**Directions for Creating One Hospital Packet**

Materials Needed:

* 6 sheets regular white paper (8.5” x 11”)
* 1 sheet blue paper (8.5” x 11”)
* 2 sheets white card stock (8.5” x 11”)
* 1 snack baggie
* 1 gallon baggie
* 1 pen
* 1 pad of paper
* 1 address label (“This hearing aid/cochlear implant belongs to: Name: Room#:)
* Scissors
* Tape

Print on white paper: Hearing Device Troubleshooting, 3 HLAA documents, and Directions, Content, Snack Baggie Info

Print on blue paper: Hard of Hearing Brochure

Print of card stock: Communication Tips & HL Signs

Tape Hospital Kit for Patients with HL on inside of gallon baggie. Put “Hearing aids are quite frequently” paragraphs inside snack baggie and address label on outside of snack baggie. Cut out Communication Tips & HL Signs. Place all materials inside gallon baggie.

**Thank you and best of luck! -Rachel A. Magann Faivre, Au.D. | rachmag@gmail.com**

HOSPITAL KIT FOR PATIENTS WITH HEARING LOSS

1. **Communication Action Plan:** Be prepared so you and your hearing loss are going to the hospital.

Give to hospital staff.

1. **International Symbol Placard** (blue sheet)**:** To be placed on the wall over your bed. Fill in the blank

line with your special needs. For example, I read lips, or I write.

1. **International Hearing Loss Symbol:** (1) 2x2 to place on your chart, (1) 4x4 to place on your door.
2. **Communication Tip Cards:** (6) to give to your physician, nurse or other staff
3. **Small Plastic Bag:** See note inside for special hearing aid storage.
4. **Note Pad and Pen**

Hearing aids are quite frequently lost in hospitals. Quite often they are wrapped in a tissue (by the patient, family or staff) and are thrown into the trash.

For bedside storage, a denture or similar container, is a safer option because it reduces damage if dropped. Label the container with your name and room number.

If moisture is a problem, bring a container with desiccant.

This bag may be used if you must remove your aids prior to surgery or X-rays, etc. It should be securely attached to an easily accessible place (e.g. chart, gown, etc.)

HLAA Video: <https://www.youtube.com/watch?v=lXbfs9iQhug&feature=youtu.be>

Communication Action Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Please alert all staff and include in Medical Record | | | |
| NAME OF PATIENT: | DATE OF BIRTH: | | MRN: (Office Use) |
| Which Describes You? | | | |
| ☐ Hard of Hearing ☐ Deaf ☐ DeafBlind ☐ Low Vision | | | |
| Which Device(s) Do You Use? | | | |
| Hearing Aid(s) ☐ Right ☐ Left  Cochlear Implant(s) ☐ Right ☐ Left  Other Implant(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What Do You Need Hospital/Office to Provide? | | | |
| ☐ Pocket Talker  ☐ Captioned Phone (Hospital only)  ☐ TTY (Hospital Only)  ☐ Video Phone  ☐ Other Alerts or Assistive Device(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What Services Do You Need? | | | |
| ☐ Communication in writing  ☐ Communication Access Realtime Translation (CART)  ☐ Sign Language Interpreter  ☐ Tactile Interpreter  ☐ Video Remote Interpreter (VRI)  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Waiting Room Practice | | | |
| When it is time for me to be seen by my health care provider: | | ☐ Provide a vibrating pager, if available  ☐ Come speak to me face-to-face  ☐ Write me a note and hand it to me | |
| For scheduling/follow up communication, please contact me by: | | | |
| ☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ Video Phone ☐ Relay ☐ Patient Portal ☐ Email ☐ Text ☐ U.S. Mail | | | |
| Notes: | | | |
|  | | | |