



Addiction Psychiatry Service
Addiction Medicine Service

PLANNING for my discharge from the hospital

Setting
my priorities!



Centre hospitalier
de l'Université de Montréal

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Getting ready to take the next step...

The transition to the next phase of recovery can often be a stressful experience. You will either return home, transition to another living environment, be admitted to an addiction rehabilitation centre or another health facility.

It's best to be well prepared for this change by making a personalized discharge plan.

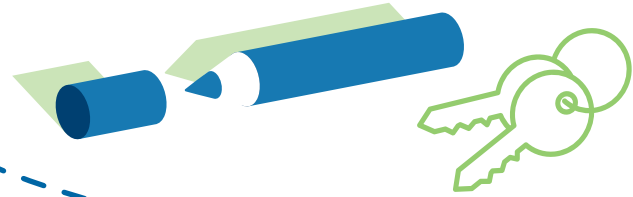
You and a member of your care team at the CHUM, or perhaps one of your loved ones (if you prefer), are the most important people when it comes to creating your plan.



Self-assessment

Setting my discharge priorities

To best equip you with the tools you need for your discharge, we suggest you start by identifying the priorities that matter most to you:



- ☐ I want to maintain my sobriety and have quick access to 2-3 strategies that will be effective in preventing a relapse after my discharge from the hospital.
- ☐ I want to reduce the negative risks and consequences related to my substance use.
- ☐ I want to understand my medication and take it as prescribed.
- ☐ I want to make sure I have my medication on hand when I leave the hospital for the day, as well as my prescribed medication and confirmation that my prescription has been sent to my pharmacy.
- ☐ I want to build a routine for my daily activities.
- ☐ Before I'm discharged from the hospital, I want to identify 2-3 effective ways to manage my anxiety when faced with stress or unforeseen circumstances, so I don't resort to using psychoactive substances like drugs or alcohol.
- ☐ I want to be able to contact a loved one and make sure they are available for me when I need them in the first few weeks following my discharge from the hospital.



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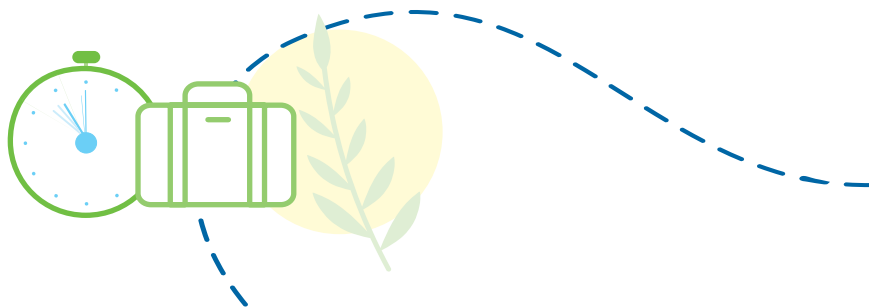
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|---|---|
| <p><input type="checkbox"/> Before I leave the hospital, I want to make sure that my insurance forms (e.g., salary, disability, illness) are filled out by the doctor assigned to planning my discharge.</p> <p><input type="checkbox"/> I want to identify the safest and most reliable ways to travel while respecting my commitments and appointments.</p> <p><input type="checkbox"/> I want quick access to a person or resource if I find myself in a situation where I am at risk of relapse, if I'm bored, or if loneliness becomes uncomfortable again.</p> <p><input type="checkbox"/> Other:</p> <p>.....</p> <p>.....</p> | <p><input type="checkbox"/> I want to inform my employer of my return to work (or the extension of my time off from work) with a doctor's note regarding my stay in the hospital.</p> <p><input type="checkbox"/> I want to identify ways to congratulate myself for my hard work and encourage me in my new life path:</p> <p>.....</p> <p>.....</p> |
|---|---|



MY **DISCHARGE** is approaching

Getting ready!

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Before leaving the inpatient unit

I will make sure I remember to take the following items in my room:

- ☐ My personal belongings in my locker and anything identified with my name from my time in the hospital
- ☐ My money in the CHUM's safe
- ☐ My electronic devices (cellphone, etc.)
- ☐ My cellphone charger or any of my other electronic devices at the nurse's station
- ☐ The key to my home, my car, etc.

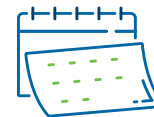
I can also ask at the nurse's station for:

- ☐ Sterile substance use equipment
- ☐ A naloxone kit
- ☐ Other:

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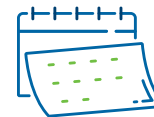
My follow-up appointments (external):



	Date	Time
<input type="checkbox"/> Psychiatrist		
<input type="checkbox"/> Addiction Physician at the CHUM <input type="checkbox"/> or the CRD <input type="checkbox"/>		
<input type="checkbox"/> Family doctor/Nurse: :		
<input type="checkbox"/> Social worker:		
<input type="checkbox"/> Peer support worker:		
<input type="checkbox"/> Occupational therapist:		
<input type="checkbox"/> Psychologist:		
<input type="checkbox"/> Professional from outside the CHUM (CLSC, another organization, etc.):		
<input type="checkbox"/> My next injection (location): _____ with my nurse:		
<input type="checkbox"/> The next renewal of my medication:		

If you have forgotten any personal items during your stay (e.g., clothing, phone, charger), please contact the inpatient unit clerk at **514 890-8316**

I will remember to plan ahead for the following appointments:



	Date	Time
<input type="checkbox"/> My transportation to:		
<input type="checkbox"/> My next meeting (e.g.: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Crystal Meth Anonymous (CMA)):		
<input type="checkbox"/> Assessment of my admission to the Addiction Rehabilitation Centre (CRD):		
<input type="checkbox"/> My entry into the Addiction Rehabilitation Centre (CRD):		
<input type="checkbox"/> The assessment of my admission to residential therapy:		
<input type="checkbox"/> My acceptance to residential therapy:		
<input type="checkbox"/> My meeting with my social worker:		
<input type="checkbox"/> My meeting with my employment insurance agent:		
<input type="checkbox"/> My court appearance:		
<input type="checkbox"/> Other meetings:		

I want to understand my medication

As your discharge from the hospital approaches, it is important that you remember to review your list of prescribed medications with the nurse. This will ensure you have a proper understanding of what each medication is used for, and why it is important that you take them. Here are some helpful questions to ask yourself or that you can discuss with your nurse or doctor:

- ☐ How well do I know the name of each of my prescribed medications and why do I take them?
- ☐ What should I do if I have side effects with one of the medications when I leave the hospital? Can I stop taking it or should I continue taking it and talk to _____ before I stop taking it?
- ☐ Should I ask to have my prescribed medication given to me in a pillbox (Dispill) with my doses for morning, lunch, dinner, bedtime?
- ☐ Where is the best place to put my medication so I don't forget a dose?
- ☐ If I miss one or more doses, what should I do?
- ☐ Other strategies for taking my medications properly:

.....

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I want to understand my medication

Continued

- ☐ If my original prescription includes a take-as-needed (PRN) medication, how do I know when to take it?
- ☐ Are there any warnings I should know about taken only as needed medication (PRN)? (e.g.: maximum amount per dose, difference between doses taken, what will happen if I take more than the prescribed dose per day?)
- ☐ If I relapse in my use of _____, should I still take my medication as prescribed? Which of my medications would then be contraindicated?

.....

If you have questions about your medications after leaving the inpatient unit and are unable to reach your nurse or professional assigned to your follow-up, please speak with your doctor at the next appointment, your pharmacist, or call the **CHUM Patient Health Line: 514 890-8086** and a nurse will answer you or direct your call (24 hours a day, 7 days a week).



My needs and priorities in the first days following my discharge

What changes do I need to make to feel safe and to continue with my recovery?



- ☐ Get rid of any drug and alcohol related material, objects, as well as anything related to my substance use.
- ☐ Pick up my pet
- ☐ Do the groceries
- ☐ Pick up my medication at the pharmacy
- ☐ Do my laundry
- ☐ Identify a few easy-to-make meals I can cook or defrost
- ☐ Pay my rent
- ☐ Pay my bills
- ☐ Start my daily routine
- ☐ Plan physical exercise or relaxation activities
- ☐ Other:

Physical, leisure and relaxation activities that contribute to my overall health

My activities list



<input type="checkbox"/>

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<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

The reasons I decided to stop using:

If you don't want to stop using, skip to page 20

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Strategies I've chosen to help maintain my sobriety or abstinence from this substance

Example strategies

☐ Spending time with people who support me and who provide comfort

☐ Enjoying my day today

☐ Taking care of myself physically

☐ Doing good things

☐ Planning a routine of activities I enjoy

☐ Being grateful in my mind or by keeping a journal

☐ Thinking about the positive benefits of sobriety or abstinence (e.g., + energy, + positivity, + sociability)

☐ Other:
.....
.....

My relapse prevention plan

Examples of relapse:

- Relapsing in my use of substances
- Relapse into psychosis, depression, other
- Emotional relapse

Risk situation	What should I do to care for myself in the safest way I can?	What can I tell myself to make me feel better?
If I have a craving		
If a “dealer” tries to contact me		
If I find myself in a place where drugs or alcohol are being taken		
If I start to distrust other people and begin isolating myself		

My discharge is approaching. Getting ready!

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My relapse prevention plan

Continued

Risk situation	What should I do to care for myself in the safest way I can?	What can I tell myself to make me feel better?
If I'm angry		
If I'm anxious		
If I have suicidal thoughts		
Other		
Other		

My discharge is approaching. Getting ready!

Addiction Psychiatry Service and Addiction Medicine Service – CHUM

My emergency plan

Don't panic, communicate!



If I'm on the verge of relapsing after my discharge from the hospital:



WHAT SHOULD I DO?

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WHERE CAN I GO?

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WHO TO CONTACT?

Name of the person:	
Tel.:	
Name of the person:	
Tel.:	
Name of the person:	
Tel.:	
Name of the professional:	
Tel.:	
Name of the intervention worker:	
Tél.:	

My emergency plan

Don't panic, communicate!



If I relapse after my discharge from the hospital:



WHAT SHOULD I DO?

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WHERE CAN I GO?

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WHO TO CONTACT?

Name of the person:	
Tel.:	
Name of the person:	
Tel.:	
Name of the person:	
Tel.:	
Name of the professional:	
Tel.:	
Name of the intervention worker:	
Tel.:	

The reasons I've decided to reduce using: by 50 % or %:

If you don't want to reduce your substance use,
skip to the following page

☐

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The reduction strategies I've chosen:

Example strategies

☐ Reducing the amount consumed

☐ Reducing the frequency of my use

☐ Reducing the length of time that I use

☐ Choosing a substance that is less of a health risk

☐ Participating in an activity that gives meaning to my daily life (e.g., volunteering, work, social, leisure, or relaxation activity)

☐ Identifying my strengths to help me reach my goal

☐ Other:

Strategies I've chosen to reduce the risks and negative consequences of my use of:

Example strategies

A- Substance-related

- | | |
|--|--|
| <input type="checkbox"/> Not using when alone (e.g., supervised consumption sites and services, friends) | <input type="checkbox"/> Using from a legal source when possible (e.g., SQDC cannabis, a substance obtained from a pharmacy) |
| <input type="checkbox"/> Using one substance at a time and in small amounts | <input type="checkbox"/> Having your substances tested (e.g., test strips, testing services) |
| <input type="checkbox"/> Avoiding mixing substances | <input type="checkbox"/> Talk to a professional I trust about the possible interactions between the substance used and my medication, as well as its effects on my body and my brain |
| <input type="checkbox"/> Using sterile materials taking small amounts | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Having a Naloxone kit (the antidote to take in the event of an opioid overdose) | ..... |
| <input type="checkbox"/> Applying safe use techniques and changing the way it is administered (e.g.: injection, smoking, inhaling) | ..... |

B- Related to myself

- ☐ Hydrating (e.g., water, juice)
- ☐ Eating properly (e.g.: 2-3 meals per day)
- ☐ Making sure I get enough sleep
- ☐ Practising safe sex
- ☐ Finding a physical activity to do 2 to 3 times a week (e.g., walking, cycling) or a relaxation activity (e.g.: yoga, baths, abdominal breathing techniques)
- ☐ Doing an activity with a low risk of injury or accident (e.g.: avoiding swimming on my own, driving a vehicle, handling tools)
- ☐ Other:

.....

.....

C- Related to my environment

- ☐ Identifying a safe place to consume
- ☐ Having a Naloxone kit near me or around me
- ☐ Surrounding myself with people I trust and who respect my limits and my choices
- ☐ Consuming at specific times (e.g., after my tasks, commitments, appointments)
- ☐ If I'm unsure about my ability to drive a car, bicycle, motorcycle, or scooter, I will choose:
 - Public transit
 - A designated driver
 - A safe ride service
 - A taxi
- ☐ Other:

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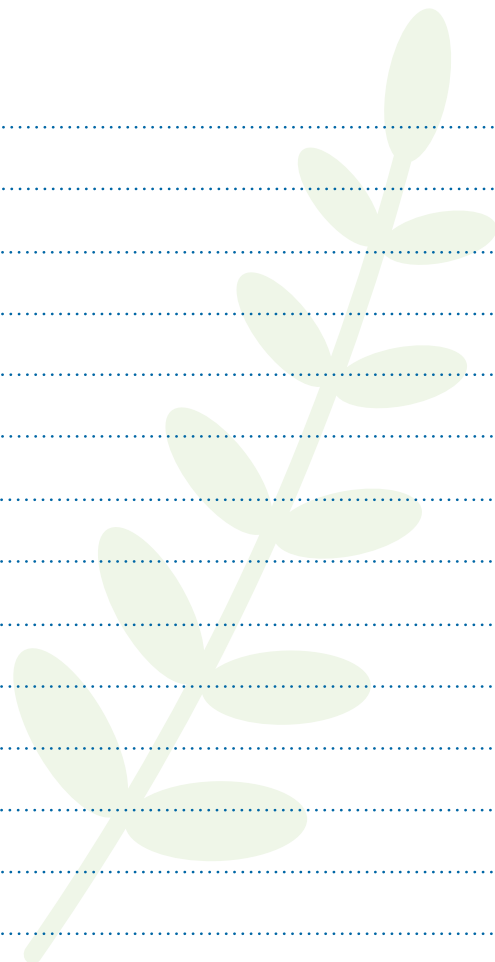
Resource Directory — Montreal and surrounding areas

Department of Addiction Psychiatry, CHUM	514 890-8000 #26489
Department of Addiction Medicine, CHUM	514 890-8321	.....
Addiction Emergency at the CRDM	514 288-1515	.....
Suicide - Action Montréal	514 723-4000	.....
Tel - Aide Montréal	514 935-1101	.....
AA (Alcoholics Anonymous))	514 376-9230	.....
CA (Cocaine Anonymous)	514 527-9999	.....
NA (Narcotics Anonymous))	514 249-0555	.....
CMA - Montreal (Crystal Meth Anonymous - Montreal)	mail@cmamtl.org	.....
Quit Line (toll-free)	1 866 527-7383	.....
Drugs: Help and Referral	(Day and Night) 514 527-2626	.....
	(toll-free) 1 800 265-2626	.....
Reference Centre of Greater Montreal (referral to an organization as needed)	514 527-1388	.....
Crisis Centre - Le Transit	514 282-7753	.....
CRDM - Montreal Addiction Rehabilitation Centre / Prince Arthur Service Pt	514 385-1232	.....
Foster - Rehabilitation Centre in Addiction (English-speaking clientele)	514 486-1304	.....
Relais Méthadone - CRAN	514 847-9300	.....
Portage (Toll-free number)	1 844 939-0202	.....
National Overdose Response Service Available 24/7/365, online or by text message	1 888 688-6677	.....
Arborescence (Mental Health services for loved ones)	514 524-7131	.....
Family Peer Support Helpline	1 800 349-9915

My resource person:

Personal notes

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Acknowledgements

Thank you to patients, professionals, managers and doctors in the Department of Addiction Psychiatry and the Department of Addiction Medicine of the CHUM for their valuable contribution in the creation of this guide.

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