Knowing what to expect when you go into hospital may help you.

There may be differences in processes from one hospital to the next, as each hospital does things in its own way to support its community.

If you have any specific questions, we suggest you contact your local hospital directly.

## What to think about before you go to hospital

Being prepared at short notice is important and can make things easier.

You may want to have the following:

* **A Health Passport:** to record information that helps people to look after you.
* **A Life Tube:** to record medication and next of kin. Emergency services are trained to look for Life Tubes in people’s houses. A Life Tube is available from your local Age Concern.

## Support needs

If you require support when you go to hospital, you are entitled to have your support needs met.

For example, you may need access to a New Zealand Sign Language interpreter if you are Deaf or hearing impaired, or you may need help to transfer in and out of a wheelchair.

You should tell the hospital what your support needs are.

## Emergency Department and unplanned admissions

If you have had an accident or become seriously unwell very quickly, you may enter hospital through the Emergency Department.

You may arrive by ambulance or be taken there by a friend or relative.

When you arrive, a nurse or doctor will examine (check) you.

The Emergency Department can be busy and noisy. You may be attached to machines to run tests and to monitor you.

Once you have been examined there are three possibilities. You may:

* be treated and then discharged so you can leave the hospital;
* be sent to the outpatients clinic for further assessment, monitoring, or tests;
* be admitted to a ward for further treatment.

It’s possible you will be moved around the hospital, and you may have to wait some time.

Staff will do their best to keep you and the people important to you informed about what is happening.

## While at the hospital

You will be given information about why you are in hospital, and you will be asked to make decisions about, and consent to, your care and treatment.

You can consent in writing, verbally, and non-verbally.

You can have help from someone you trust to make decisions about your care.

If you are unable to consent to treatment at the time, then the doctor, your Enduring Power of Attorney (EPOA), or a family member may be able to make the decision for you.

## Hospital admissions

Going into hospital is called “being admitted” or an “admission” for inpatient care. This can be for the day, overnight, or longer.

Before you are admitted, you may be asked to fill out forms, attend other appointments, and have tests.

You may see a number of different professionals at different times, depending on your treatment.

## Discharge from hospital

When you are assessed as ready to leave the hospital (be discharged), staff will talk to you about what needs to happen.

It is important that you understand what you need to do next:

* You may need help to recover at home.
* You may need further treatment through an outpatients clinic, or a follow-up with your GP.
* You may need changes to your medication.
* You may have exercises to do to help your recovery.

All of this will be discussed with you and will be arranged before you leave the hospital.

Before you leave, it is important that:

* You have arranged to have any mobility equipment you need and your transport home;
* You make sure you have a plan for getting any medications or prescriptions you need;
* You take all of your belongings with you; and
* You know what to do if you become unwell again.