and make sure everything in the room is how you want it and easy to reach.

Physical/occupational/speech therapists (PT/OT/ST) focus on your rehabilitation, teaching you skills to help you live as normally as possible once you are back home.

Care coordination/social work team members work with your insurance company as well as help identify what your needs will be when you leave the hospital through a process called discharge planning.

A **chaplain** is available 24 hours a day to provide you and your family with emotional and spiritual care.

Our **supportive care team** is specially trained to meet the physical, mental, social and spiritual needs of patients with life-limiting conditions.

Dietitians can help you and your family plan the special diet that you need due to your medical condition or treatment.

Laboratory (lab) technicians may visit your room to draw your blood for testing.

Radiology department staff perform X-rays and scans to help diagnose or track your medical condition.

Open visitation

Family members are welcome to visit you in your room anytime day or night. They may be asked to leave during tests or procedures if there is a clinical or safety reason.

Bedside report

During a shift change, your caregiver going off shift will introduce you to your caregiver coming on shift, update him or her on your condition, and give you and your family the chance to ask questions and provide information.

Helping you understand your care

Baylor Scott & White The Heart Hospital – Plano offers an online program to help you take a more interactive role in your care. This system is a series of tools, including videos, designed to educate you about your condition and recommended procedure.

The system delivers interactive programs that help explain:

- Your condition
- Why your physician has recommended surgery
- What to expect before surgery
- An overview of the procedure
- What to expect after surgery
- Risks and benefits
- Alternatives
- Post-op follow up

You will receive an email from Baylor Scott & White The Heart Hospital – Plano with a link to view your educational video(s).

Infection prevention and control—do the wave

The most important thing that you and your family can do to help stop the spread of infection is the W.A.V.E.

Wash

Wash your hands frequently with soap and water or use hand sanitizer before meals, after going to the bathroom and after touching any equipment.

Ask questions

Do not be afraid to ask a caregiver if he or she cleaned his or her hands or about any other infection control measures. Speak up if anything concerns you or if you do not understand something.

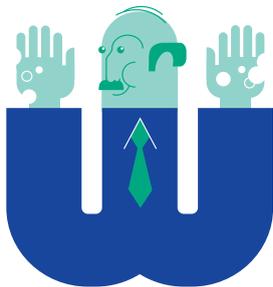
Vaccinate

Get your flu and pneumonia shot unless your physician directs you otherwise.

Ensure safety

Do not touch medical equipment unless necessary. Work with your care team to make sure catheters and other medical devices are clean and removed when they are no longer needed. Please ask friends and family members who are sick not to visit you in the hospital.

Wash hands
to protect against germs



Ask questions
to improve quality of care



Vaccinate
against flu and pneumonia



Ensure safety
by making sure medical devices are clean and used properly



Courtesy: U.S. Department of Health and Human Services

Patient safety tips

Preventing falls

- Call your caregiver.
- Use extra caution in the bathroom.
- Use the pull cord in the bathroom and wait for assistance.
- Use the call light when getting up from a chair or bed.
- Wear slip resistant socks.
- Be aware that some medications can affect balance, strength and stability, creating a fall risk.
- Use a gait belt to help provide stability and safety while walking.



Remember: CALL. DON'T FALL!

Pain control

Your care team will ask you about your pain often. Please pay attention to your level of pain and use the 0-10 scale below to report it so your care team can take action to manage your pain as quickly as possible. Please note, even strong pain medications, when given with proper supervision, are safe, effective and rarely addictive.



Please do not wait until your pain gets worse to tell one of your team members. It is important to keep your pain out of the moderate to severe range (4 and above). If your pain is not relieved by your medicine, or if you are having any side effects, please tell your physician or nurse.

If you are unable to communicate, Baylor Scott & White The Heart Hospital – Plano uses a different pain intensity scale.

Non-verbal pain intensity scale

					
0	2	4	6	8	10
NO PAIN	MILD PAIN	DISCOMFORT	DISTRESSED	SEVERE	EXCRUCIATING
Relaxed, Calm Expression	Stressed, Tense Expression	Guarded Movement, Grimace	Moaning, Restless	Crying Out	Increased Intensity of Behaviors

Patient safety warning

Family or visitors, contact the nurse fast if you see any of these changes in the patient:

- Cannot wake up
- Too drowsy/sleepy
- Falls asleep while talking
- Slurred speech
- Slow breathing
- New snoring
- Confusion
- Any change that worries you

This patient may be receiving patient-controlled analgesia (PCA) or other sedating medications. The PCA pump gives a dose of pain medication when the patient feels pain and pushes the pain pump button.

1. **DO NOT** push the pain pump button for the patient, as it may cause the patient to be too sleepy and cause breathing problems.
2. **DO NOT** give the patient any medications.
3. Check with the nurse if you have concerns. We have a **Rapid Response Team** that can check rapidly on the patient if needed by dialing **44-5555** from any phone in the hospital.

Patient valuables

Each patient room is equipped with a safe to store valuables, and you are able to set your own secure code. Please send outside medications home with a family member.

Smoking cessation

Smoking cigarettes tops the list as the most important preventable major risk factor of the number one killer of Americans—heart and blood vessel disease. The long list of deaths due to smoking is frightening and smoking also harms thousands of non-smokers, including infants and children.

It is highly encouraged to stop smoking at least 30 days prior to surgery to optimize outcomes.

It is never too late to quit smoking and experience the many health benefits of quitting:

- Sense of smell and taste return
- Smoker's cough improves
- Digestive system returns to normal
- Increased energy and life expectancy, and it becomes easier to breathe and do physical activities
- Less chance of heart disease and cancer
- Freedom from addiction and the mess, smell, burns and expense of cigarettes

The steps to stopping smoking

Step One: Choose a stop date.

Step Two: Tell people close to you that you're going to quit smoking.

Step Three: Prepare for challenges while quitting.

Step Four: Get rid of your cigarettes, lighters and ashtrays.

Step Five: Talk to a medical professional about options to help you quit.

Other resources are available from Baylor Scott & White The Heart Hospital – Plano by contacting your nurse, who will put you in touch with our Respiratory Therapy department where a staff member will come and provide you with education about tobacco cessation and a referral to the Texas Quitline. If you are already discharged, we refer you to the Texas Quitline at 1.877.937.7848.



Preparing for your heart catheterization procedure

- Please arrive at the time requested by the pre-admission testing nurse or as directed by the physician's office.
- Bring a current list of your medications with the name of the medication, the dose and dose frequency. Ask your doctor if you should take your medications the day of the procedure. Please let us know if you are taking blood thinners or have kidney problems.
- Please provide a copy of your Living Will or Durable Power of Attorney for Healthcare, if applicable.
- Do not wear contact lenses but please bring your glasses if necessary.
- If you become ill (i.e., cold, flu symptoms, fever or rash) before your scheduled appointment, please notify your cardiologist.
- Please make arrangements prior to coming to the hospital for discharge transportation. Because of the sedation you will receive, you will not be able to drive yourself home.
- It is optimal to have your family member or friend present on the day of your procedure to take possession of all belongings prior to your procedure/operation.
- Please remember if there are procedures scheduled ahead of you, your procedure may be delayed. This is dependent upon the progress of prior procedures. Your patience and understanding should this occur are always appreciated.
- After the procedure, the physicians will answer any questions your family may have.
- Please plan to be discharged home the same day as your procedure. We expect you to be discharged the same day, but if extenuating circumstances are present, your physician may wish to keep you overnight.
- If you have questions about your procedure, call the main phone number at 469.814.3278, and the operator will transfer you to the appropriate person.



Preparing for your electrophysiology procedure

- Please arrive at the time requested by the pre-admission testing nurse or as directed by the physician's office.
- Bring a current list of your medications with the name of the medication, the dose and dose frequency. Ask your doctor if you should take your medications the day of the procedure. Please let us know if you are taking blood thinners or have kidney problems.
- Please provide a copy of your Living Will or Durable Power of Attorney for Healthcare, if applicable.
- Do not wear contact lenses but please bring your glasses if necessary.
- If you become ill (i.e., cold, flu symptoms, fever or rash) before your scheduled appointment, please notify your electrophysiologist.
- Please make arrangements prior to coming to the hospital for discharge transportation. Because of the sedation you will receive, you will not be able to drive yourself home.
- It is optimal to have your family member or friend present on the day of your procedure to take possession of all belongings prior to your procedure/operation.
- Please remember if there are procedures scheduled ahead of you, your procedure may be delayed. This is dependent upon the progress of prior procedures. Your patience and understanding should this occur are always appreciated.
- After the procedure, the physicians will answer any questions your family may have.
- Please plan to be discharged home the same day as your procedure. We expect you to be discharged the same day, but if extenuating circumstances are present, your physician may wish to keep you overnight.
- If you have questions about your procedure, call the main phone number at 469.814.3278, and the operator will transfer you to the appropriate person.

Preparing for surgery

The night before surgery

- Do **NOT** EAT or DRINK anything after midnight (including water, hard candy, gum, chewing tobacco, ice chips or prescription medications) unless ordered by your physician.
- Do not smoke 12 hours prior to surgery.
- Do not consume alcohol 24 hours prior to surgery.
- Bathe or shower using Hibiclens® soap the night before surgery to minimize the chance of infection. Please do not shave or wax near the surgical site. Teeth may be brushed, but do **NOT** swallow water. Please do not apply any deodorant, lotion or powder.

The day of surgery

- Please arrive as directed by your pre-admission testing nurse or at least two hours prior to your scheduled surgery time.
- Do not wear makeup, lotions, oils or nail polish. If you wear contact lenses, dentures or hearing aids, bring their cases, as they will need to be removed prior to surgery.
- Take only the medications that your surgeon or anesthesiologist has instructed you to take.
- Please do not bring valuables on the day of surgery. Please remove all jewelry. We do not have storage space in the surgical area for personal belongings (bags, luggage, etc.).
- Bring your driver's license (or picture ID) and insurance card (if you have not been pre-admitted), advance directives and any paperwork provided by your physician.
- Plan for a friend or family member to drive you home after surgery.
- It is optimal to have your family member or friend present on the day of your procedure to take possession of all belongings prior to your procedure/surgery.



Day surgery unit

- In the day surgery unit, you will be directed to a room where you will change into a gown.
- Your clothing and personal items will be placed in a belongings bag and kept by your family member or friend at the hospital.
- Your day surgery nurse will confirm your identification, review your chart and start your IV.
- Any lab work or additional testing required prior to surgery will be completed at this time.

Anesthesia

- Your anesthesia provider will evaluate you before surgery and discuss the benefits, risks and alternatives associated with anesthesia.
- You will be asked to sign a consent form stating that you have discussed anesthesia care with an anesthesia provider and agree to move forward with the procedure.
- Please feel free to ask any questions or voice any concerns prior to signing this consent form.

What to expect after heart surgery

This guide is presented as a service by The Society of Thoracic Surgeons to help answer questions patients and their families have about heart surgery. Always follow your doctor's specific instructions if they differ in any way from those listed here.

Each individual patient responds to surgery differently. You are unique! And recovery from each specific surgical procedure, whether a coronary artery bypass for clogged arteries or a valve repair/replacement for a narrow or leaky valve, is somewhat different as well. Despite these differences, however, some generalizations can be made.

It's normal to:

- Not have much appetite. It takes several weeks for your appetite to return. Many patients notice that their sense of taste is diminished or almost absent. It will return. Some patients even complain of nausea at the smell of food for a week or two after surgery.
- Have some swelling, especially if you have an incision in your leg. That leg will tend to swell more for some time. Elevating your legs will help. Wear your TED hose if they were prescribed for you.
- Have difficulty sleeping at night. You may find it difficult to fall asleep, or you may find that you wake up at 2:00 or 3:00 AM and cannot fall back to sleep. This will improve. Taking a pain pill before bed sometimes helps.
- Have problems with constipation. You may use a laxative of your choice. Add more fruits, fiber and juice in your diet.
- Have mood swings and feel depressed. You may have good days and bad days. Do not become discouraged. This will get better.
- Have a lump at the top of your incision. This will disappear with time.
- Notice an occasional clicking noise or sensation in your chest in the first days after surgery. This should occur less often with time and go away completely within the first couple of weeks. If it gets worse, call your surgeon.
- Experience muscle pain or tightness in your shoulders and upper back between your shoulder blades. This will get better with time. Your pain medicine will also help relieve this discomfort.

- Take four to six weeks to start feeling better. Remember to take all medication as prescribed by your doctor. If an artery in your chest, called the mammary artery, was used during your surgery, you may experience numbness to the left of your incision. This is normal. If you have Steri-Strips® on your incision, you may remove any that have not already fallen off after one week. Follow the exercise program given to you by your physical therapist in the hospital.

Care of your incision

While in the hospital, follow your doctor's instructions. After discharge, most surgeons would agree that it is safe to wash your incisions daily with mild soap and warm water. Avoid vigorous scrubbing. Because incisions sunburn easily, be sure to protect them from overexposure to sunlight during the first year after surgery. The scar will pigment more (be darker) if exposed to the sun. Do not apply any lotions, creams, oils or powders to your incisions unless prescribed by your cardiac surgeon.

Check your incisions daily. Notify your doctor if you notice any of the following:

- Increased tenderness of the incision line
- Increased redness or swelling around the edges of the incision line
- Any drainage from any incision line
- A persistent fever

Source: STS.org

Care of your surgical leg

If your surgery involved taking a bypass graft from your leg, follow these guidelines:

- Care for your leg incision as described for your chest incision (on page 11).
- Avoid crossing your legs because this impairs circulation.
- Avoid sitting in one position or standing for prolonged periods of time.
- Elevate your leg on a stool or coffee table when sitting. You can also lie on a couch and elevate your leg on the arm of the couch.
- Check your leg daily for swelling. The swelling should decrease when you elevate your leg, but it might recur when you stand. If you continue to have leg swelling or it becomes worse, notify your doctor.
- If elastic stockings (TED hose) were prescribed for you, wear the elastic stockings while you are up for 5–7 days after discharge. The stockings help decrease swelling, especially if you have a leg incision.
- Remove your stockings at bedtime. Wash the stockings with mild soap and water and dry them on a line.

Medicines

The doctor will give you prescriptions before you leave the hospital. It is important that we have your preferred pharmacy telephone number to help speed up the filling of your prescriptions. Take the medicine exactly as your doctor prescribes. Keep a current list of your medicines, dosages and times to be taken in your wallet or purse. Do not take other medication without telling your doctor. Additional information about your medicines will be provided by your nurse or pharmacist before you are discharged.

Side effects

It is important to understand that medicines can cause side effects. If you have any of the following side effects from medication, you should call your physician's office.

- Excessive nausea, diarrhea, constipation or stomach pain
- Vomiting
- Dizzy or lightheaded when standing
- Confusion
- Tingling in hands and feet
- Extremely slow or fast pulse
- Skin rash
- Unusual bruising or bleeding



Source: STS.org

General guide to resume usual activities at home

First 6 weeks	→	After 6 weeks	→	After 3 months
<p>Light housekeeping (dusting, setting the table, washing dishes, folding clothes)</p> <p>Light gardening (potting plants, trimming flowers)</p> <p>Needlework, reading</p> <p>Cooking meals</p> <p>Climbing stairs</p> <p>Small mechanical jobs</p> <p>Shopping</p> <p>Attending sports events, church, movies and restaurants</p> <p>Passenger in car</p> <p>Walking, treadmill, stationary bike</p> <p>Shampooing hair</p> <p>Playing cards/games</p>		<p>Continue activities of first six weeks (but you may be able to tolerate more)</p> <p>Return to work part-time if your job does not require lifting and returning is approved by your surgeon</p> <p>Heavy housework (vacuuming, sweeping, laundry)</p> <p>Heavy gardening (mowing lawn, raking leaves)</p> <p>Ironing</p> <p>Business or recreation travel</p> <p>Fishing, boating</p> <p>Light aerobics (no weights)</p> <p>Walking dog on leash</p> <p>Driving a small car or truck</p>		<p>Continue activities of one to three months (but you may be able to tolerate more)</p> <p>Heavy housework (scrubbing floors)</p> <p>Heavy gardening (shoveling snow, digging)</p> <p>Sports: football, soccer, softball, baseball, tennis, bowling, golfing, swimming, water skiing, skydiving, hunting</p> <p>Jogging, bicycling, weightlifting, push-ups</p> <p>Motorcycle riding</p>

Keep in mind that all of these activities need to be in the 10-pound weight limit or less until six weeks after surgery.

Activity

Stop any activity immediately if you feel short of breath, notice irregular heart beats, feel faint or dizzy, or have chest pain. Rest until the symptoms subside. If they do not subside within 20 minutes, notify your doctor.

Continue to use your incentive spirometer as long as you like. This will help get your lungs back into shape.

Dress: Wear comfortable, loose-fitting clothes that do not put undue pressure on your incisions.

Rest: You need a balance of rest and exercise for your recovery. Plan to rest between activities and to take short naps as necessary. Resting also includes sitting quietly for 20–30 minutes. Rest 30 minutes after meals before exercising. Occasionally noise in the hospital's patient care units may be louder than normal due to visitors and other traffic as well as machines performing necessary functions.

Source: STS.org

Activity (continued)

Walking: This is one of the best forms of exercise because it increases circulation throughout the body and to the heart muscle. It is important to increase your activity gradually. Walk at your own pace. Stop and rest if you get tired. Each person progresses at a different rate after heart surgery. Physical therapists will provide you with an individual plan for exercise before your discharge. It is important to pace your activities throughout the day. Do not try to do too many things at one time. In poor weather, lower than 40 degrees or above 80 degrees, you can walk at indoor shopping malls. In cold weather, wear a scarf or mask around your mouth and nose.

Stairs: Unless your doctor tells you differently, you can climb stairs. Take them at a slow pace. Stop and rest if you tire. When using the handrail, do not pull yourself up with your arms. Use your legs.

Sexual: You can resume sexual relations when you feel comfortable. For many people, this is about two to four weeks after discharge unless instructed differently by your doctor. Please ask your nurse for more detailed information, if needed.

Driving: You can ride as a passenger in a car at any time. Avoid driving, outdoor bicycling or motorcycle riding for six weeks after surgery. This time period is recommended to allow your breastbone (sternum) to heal. Your movements might also be limited and slow before the six weeks are up. When traveling, be sure to get out of the car every two hours and walk around for a few minutes.

Lifting: You should not put too much strain on your sternum while it is healing. Avoid lifting, pushing or pulling anything heavier than 10 pounds for six weeks after surgery. This includes carrying children, groceries, suitcases, mowing the grass, vacuuming and moving furniture. Don't hold your breath during any activity, especially when lifting anything or when using the restroom.

Work: Most patients will begin to feel like returning to light work six to 12 weeks after surgery. Check with your surgeon before returning to work.

Visitors: Limit your visitors for the first couple of weeks. If you get tired, excuse yourself and lie down. Your visitors will understand.

Exercise guidelines

Stop any exercise if you experience shortness of breath, dizziness, leg cramping, unusual fatigue and/or chest pain (angina). Notify your doctor if these symptoms persist.

If your post-exercise pulse rate is more than 30 beats faster than your resting pulse rate, you have exercised too hard.

In order to correct these conditions, you will need to modify your next exercise session.

Pulse assessment

Monitoring your pulse rate helps to keep your activities within a safe heart rate range. To take your pulse, place your index and middle fingers on the lower part of your thumb, then slide your fingers down to your wrist. If you do not feel the pulse, try moving your fingers over a little bit in the same area. Once you can feel the pulse, count it for 15 seconds and multiply by four. This will tell you how many times your heart is beating in one minute. Your doctor or their nurse can help you find your pulse if you have difficulty. Your nurse will instruct you on the proper technique prior to discharge.

Cardiac rehabilitation

Cardiac rehabilitation is a way for people who have had bypass, valve replacement, transplant or other cardiac surgical procedures to get going again. A team of physicians, nurses, exercise physiologists and nutritionists will help you feel well again by leading you through a rehab program designed to fit your needs. There are three phases of cardiac rehabilitation.

Phase I

Phase I begins early after a cardiac event, while you are still in the hospital. This phase usually includes light supervised exercise such as walking the halls and stair climbing. Additional education is provided by hospital nurses and physical therapists. You should ask the hospital staff about risk factors, diet, medication instruction, sexual activity, exercise and normal life at home.

Source: STS.org

Phase II

Phase II is the early outpatient phase of cardiac rehabilitation. This phase usually requires a physician referral and involves telemetry monitoring. Entrance into the program is usually two to six weeks after discharge from the hospital. Most programs meet for one hour three times per week for six to 12 weeks. Phase II aims to return you to a normal, active life.

The goals of phase II are:

- Improve functional capacity and endurance
- Provide education on lifestyle changes
- Reduce fear and anxiety about increased activity or exercise
- Assist in making optimal social and psychological adjustments

Education is a major emphasis in the phase II program and is accomplished through individual or group instruction. Educational topics include:

- Medication review
- Lifestyle changes and goal setting
- Nutrition counseling with a registered dietitian
- Stress management
- Safe performance of activities including sexual activity, vocational and recreational pursuits

Your spouse or other family members are encouraged to attend the education sessions with you.

Phase III/maintenance

Phase III is a continuation of the phase II program.

The goals of phase III are:

- Provide an ongoing exercise program
- Offer support necessary to make lifestyle changes
- Achieve the desired goal, such as independent lifestyle or return to work
- Prevent progression of heart disease
- The program may offer monitoring of heart rhythm, rate and blood pressure before, during and after exercise.

Diet

Your doctor will probably recommend that you follow a low-fat, no-added-salt diet after discharge. This may reduce your risk of a heart attack in the future and your risk for requiring angioplasty or surgery again. You should try to have less than 30% of your calories from fat. Try to control your weight and eat less saturated fat and cholesterol.

The American Heart Association recommends that saturated fatty acid intake should be 8 to 10% of calories. Polyunsaturated fatty acid intake should be up to 10% of calories. Monounsaturated fatty acids make up the rest of the total fat intake, about 10 to 15% of total calories. Cholesterol intake should be less than 300 milligrams per day. Sodium intake should be no more than 2,400 milligrams (2.4 grams) per day.

Avoid adding salt in cooking or at the table. Begin making changes to your diet when your appetite returns to normal.

Daily weight

- Weigh yourself at the same time each morning after you urinate but before you eat breakfast. Use the same scale every day.
- Keep a record of your daily weight.
- Notify your doctor if you gain two pounds or more overnight.

If you have questions following your surgery, please contact your surgeon's office.

Source: STS.org



Helpful contact information

Baylor Scott & White The Heart Hospital – Plano

469.81HEART · 1.877.814.4488

1100 Allied Drive | Plano, TX 75093

BSWHealth.com/HeartPlano

Access services (admitting)	469.814.4100
Administration	469.814.3500
Care coordination/social work	469.814.3399
Cardiopulmonary rehabilitation	469.814.3550
Cardiac universal bed 2nd floor	469.814.4240
Cardiac universal bed 3rd floor	469.814.3340
Cardiac universal bed 4th floor	469.814.3440
Cardiac universal bed 5th floor	469.814.4540
Cardiac universal bed 6th floor	469.814.4640
Catheterization laboratory	469.814.4375
Center for Advanced Cardiovascular Care (CACC)	1.855.4CV.CARE
Central scheduling	469.814.3565
Concierge (1st floor)	469.814.3566
Electrophysiology laboratory	469.814.3757
Emergency department	469.814.3575
Environmental services	469.814.3773
Imaging services	469.814.4340
Nutrition services	469.814.3428
Pastoral care	469.814.3344
Pre-admission testing	469.814.4711
Public safety	469.814.4444
Respiratory services	469.814.3778
Stress lab	469.814.4332

Patient rights and responsibilities

As a patient, you have certain rights and responsibilities. As a hospital, it is our responsibility under federal law and hospital accreditation standards to make sure you are informed about those rights and responsibilities.

Patient rights

For example, you have the right to:

- Information about your condition, treatment options and test results
- Information about outcomes that may be different from what you and your family expected
- Treatment for pain and suffering
- Information about hospital ethics policies
- Participate in your treatment decisions, including ethical decisions about treatment
- Refuse or accept treatment or research that is offered to you. This includes the right to refuse treatments that can potentially help prolong your life, such as mechanical breathing machines, dialysis, artificial nutrition/hydration or attempted cardiopulmonary resuscitation (CPR)
- Complete advance directives such as a living will or medical power of attorney. These forms can be obtained from your nurse, chaplain, social worker or physician
- Privacy, confidentiality, security and culturally respectful communication
- Have a language interpreter to assist you with conversations about your health throughout your visit free of charge
- Have access to items and/or devices to assist you with conversations about your health throughout your visit free of charge
- Decide who may visit you during your hospital stay
- Choose a primary support person to stay with you during your hospital stay
- Be informed if family or guest visitation must be restricted
- Freedom from mental, physical, sexual or verbal abuse or neglect
- Care that is free from discrimination

Patient responsibilities

With your rights come certain responsibilities. Your responsibilities, among others, include:

- The responsibility to give your healthcare team honest and accurate information about your medical history
- The responsibility to follow treatment directions and cooperate with your healthcare team
- The responsibility to treat other patients, visitors, your healthcare team and hospital property with respect

Goals and types of treatment

The most basic goal of medicine is to fix or cure your health problem. If a complete cure is not possible, the goal of the healthcare team is to try to slow down the problem or make it go away for a while (remission). Perhaps the most important goal is to provide you with comfort and relief of suffering at all times. You will receive medically appropriate treatment to meet these goals, and we hope that you will do well.

Communicating with your healthcare team

Good communication is essential to every part of medical treatment. It is important when things are going well. It may be even more important when things are not going well and the outcome you and your family expected is not being achieved. Either way, it is vital that you, your family and your healthcare team communicate clearly. You should feel free to discuss any topic associated with your care and treatment with members of your healthcare team. For example, you may want to discuss:

- Your diagnosis
- Goals of your treatment
- The types of treatment appropriate to meet those goals
- The benefits, burdens and risks of treatment as well as the probability of success

It is important that you discuss your goals and the types of treatment with your physicians, nurses and your family while you are able to speak for yourself. How do you want to be treated if you have an accident or an illness and become so sick you cannot speak for yourself? Who should speak for you, and what should they say?

The importance of advance care planning

The process of thinking about who should speak for you if you can no longer speak for yourself and considering the goals and intensity of your treatment is called advance care planning. This is easy if you are only temporarily unable to speak for yourself and recovery is expected. But what if you become so sick that you can no longer communicate, and a cure is no longer possible? What if you are in constant pain and/or must depend on machines to keep you alive? If you make these decisions in advance, you will be relieving your family and loved ones from making these decisions for you.

There are several types of advance care plans that are legally binding in the state of Texas, including Living Will (Directive to Physicians and Family or Surrogates), Medical Power of Attorney, Notice of Declaration and Declaration for Mental Health, and Out-of-Hospital Do-Not-Resuscitate Order. For more information on these advance directives, please ask your nurse to contact the chaplain's office for additional resources or go to BSWHealth.com/PatientInformation. You may also wish to consult your personal or family lawyer if you have questions about advance care planning.

Advance care plans have been shown to improve patient care and reduce family stress in the setting of serious illness. Whether or not you choose to complete an advance directive, your care, treatment and services will not be affected, nor will your decision result in any discrimination against you. In addition, you may cancel or change any advance directive at any time.

If I complete an advance directive, can I change my mind?

Yes, you may cancel any advance directive simply by destroying the document, signing and dating a written statement that states your desire to cancel the directive, or telling your doctor or nurse. You may also review and revise your advance directive. If you choose to change an advance directive, you must execute a new one.

Where else can I get help?

All Baylor Scott & White Health hospitals have specially trained social workers, nurses and chaplains who can help you with advance care planning concerns. You may also have ethical concerns as you consider potentially serious issues. These services are provided free of charge.

You, your family or healthcare decision maker, your physician, or any member of your healthcare team may request guidance from a Baylor Scott & White Health hospital ethics committee. For further information, members of your healthcare team can help you reach the ethics committee at your facility, or you may call one of the phone numbers at the end of this patient guide.

You may also wish to consult your personal or family lawyer if you have questions about advance care planning.

Ethical disagreements

On rare occasions, there may be ethical disagreements between you, your family and/or healthcare providers. We believe good communication can prevent most ethical disagreements. It is also worth remembering the following:

- We will make every reasonable attempt to honor your treatment preferences within the mission, philosophy and capabilities of Baylor Scott & White Health hospitals and the accepted standards of medical practice. This includes those expressed by an advance directive or by others on your behalf if you lack an advance directive and are unable to make decisions.
- We respect your right to reject treatments offered.
- We do not recognize an unlimited right to receive treatments that are medically inappropriate.
- Texas law, specifically Chapter 166 of the Texas Health & Safety Code, provides a process for resolving ethical disagreements between you, your family, and/or healthcare providers in those rare cases where further communication does not resolve the disagreement. This process relies on ethics consultants and ethics committees available at each Baylor Scott & White Health hospital to help as needed.

Complaints and grievance process information

We welcome your feedback at all times, both the positive and the negative. If you have any concerns, we hope you will first report your complaint to the clinical manager for the unit involved. The bedside nurse will help you identify the clinical manager.

We will make every effort to address and resolve your complaint in a timely manner during your stay. In the event we are unable to resolve your complaint while you are still here, please send your grievance in writing to:

Baylor Scott & White The Heart Hospital – Plano
Attn: Risk Manager
1100 Allied Drive
Plano, TX 75093

Once a written grievance is received, it will be processed, reviewed and sent for resolution. We treat both positive and negative feedback as a gift that allows us to learn, correct and constantly improve.

Although we encourage you to bring your concerns directly to us, you always have the right to take any complaint to the Texas Department of State Health Services and/or The Joint Commission by email, fax, letter or phone at the contact numbers and addresses listed on this page.

The Joint Commission

Email: PatientSafetyReport@JointCommission.org

Telephone: 800.994.6610
weekdays, 8:30 AM – 5:00 PM, Central Time

Fax: 630.792.5636

US mail:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Texas Department of State Health Services

If you have any complaints concerning the information on advance directives provided in this document, you may contact the Texas Department of State Health Services at:

Telephone: 888.963.7111 (toll-free number)
or 512.776.7111

US mail: PO Box 149347, Austin, TX 78756

Website: DSHS.state.tx.us/Services.shtm

Privacy or confidentiality complaints?

If you have concerns about patient privacy or confidentiality, you may call the Baylor Scott & White Health Compliance/Ethics hotline at 866.245.0815 (toll-free number).

BSWHealth.com/HeartPlano
469.81HEART (469.814.3278)
877.814.4488 (Toll-free)



1100 Allied Drive | Plano, TX 75093

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