


The Lonely Patient's Guide to Hospital Land:  
**Making the Most  
of Your Hospital Stay**  
*Dr. Davidicus Wong*  
*Thursday, April 23<sup>rd</sup>, 2026*



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The Burnaby Division of Family Practice  
*burnabydivision.ca*

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*Why are we here?*

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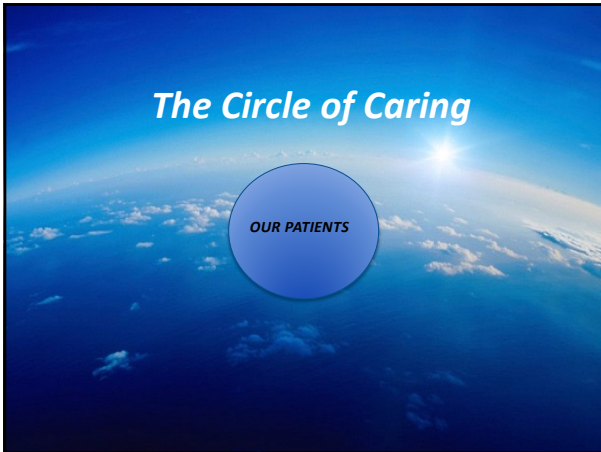
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***We care about our patients***



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***We care about our community***



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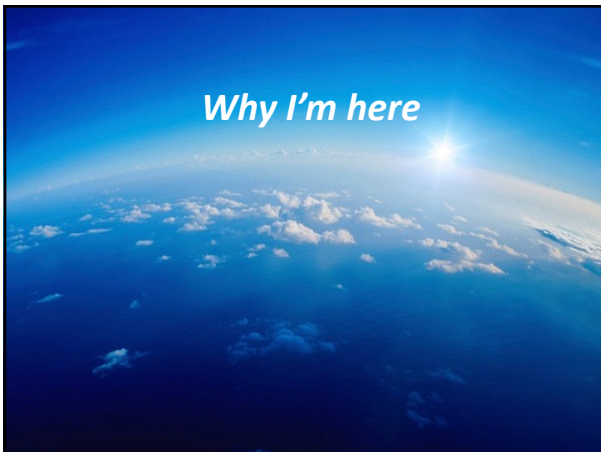
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***Why I'm here***



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*Making the Most of Your Hospital Stay*

- 1. The 4 Foundations of Self-Care*
- 2. Hospital Land: Strange Customs*
- 3. Travel Advisory: Dangers*
- 4. Preparing for Your Visit:  
What to Pack*
- 5. 3 Keys to a Better Stay*

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*What is healthcare?*

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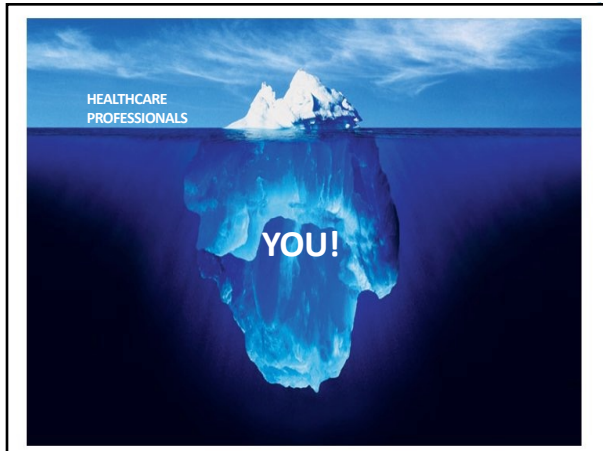
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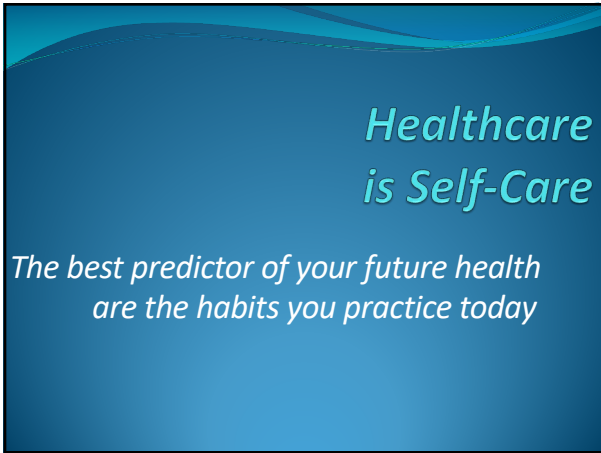
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*The 4 Foundations of Self-Care*

- What you *eat*
- What you *do*
- How you *feel*
- How you *relate*

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*1st Foundation of Self-Care*

*What you eat*

*What you put in your body  
your daily diet, alcohol & drugs*

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*2nd Foundation of Self-Care*

*What you do*

- Physical Activity & Rest*
- endurance*
- flexibility/mobility*
- stability/balance*
- muscle strength*
- rest/sleep*

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**3rd Foundation of Self-Care**  
*How you feel*  
Emotional Wellbeing  
Managing stress  
Recognizing your emotions  
Managing them  
Finding meaning

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**4th Foundation of Self-Care**  
*How you relate*  
Healthy Relationships  
commitment  
good communication  
time  
nurturing unconditional love

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**Empowering Patients**  
What do you need for good self-care?

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*What do you need for good self-care?*  
*Unbiased complete health information:*  
*To adopt healthier lifestyles*  
*To manage health conditions*  
*To get the care you need*

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*What do you need for good self-care?*  
*Improved patient-doctor communication*  
*More support to achieve your personal goals*

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*Making the Most of  
Your Hospital Stay*  
***The Lonely Planet's Guide  
to Hospital Land***



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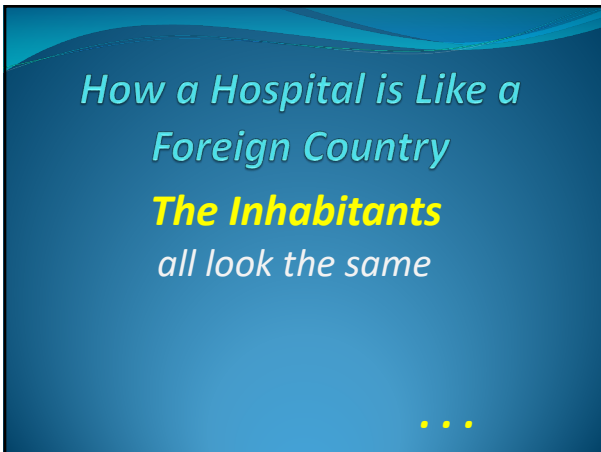
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*How a Hospital is Like a Foreign Country*

**The Inhabitants**  
*speak a different language*

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*How a Hospital is Like a Foreign Country*

**The Inhabitants**  
*speak in CODE*

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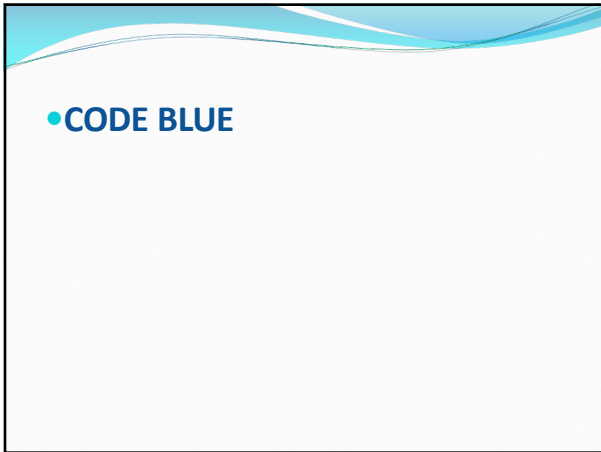
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- CODE BLUE
  - CODE WHITE
    - CODE RED
      - CODE PINK

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- CODE BLUE
  - CODE WHITE
    - CODE RED
      - CODE PINK
        - CODE YELLOW
        - CODE BROWN

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*In Hawaii,*



*“Aloha” means  
hello, welcome,  
good-bye,  
I love you . . .*

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*In the hospital,  
"Rounds" means*

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*In the hospital,  
"Rounds" means  
Doctor's Rounds*

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*In the hospital,  
"Rounds" means  
Doctor's Rounds  
Grand Rounds*

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*In the hospital,  
"Rounds" means  
Doctor's Rounds  
Grand Rounds  
Team Rounds*

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*In the hospital,  
"Rounds" means  
Doctor's Rounds  
Grand Rounds  
Team Rounds  
Brown Rounds*



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*How a Hospital is Like a  
Foreign Country  
The Inhabitants  
have strange customs*

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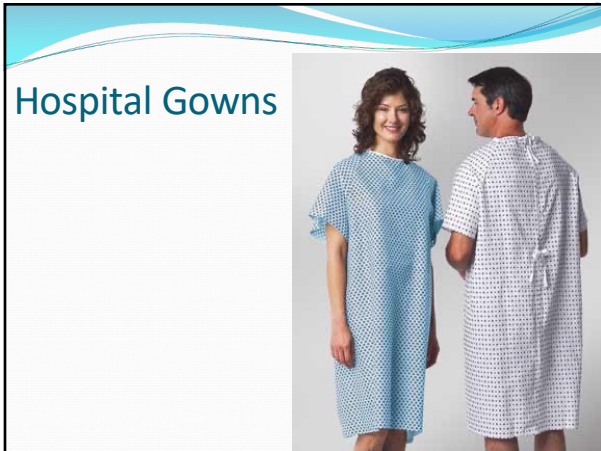
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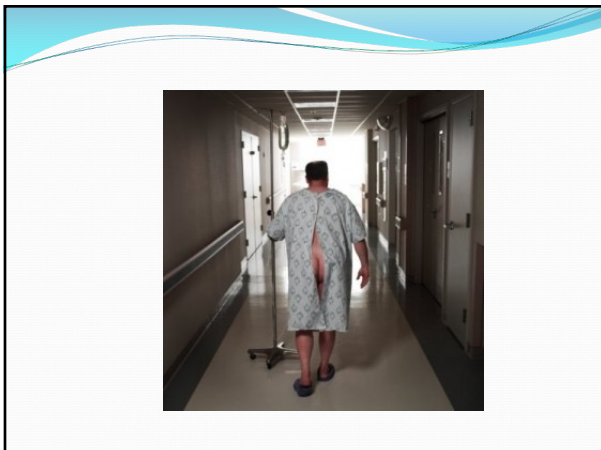
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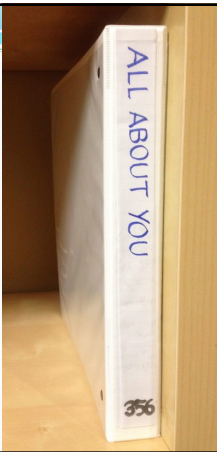
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A big binder with  
your name on it

Everyone writes in it  
But you never get to peek

Gradually being replaced  
with your virtual chart  
(electronic medical record)



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Hospital Food

In some countries,  
a 5 star resort is really only 3 stars.



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When you stop throwing up . . .



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And start complaining that your food is only 2 stars,  
the doctor will think you're nearly normal  
and ready for discharge.



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### Informed Consent

You need **enough information** about the benefits, risks and alternatives of a test, procedure or drug before you can choose or refuse it.

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### Informed Consent

2 Keys:

- (1) enough information
- (2) a patient capable of understanding that information and making an informed decision

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**Informed Consent**  
Due to illness or incapacity, you may not be able to give informed consent.  
Who will decide on your behalf?

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*Dangers*  
**Infections**

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*Dangers*  
**Infections**  
*Hospital-acquired Pneumonia*  
*Methicillin Resistant Staph Aureus*  
*C. difficile diarrhea*

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*Dangers*  
**Complications**  
*Bladder infections from catheters*  
*Infections or bleeding after surgery*  
*Aspiration pneumonia*

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*Dangers*  
**Complications**  
*Bladder infections from catheters*  
*Infections or bleeding after surgery*  
*Aspiration pneumonia*  
*Bed sores*

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*Dangers*  
**Complications**  
*Bladder infections from catheters*  
*Infections or bleeding after surgery*  
*Aspiration pneumonia*  
*Bed sores*  
*Medication side effects*

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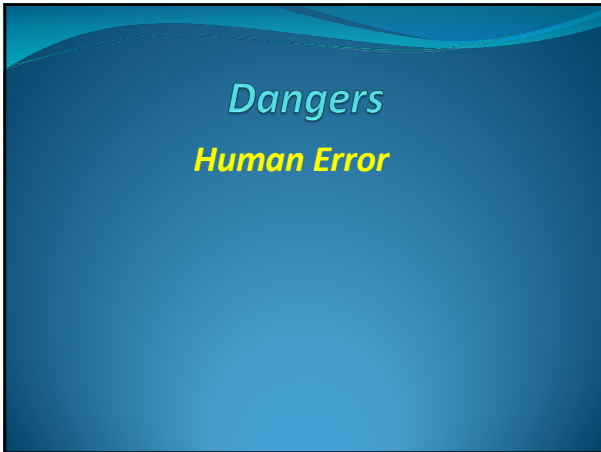
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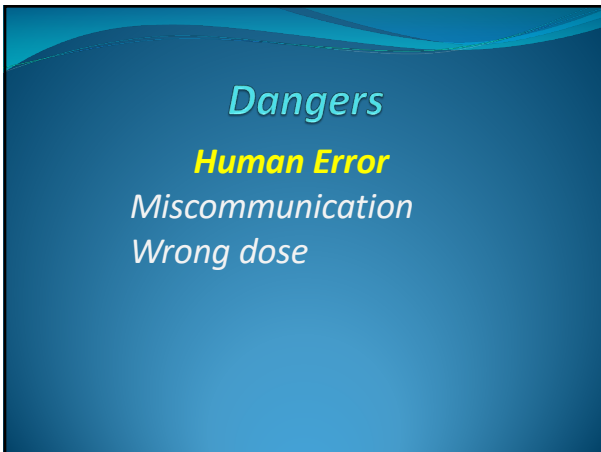
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*Dangers*

**Human Error**

*Miscommunication*

*Wrong dose*

*Wrong drug*

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*Dangers*

**Human Error**

*Miscommunication*

*Wrong dose*

*Wrong drug*

*Wrong patient*

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*Good News*

**Safety Culture**

*Our hospitals are active in reducing patient risk, complications and errors*

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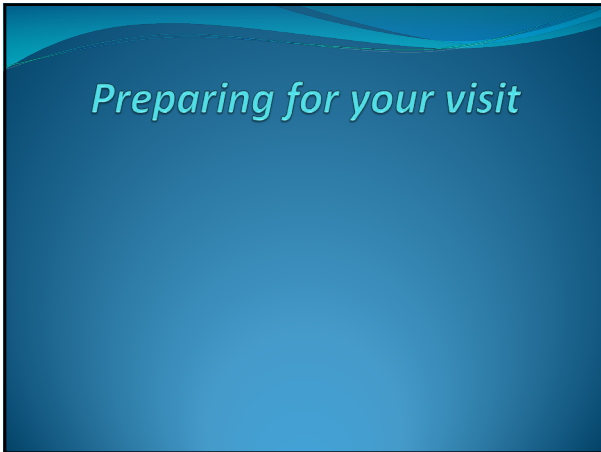
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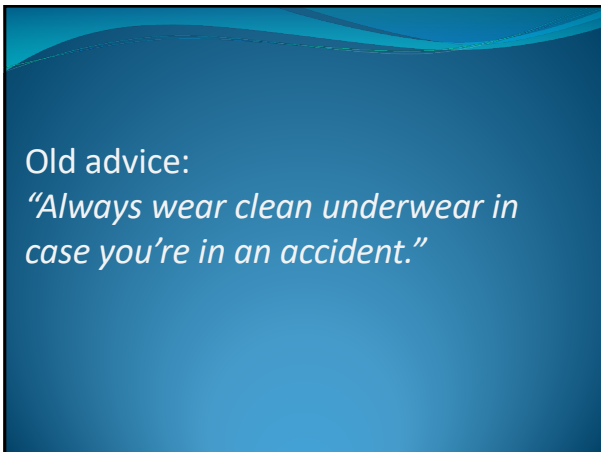
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*But if you were surprised by an accident, aren't you going to poop or pee in your pants anyway?*

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Better advice:  
*"Never miss an opportunity to go to the washroom."*

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*Preparing for your visit*  
***Don't wear your best underwear***

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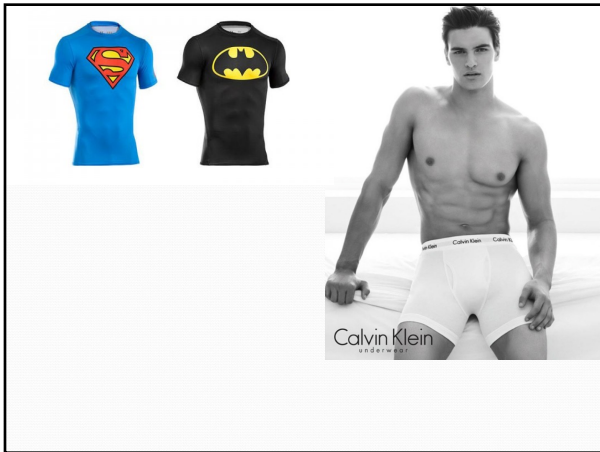
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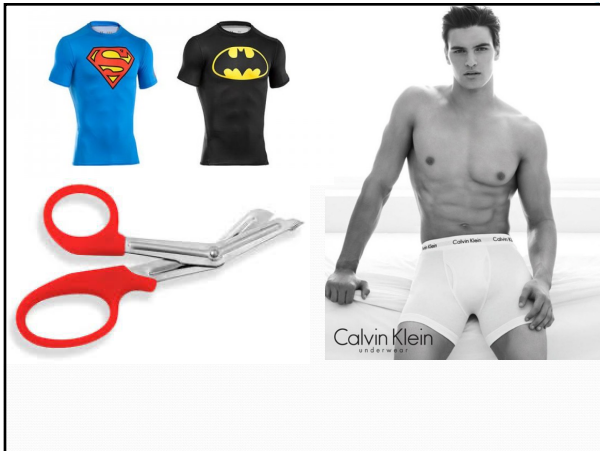
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**What to Pack**  
*Your Travel Documents:  
Essential Medical Information*

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**Essential Medical Information**  
*Your Medical History*

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**Essential Medical Information**  
*Your Medical History:*  
*allergies*  
*chronic conditions*  
*past illnesses and surgery*  
*family medical history*

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**Essential Medical Information**  
 Your Medications

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**Essential Medical Information**  
 Your Medications:

- name*
- dose*
- directions*
- indication (reason or condition)*

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Brand name: Tylenol  
 Generic name: acetaminophen  
 Dose: 325 mg  
 Directions: one tablet twice daily  
 Indication: for knee pain

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Brand name: Altace  
 Generic name: ramipril  
 Dose: 10 mg  
 Directions: one capsule at bedtime  
 Indication: for high blood pressure

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**Essential Medical Information**  
*Your Preferences*

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**Essential Medical Information**  
*Your Preferences:*  
*Important religious beliefs*  
*(i.e. no blood transfusions)*  
*Advance Directives*

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**Advance Directives**

A statement of your preferences for medical care to be referred to when you are unable to make your own decisions

*What procedures do you want?*

*What procedures do you refuse?*

*Under what conditions?*

*Who do you choose to make decisions for you?*

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**Advance Directives**

*If you had an irreversible, terminal condition with no hope for a return to an acceptable quality of life, you may not wish to have CPR (chest compressions, assisted breathing, intubation or defibrillation)*

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**Advance Directives**

*If you were in a persistent vegetative state with no hope of recovery, you may not wish to be on mechanical life support*

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SECTION 1 - Cardio Pulmonary Resuscitation (CPR) and Medical Treatments							
Most Responsible Provider (MRP) to check one (1) designation							
CPR is medically indicated <sup>2</sup> for this adult or child at this time:		CPR	Intubation	Critical Care	Site Transfer	Treat Reversible Conditions	Symptom Control
YES - Attempt CPR. Medical care designation with intent to cure and includes Critical Care referral.	<input type="radio"/> CPR C2	Yes	Yes	Yes	Yes	Yes	Yes
	<input type="radio"/> DNACPR C2	No	Yes	Yes	Yes	Yes	Yes
NO - Do Not Attempt CPR (DNACPR). Medical care designation ranges from intent to cure, control symptoms, or allow for a natural death. Some designations include a Critical Care referral.	<input type="radio"/> DNACPR C1	No	No	Yes	Yes	Yes	Yes
	<input type="radio"/> DNACPR M3	No	No	No	Yes	Yes	Yes
	<input type="radio"/> DNACPR M2	No	No	No	Consider, if required for symptom control	Yes	Yes
	<input type="radio"/> DNACPR M1	No	No	No		No	Yes

Notes: CPR is not attempted on an adult who has an unwitnessed cardiac arrest unless it was observed within minutes of the event; this does not apply to children. <sup>1</sup>CPR is defined as chest compressions and rescue breaths. <sup>2</sup>Medically indicated means proposed treatments are expected to be beneficial.

**DECISION #1: CPR or DNACPR (no CPR)**

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SECTION 1 - Cardio Pulmonary Resuscitation (CPR) and Medical Treatments							
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Notes: CPR is not attempted on an adult who has an unwitnessed cardiac arrest unless it was observed within minutes of the event; this does not apply to children. <sup>1</sup>CPR is defined as chest compressions and rescue breaths. <sup>2</sup>Medically indicated means proposed treatments are expected to be beneficial.

**DECISION #1: CPR or DNACPR (no CPR)**  
**DECISION #2: LEVEL of HEALTHCARE**

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**LEVEL of HEALTHCARE**

M1 Comfort Care/symptom control\*

M2 Treat reversible conditions\*

M3 Medical treatment but no ICU/CCU

C1 Critical Care (ICU/CCU) but no intubation

C2 Critical Care (including intubation)

\*For M1 and M2 You would not be moved to a different site (i.e. home to hospital) unless needed for symptom control

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### Advance Directives

Some simpler examples . . .



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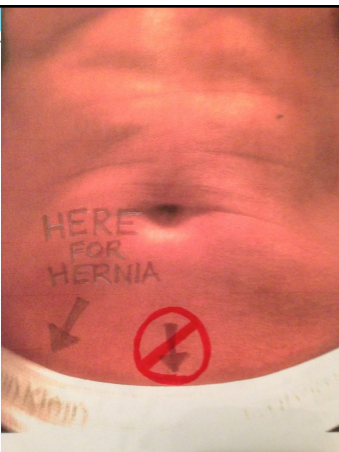
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Here for hernia  
not a vasectomy



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*Preparing for your visit*

**What to Pack**

*Comfort Items*



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**For your comfort:**

- ear plugs
- music
- reading
- word puzzles
- eye mask
- toothbrush & toothpaste
- warm socks, non-slip slippers
- a sweater and blanket



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**For your orientation:**

- a calendar
- a quiet, inexpensive clock



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For communication:  
a pad of paper  
pens  
(your glasses)  
(your hearing aid)  
(your teeth)

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**What not to bring:**  
expensive jewelry, watches, electronics  
wallet, purse, credit cards  
your nicest clothes and shoes  
and other prized possessions



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**Don't even bother with:**  
perfume or cologne  
makeup (even if you think your nurse  
or doctor is good-looking)

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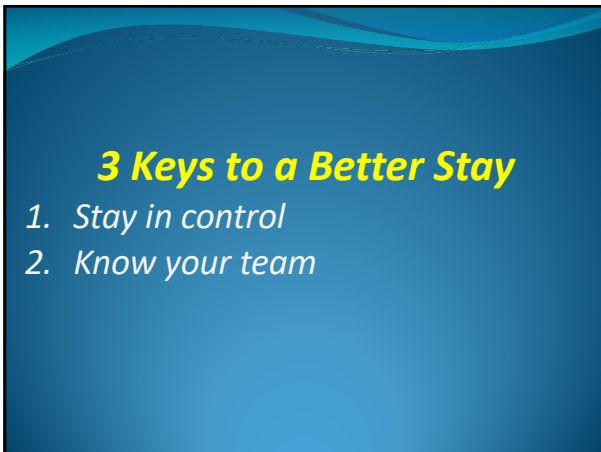
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**3 Keys to a Better Stay**

1. *Stay in control*
2. *Know your team*
3. *Set up a channel of communication*

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**1. Stay in Control**

*4 things you need to know about every test, procedure & treatment*

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**4 things you need to know about every test, procedure & treatment**

1. *The purpose or reason*
2. *Common side effects or risks*
3. *Serious side effects or risks*
4. *Alternatives*

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**2. Know Your Team**

1. Ask for each person's name and role (i.e. nurse, respiratory technician, dietician) or specialty (surgeon, hospitalist, internist)
2. Who is your attending or most responsible physician?

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**3. Communication**

Prepare your list of questions  
Find out when your attending physician will be visiting



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**3. Communication**

Set up a channel of communication with your attending physician:

- the plan
- the working diagnosis
- the schedule of tests, procedures
- the results of tests
- the expected length of stay

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**3. Communication**  
 This information could be on a  
 WHITE BOARD in your room  
 or a large pad of paper  
 at your bedside

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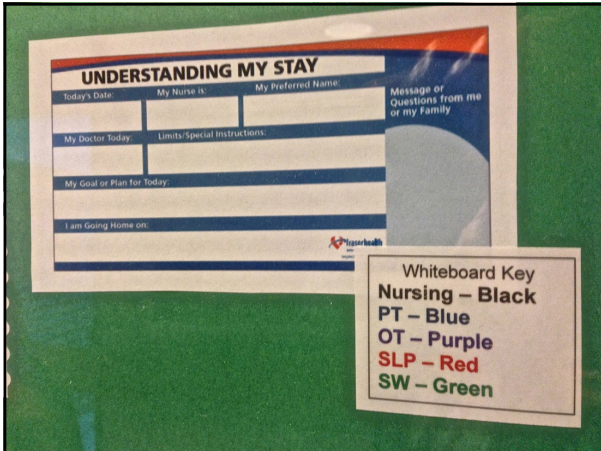
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**3. Communication**  
 Make sure your Family Doctor knows  
 you are in the hospital  
 Though your family doctor may  
 not visit your hospital, the office can  
 provide important medical  
 information to your care team

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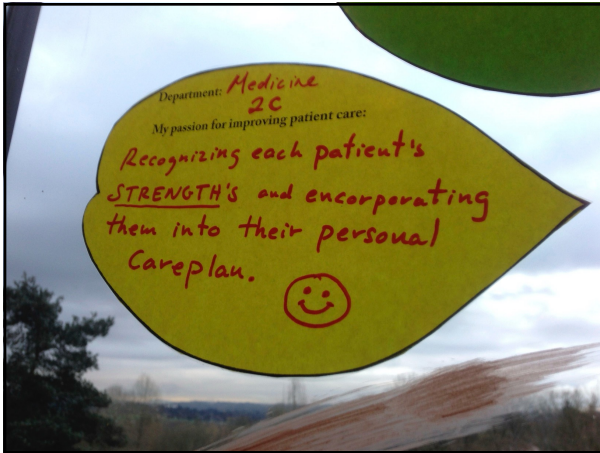
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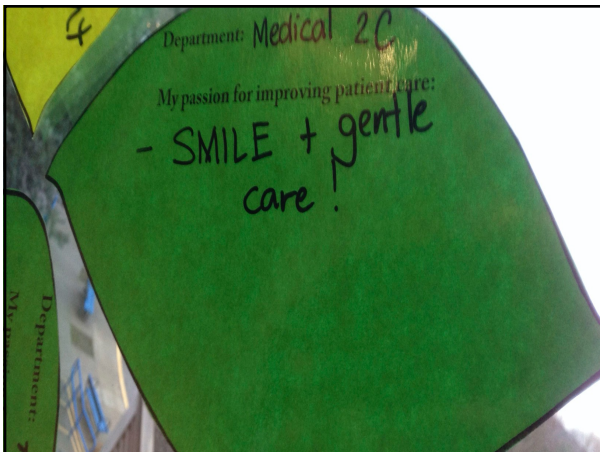
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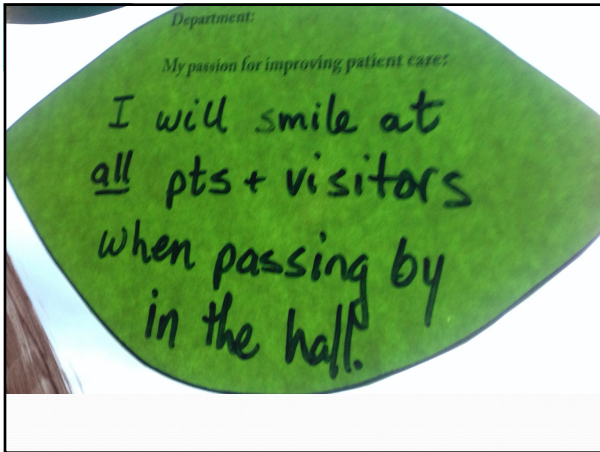
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