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Chapter 1 – Frequently Asked Questions

Telephone, television, radio and internet

You can use the television, telephone and radio via the multifunction system available by each bed. Each patient has their own television. Headphones are available for purchase at reception for €1.50.

Price overview:

Period	TV	Telephone	Total fee/day
1st to 30th day after purchase of the HIMED card	€1.80	€1.00	€2.80
From the 31st day after purchase of the HIMED card	€1.20	€0.80	€2.00
From the 61st day after purchase of the HIMED card	free	free	free

Acquiring credit

To use the telephone and/or television in your room, you need an HIMED card that has been topped up. These cards are available from the machines in the foyer for a minimum price of €20.00 (€10.00 is the deposit). You can also top up your card there. Take care of your HIMED card like you would money.

Please note:

- the machines only take notes.
- The minimum payment is €20.00.
- The daily price will automatically be taken off.
- Each fee unit for the telephone costs €0.05. The billing increments depend on the time, network and destination.
- Your deposit and the remaining credit will be returned to you in coins.

Operating instructions






Schwesternruf



Menü



Leselicht



Fernsehen



Radio

Bitte vergessen Sie nach dem Telefonat das AUFLEGEN des Hörers nicht, da Sie sonst nicht mehr erreichbar sind.

Kopfhörer

Headset

Call the nurse
Menu

Reading light

Television
Radio

Please do not forget to **HANG UP** the receiver after each telephone call, as it will otherwise no longer be possible to reach you.

Logging on and off, interruption of services

You can be logged in to just the telephone, just the television or both. Use can be interrupted, where relevant separately for each of the services. All of the functions are controlled via the multifunction device by the bed.

When you first insert your HIMED card into the multifunction device, you have to log in to the desired services (television and/or telephone) first.

Logging in

Menu → services → Log in to TV **or** Log in to Tel. **or** Log in to TV+Tel → OK

If you are going to be away from your bed for a short time (e.g. you are going for a walk), please just remove the card and keep it safe.

Please log off when you interrupt your usage (for example because you are moved to the operating theatre or the intensive care ward. You can then log in again as described above under Register.

Logging out

Menu → Services → Log out → OK

You have to log out no later than 00:00, otherwise you will be charged the daily price for the services you were previously logged in to for the following day.

Changing services (switching login, interrupting)

If you want to change the services (e.g. you want to add or remove a service or only use one instead of both), you do not have to log out separately beforehand. Leave the card in the multifunction device. Log in again as described above. Enter the new combination of services you want (only TV/only telephone/TV and telephone). The switch will be effective from the following day.

Recommendation: only return the card to the machine and collect the remaining credit on discharge (end of use of all services).

Discounts

Possible **discounts** can be found in the price overview. The date on which the HIMED card was obtained is relevant in terms of when a discount starts to apply. Logging off from the services during your stay or switching the services you are logged on to does not result in your existing discount ending or to the time until the discount starts being recalculated, provided the card is not returned to the machine.

Time periods over several stays in hospital cannot be combined when calculating a discount.

Please note: the period for a discount to be granted ends when you return the card to the machine. The basis for the calculation of the time needed until a discount is given also ends. If you obtain a new card, you initially have to pay the normal prices. In the event of planned interruptions (e.g. for a planned operation or an examination at the German Heart Center Berlin), you should log off from the use of the services on the multifunction device but not return the card to the machine.

Checking the account status

You can find out your current account status as follows: Menu → Account status → Credit

Telephone calls

You can use the multifunction device like a telephone if you have selected this service. When you insert the HIMED card into the multifunction device for the first time, it will take around two minutes until the connection has been established within the entire system. Then you can make telephone calls. Dial "0" before each telephone call, then enter the number and push the green button.

Please do not forget to **hang up** the receiver after each telephone call, as it will otherwise no longer be possible to reach you.

If the credit on the card falls below the daily price, you will only be able to use the device to call service numbers within the Paulinenkrankenhaus. You will no longer be able to make external telephone calls. External calls that are received will also no longer be forwarded to the telephone in the room.

Discharge

Return your card to the machine before discharge and your remaining credit will be paid out. Your deposit will only be returned to you when you return the card. The Paulinenkrankenhaus will not replace cards that are lost or stolen.

Access to the internet for patients and guests at Paulinenkrankenhaus

The Paulinenkrankenhaus provides access to the internet for both patients and guests. This access is accessible in most areas in the main building and the guest house and in some areas of the external facilities. Choose the WiFi network "LAN1" and you will then be able to access the internet free of charge. You do not need to enter a password.

Patient bracelets, orientation

For your safety: patient bracelets

You will receive a patient bracelet on admission. This tool ensures that you are correctly identified in every situation during your stay, for example when you have blood taken, during examinations and during surgical procedures. The use of the patient bracelet is of course voluntary. By wearing the bracelet, you help to prevent possible risks of confusion. Please document your consent to wear the bracelet in the admission contract.

For your orientation: colours

Key bracelets, cupboards and hand towel hooks in the washing areas are marked with colours.

Example: A blue key bracelet belongs to the cupboard with the blue marking. Please also choose the blue hand towel hook in the washing area.

Cash desk

The cash desk is on the ground floor in the administrative wing and is open at the following times:

Hospital owner: Paulinenhaus Krankenanstalt e.V.

Monday to Friday from 9am to 11:30am and from 12:30pm to 2pm

Cash, EC card and credit cards are accepted as means of payment.

Safe, locker, valuables

Each patient wardrobe contains a locker for valuables you have brought with you. Please take the key for this for the duration of your stay.

Please note that this locker is not a safe. We are not able to accept any liability for items lost from this locker.

You can have valuables that you do not wish to place in the locker put in the safe by the reception employees and you will be given a receipt. You can collect the items (only with the receipt) at any time as the reception is staffed around the clock. More information on this is available from our employees.

If possible you should give jewellery, large amounts of cash and other valuables to your relatives. Please do not forget to take your belongings out of the locker and give the key back when you are discharged.

Chapter 2 - Advice

Discharge management/social services

Social services at the Paulinenkrankenhaus are available to the patient as a contact to arrange outpatient and inpatient rehabilitation facilities. The staff there can explain general issues relating to social legislation and how they affect patients and can provide welfare advice or personal advice to patients and relatives on request. Care matters such as home care, orthopaedic tools, institutional care, addiction counselling and any contact with offices and authorities can be arranged by the staff, among other things. In order to start rehabilitation measures, the social services will generally contact you or your relatives or carer independently **the working day after you are admitted** to Paulinenkrankenhaus.

Important! Discharge management at the Paulinenkrankenhaus is organised in line with legal provisions. You will receive all of the necessary information for this (see also the information sheet on discharge management in this folder). We will also need your written consent to carry out discharge management. This is obtained on conclusion of the treatment contract. Without your consent, we are not allowed to send and receive the information we need to ensure your safe further treatment.

The social services facilities are directly adjacent to the admissions area in the foyer. Contact details:

- talk to a social worker in person.
- Tel.: If no social workers are available in person, you can leave a message on the answering machine.
- Informing a doctor or nurse.
- Informing a reception employee.

Room 104 Tel. 30008-134 Fax 30008-458	Room 105 Tel. 30008-122 Fax 30008-459
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Discharge

Your doctor will agree a suitable discharge date and discharge destination with you. If you are being transferred direction to a rehabilitation facility, an inpatient care facility or another hospital, you do not need to sort out the transport. You may, however, go home first instead rather than being transferred directly to

an aftercare facility

Please note: your journey home is not included in the hospital services covered by statutory health insurance according to SGB V. The staff will be happy to help you organise transport, but you have to pay for it yourself. Even if you are prescribed transport, you will initially have to pay for it yourself and claim the travel costs back from your health insurance provider directly. Please consider this while you are staying in the clinic and keep the necessary funds available.

When you are discharged home or moved to a rehabilitation facility using patient transport, you can take a maximum of two pieces of luggage and mobility aids (e.g. a walker) with you. Please arrange for someone to collect any other luggage before you are discharged. This can no longer be kept in the hospital after you are discharged. The hospital is not able to guarantee that excess items of baggage will be able to be transported.

Please also note that the discharge date is agreed based on clinical stability criteria. Patients are not always fully mobile on the day they are discharged and will not necessarily be able to get themselves home. Please take the necessary precautions. The social services staff will be happy to help. In principle it is only possible to extend your stay in the clinic if the home care situation is not clear if there is a medical indication for inpatient care.

We will determine your need for medications, remedies and aids and where necessary any home nursing care during your stay and will issue the necessary prescriptions on discharge. If necessary the doctor can issue a certificate stating that you are unable to work. The principle of necessity applies to prescriptions. This means that prescriptions are generally only issued by hospitals as part of discharge management if the patient's care would not be able to be ensured by other, more economical, means after the patient's stay in hospital with the services that can be prescribed in the individual case. The assumption would be made, for example, that if the patient themselves is able to contact a panel doctor following their discharge from hospital treatment and have the necessary services prescribed by them, a prescription does not need to be issued.

Prescriptions (medications, remedies and aids, home nursing care) and certificates (inability to work) should be issued within 7 calendar days as part of hospital discharge management. Prescriptions are therefore issued in line with the legal regulations for pack size N1.

They must be collected within 3 working days, with the date of discharge counting as the first day. For reasons of economic efficiency or if a prescription cannot be collected immediately after discharge, in exceptional cases a patient may be given the medication they need to bridge the period until they are able to collect their prescription, but this may not exceed a weekend or a weekend and a subsequent national holiday.

You will be given a medication plan along with your doctor's letter. The medication plan will contain a telephone number you can call if you have any questions after discharge.

If you are transferred directly to an aftercare facility or other facility providing further treatment, that facility will ensure your further care. We will send all of the information they need for this promptly. We will give you details of a medical contact that will be helpful if you have any questions after your discharge.

Further information is available from the social services team we collaborate with.

Patient information on discharge management according to Section 39 paragraph 1a SGB V

What is discharge management?

At the end of hospital treatment, the patient is discharged from the hospital. In certain cases, however, further support is needed after the end of hospital treatment to ensure that the desired outcome of the treatment is achieved. Subsequent care may for example be medical or nursing care provided in outpatient or inpatient rehabilitation or nursing facilities. The arranging of appointments with doctors,

physiotherapists, nurses or self-help groups and support with applying for services from the health insurance provider or nursing care fund may be covered by this subsequent care.

The hospital is legally obliged to prepare for the patient to be discharged from the hospital. The objective of discharge management is to organise seamless subsequent care for the patient. In order to do this, the hospital will determine whether and which medical or nursing measures are necessary after the hospital treatment and will initiate these measures during the patient's stay in hospital as an inpatient. If this is necessary for direct subsequent care after the patient's stay in hospital, medications, remedies and aids, sociotherapy and home nursing care can be prescribed or the patient's inability to work can be determined.

Patients will be informed and advised about all discharge management measures by the hospital. All of the planned measures will be agreed with you. If patients want their relatives or reference persons to be included in the information and advice sessions, this is possible.

Why do you need a declaration of consent?

The law requires the patient to have granted their consent in writing for discharge to be carried out and support to be provided by the health insurance provider or nursing care fund.

As part of the discharge management, the hospital may need to contact doctors, healthcare professionals (e.g. physiotherapists or occupational therapists) or medical aid suppliers and/or the patient's health insurance provider or nursing care fund. It may be necessary to send the patient's data to these groups of people for this reason. However, the patient's written consent is required for this. This is provided by means of the declaration of consent included in the treatment contract that the patient uses to declare their consent for discharge management and the associated transfer of their data and for the provision of support for discharge management by the health insurance provider or nursing care fund and the associated transfer of their data.

Discharge management by representatives outside of the hospital

Hospital may transfer some of the tasks of discharge management to GPs, established facilities or approved practitioners or facilities. This option is set out in legislation. At the Paulinenkrankenhaus, the care service provider we work with (Pflege Managed Care GmbH) is tasked with various elements of discharge management. Patients are informed about this separately and asked for their consent for this.

What if I don't want discharge management to be carried out?

If patients don't want discharge management and/or they don't want the health insurance provider or nursing care fund to help, they don't grant their consent. If no discharge management is carried out despite the fact that there is a need for it, this may mean that subsequent care measures may not be initiated or start promptly. When applying for services from the health insurance provider or nursing care fund, applying late may lead to your entitlement to benefits only starting from a later date.

What if I want to withdraw consent I have previously granted?

If patients have already consented to discharge management being carried out but want to withdraw this consent, they can do so in writing at any time.

- If the withdrawal applies to the carrying out of discharge management as a whole, they declare their full withdrawal of consent to the hospital.
- If the withdrawal only applies to consent for their health insurance provider or nursing care fund providing support for discharge management, they declare this withdrawal in writing to the health insurance provider or nursing care fund and the hospital.

Depending on the withdrawal, no discharge management may be able to be carried out despite there being a need for this or it will not be able to be supported by the health insurance provider or nursing care fund. This can mean that subsequent measures are not initiated or do not start promptly. When

applying for services from the health insurance provider or nursing care fund, applying late may lead to your entitlement to benefits only starting from a later date.

The hospital or health insurance provider/nursing care fund will be happy to provide additional information if you have any further questions about discharge management.

Patient Advocate

According to the Federal Hospital Act, our Patient Advocate (Ms Brigitte Lege) is responsible for providing all of the patients in the facility and their relatives with guidance and resources if they have any questions, complaints or other concerns, to present these to the hospital staff and management and to advocate for patients. She is independent in this role, not bound by the instructions of the hospital and is subject to professional secrecy.

The Patient Advocate is available on **+49 (0) 176 531 32 762** . The nursing staff will be happy to put you in contact. Written messages can also be left in the letterbox in front of room 311. Of course she would be happy to come directly to your bed if necessary.



Pastoral care

Pastor Ralf Daniels comes to the hospital on a regular basis on Mondays from 3pm. He is available for patients to talk to regardless of denomination. Pastoral care can also be arranged for all denominations not only in particular situations.

If you would like a discussion, a visit or support, please tell the nursing staff or contact reception on 105. Our colleagues there will contact a representative of the desired denomination.

In urgent pastoral care situations, the religious community of Charlottenburg is available on +49 (0) 30 / 308 108 11.

Chapter 3 - Service

Food and drink

Your meals

You can find the dishes we have on offer in our weekly meal plan. You can choose from four different lunch menus. You will be offered your breakfast and your evening meal on a buffet trolley.

Patients with a special diet will receive meals in line with their prescribed diet.

Our diet assistants will record your meal choices. Please choose your meals for the following day in good time.

Our kitchen team welcomes hints and tips.

Please use the service telephone number for the kitchen for this: 130

Drinks

In addition to the drinks you are given with meals, you can get coffee and tea from a machine at any time. Coffee and tea machines are available in the corridor of every ward.

The various types of tea are free of charge. We ask for a contribution of €0.50 (please use correct change) for a large cup of coffee. Drinking water (still and sparkling) is available from machines. You can also purchase food and drink from our cafeteria. Please see the next page for information on this.

Diet assistant

In some cases, your treatment may require you to keep to a specific diet. If you have any questions about this, our nutritional advisor will be happy to come and visit you on the ward. You can organise an appointment through the nursing staff on your ward.

Cafeteria

The cafeteria is in the foyer by the main entrance. Our drink and snack machines are available around the clock when the cafeteria is not open.

OPENING TIMES

Monday to Friday from 7am to 5pm
Weekends/national holidays 7am to 5:30pm

Items available from the cafeteria

- national and international newspapers
- puzzles, television guides and magazines
- pocket books, small gifts
- ice cream, coffee and cakes
- toiletries
- sweets and snacks
- freshly baked bread and rolls
- snacks, breakfast and lunch
- hot and cold drinks

Lunch for mobile patients in the cafeteria

To make the stay as pleasant as possible for our mobile patients, particularly patients with a cardiac support system and listed patients, they are welcome in our cafeteria. For lunch, in addition to the three menus available on the patient meal plan, you can also choose from our meal of the day or a snack. All of our menus include a different soup every day and a dessert.

Please tell the diet assistant that you want to eat with us in the cafeteria when they are taking orders on the ward. You will then receive a menu card that we will use to prepare the meal you want.

You are welcome to come any **time from 11:30am to 2pm.**

We are happy to accommodate individual wishes. We look forward to seeing you!

Services: manicure/pedicure/hairdressing appointment

You can order a manicure/pedicure or hairdressing appointment through the nursing staff. They will come to your hospital bed.

Concerns and complaints

We take your concerns, wishes and complaints very seriously. We see them as a valuable incentive to critically assess our actions and improve our work processes. A questionnaire and documentation form where you can record any concerns or complaints are enclosed in this information folder. You can place the questionnaire in a letterbox on the ward and it will be evaluated anonymously. Please contact the ward managers if you have any urgent concerns or complaints. You can also contact the Patient Advocate with your concerns.

Chapter 4 - Information

Private electrical devices you have brought with you

In addition to the CE marking, any private electrical devices you bring with you to Paulinenkrankenhaus and use there have to have the following safety symbols, which can be found

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on the device's type plate:

In addition to the **CE marking** the device must have at least one of the following safety symbols, which can be found on the device's type plate:

- **GS** - Geprüfte Sicherheit [safety tested]
- **VDE** - Verband der Elektrotechnik, Elektronik und Informationstechnik [Association of Electrical, Electronic and Information Technology]
- **TÜV** - Technischer Überwachungsverein [Technical Inspection Association]

Admissible electrical devices

The following listed electrical devices may be brought with you when you stay in the hospital and used in the rooms as intended if they comply with the requirements set out above:

- Hairdryer
- Battery-operated personal care devices (e.g. razors, dental products)
- Chargers and power supply units for laptops, tablets, mobiles/smartphones and for consumer electronics
- Electrical clocks, torches and battery-operated reading lights

Inadmissible electrical devices

Other electrical devices, particularly those that are intended to emit heat, are not permitted. These include:

- heating pads, electric blankets, fan heaters, air conditioning units
- heating lamps, infrared devices
- cooking devices, kettles or immersion heaters

Patient Decree

(see also: www.patientenverfuegung.de)

A Patient Decree is a precautionary declaration of intent. It includes specifications about treatment measures to be implemented in certain situations. These can be requested, restricted or fully rejected for specific medical situations. The Patient Decree becomes effective if the person in question is no longer able to consent to or refuse a treatment measure directly. A Patient Decree must be in writing, this is set out in law.

The Patient Decree must refer to the current situation. The date of the last signature can be a criterion for this but does not have to be.

Only if no agreement can be reached between the doctor and the patient's representative or carer regarding the interpretation of a Patient Decree (based on the current situation) does a decision have to be made by the guardianship court on the checking the content and on approval.

No notarial certification is necessary. The capacity for consent for the final Patient Decree should be attested to by a trusted doctor and where applicable a counselling centre with medical expertise or the like (although this is not a requirement for the Patient Decree to be effective).

It may depend what was formulated how in the Patient Decree and whether medical advice was sought. Often a single word (e.g. "likely" or "certainly", "permanent" or "irreversible") is critical.

The written form must include a signature and a date. Other formal requirements do not play a role in terms of practicability and effectiveness.

Check and change your Patient Decree if you change your perspective and attitude. Although in principle a Patient Decree applies until it is withdrawn, you should update yours around every two years and date it and sign it again.

In an emergency, the declaration of intent may need to be provided quickly. Those surrounding the patient (family, friends, doctor providing treatment) should be informed. Reference cards are also very helpful. Doctors have to follow them as they are obliged to determine the patient's will.

Keeping a Patient Decree in a charitable, national depository is recommended if you want to provide support for yourself and your family members in an emergency or if it would otherwise not be possible to find your original.

You will be asked if you have a Patient Decree during your admission process at Paulinenkrankenhaus. If you have a Decree, please let us know so we can include your declaration of intent in your files.

Leaflet on quality assurance in the healthcare sector



**Gemeinsamer
Bundesausschuss**

Additional patient information on data collection as part of national quality assurance in the healthcare system to prevent nosocomial infections – postoperative wound infections

for patients with statutory health insurance who have to have an operation in the fields of surgery and general surgery, vascular surgery, visceral surgery, orthopaedics and trauma surgery, plastic surgery, obstetrics and gynaecology, urology or heart surgery.

All hospitals, panel doctors and health insurance providers are legally obliged to send treatment data on their patients to the Federal Joint Committee and its quality institution for quality assurance on operations in the above-mentioned fields.

To this end, hospitals, medical practices and health insurance providers send selected treatment data about your stay in hospital to the Federal Joint Committee quality institution together with your encrypted insurance number via what is known as a sworn person. The sworn person then converts your insurance number into a pseudonym. The strictest data protection and data security measures are complied with for this process. This ensures that no conclusions can be drawn about you personally as a patient from the data.

Treatment data collected includes information such as the history of your disease, the type or operation or the diagnosis that lead to the surgery. In addition to this, your health insurance provider's data that show your further progression for up to one year after your operation will also be used.

The Federal Joint Committee has published an extensive information sheet about this on www.g-ba.de, and we will be happy to provide a copy on request.

Version: February 2017
Publisher: Federal Joint Committee
Email: info@g-ba.de
Internet: www.g-ba.de

Information sheet on pain management

Working together against pain - treating acute postoperative pain at the Paulinenkrankenhaus

Dear Patient,

You are currently in a very particular situation that is often associated with anxiety and uncertainty...and with pain. Who doesn't expect to be in pain after an operation? Pain affects your quality of life and can have a negative impact on your recovery. Everybody experiences pain differently. This is why we at the Paulinenkrankenhaus try to treat your pain quickly, individually and as well as possible. Our team of doctors and nurses is trained on all elements of pain therapy and the latest medical knowledge.

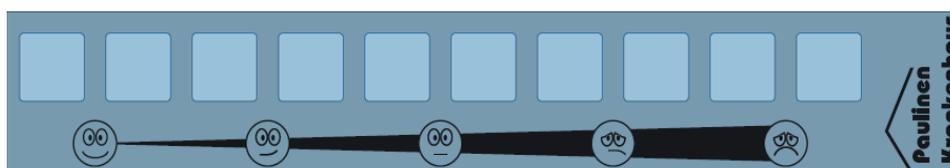
Advantages of comprehensive pain therapy

- Alleviation of pain and improvement in wellbeing
- Facilitation of walking, standing up and during mobilisation and therefore
- Avoidance of complications and
- Shorter stays in hospital
- Facilitation through nursing measures and physiotherapy
- Better wound healing

You can measure pain

After your operation and in the following days, we want to know how strongly you are feeling your pain so we can provide enough painkillers. To do this, we will show you a pain scale you can use to indicate how bad the pain is. The scale is from 0 to 10. A rating of 0 means you are not experiencing any pain and 10 means the worst pain you can imagine.

Once you are back on the ward after the operation, the nursing staff will ask you about your pain and ask you to classify the intensity of your pain yourself on this scale. The information you provide about the intensity of your pain is important so we can provide a suitable dose of the medication you need to alleviate pain. Of course we are happy to help you use the scale and if you have any questions.



Pain therapy

Our doctors will work with you after the operation to decide which type of pain therapy you will receive after the operation. While you are not allowed to eat or drink it will be in the form of infusions, and afterwards it will be in the form of tablets or drops. Pain medication is prescribed based on specifications tailored to your specific circumstances, e.g. allergies and the intensity of the pain. This means you can be given painkillers quickly without laborious questioning and losing time.

Physiotherapy

In addition to treatment with medication, our skilled physiotherapy team and the nursing staff also offer methods of pain alleviation. These include the application of heat and cold, massage, manual therapy and physiotherapy.

Chapter 5 – At a glance

Administrative admission

Administrative admission is carried out by the staff in the admissions office at reception. If you have still not

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received an admission contract the first working day after you are admitted, please inform the member of nursing staff who is looking after you. The admission contract or the optional services agreement will make reference to the General Contract Terms that are part of this treatment contract. Please read about these important regulations.

Visitors

You can of course have visitors at any time during the day. In the interests of orderly conduct, please follow the instructions given by our employees. There is, however, another option - you can use the common rooms in the ward or the cafeteria in the foyer if you are able to. Discuss this with the doctor treating you.

Smoking

Smoking is not permitted in the clinic. Outside of the building it is only permitted in the area designated for this (smoking pavilion). Thank you for your cooperation.

Your own medications

Please only take medications that were prescribed to you by the nursing staff here in the hospital. If you had to take medication on a regular basis before your stay in hospital, please tell the doctor treating you. They will then reach an agreement with you and inform the treatment team.

Your own clothing

We like you to be able to wear your own clothes in our hospital, so don't forget to bring enough comfortable clothing (underwear, pyjamas or nightgowns, tracksuit, stockings and suitable shoes) or arrange for these to be brought to you so you can move around outside of the room. You should also have your own toiletries and care products to hand. Remember to take all of these items with you when you are discharged.

Flowers, animals

Flowerpots containing soil and animals are not permitted in the hospital for hygiene reasons. Cut flowers are harmless from a hygiene perspective. If special hygiene measures are required for you or your environment, our staff will inform you of this. Our hygiene team will also be happy to provide you with detailed information.

Safety

Your safety is our number one concern. If, despite this, there is an accident, remain calm and follow the instructions given to you by the staff, the fire brigade or another authorised specialist or auxiliary staff member. The escape routes are marked on the escape plans in the corridors. Open fires (including candles) are not permitted in the hospital to prevent dangers.

Other

We ask all patients, visitors and guests in the hospital's facilities to act in a careful manner. We make every effort to keep restrictions to a minimum. We want to make your stay in our facility as pleasant as possible. If you do feel that you are restricted in any way, however, you can speak to our staff directly.

House rules

Please keep to the house rules of the Paulinenkrankenhaus in the appendix to this folder.

For your notes

