

## HOSPITAL STAY PREPARATION

Although hospital stays are not something most of us like to think about, it is likely that we will find ourselves in need of either emergency or major medical attention at some time in our lives. For a celiac, it is vitally important to have a plan mapped out for use when such events arise. A well prepared plan can ease the stress of hospitalization and help assure that your celiac lifestyle is strictly followed. Here are some suggestions for a hospitalization plan.

First, prepare copies of information including:

- A list of all current medications (be sure to keep this list up to date)
- A list of over-the-counter drugs, supplements and medicinal herbs you are taking
- A list of any food or environmental allergies or sensitivities in addition to celiac disease
- In cooperation with your primary care physician, a list of gluten-free pain relievers and antibiotics that you have used successfully
- Copies of “Diet Management” and “Living a Full Life” pamphlets available from the Celiac Sprue Association (CSA).
- Contact information for your healthcare liaison, local chapter and CSA.

Secondly, designate a person who can step in and serve as your liaison with a hospital if you are unable to convey your own needs. This person can be a family member, close friend, or local chapter member, but most importantly, choose a person knowledgeable about celiac disease in general and your own specific needs. Verify procedures for such a designation with your primary health care provider; in some cases this may require your designee to have durable power of attorney for health care decisions.

Retain a copy of this information for yourself; discuss and provide copies to your designated liaison, your primary care physician, and have copies prepared for hospital admissions and dietary staff.

Prior to your admission to a medical facility, make an appointment for you and/or your liaison to meet with the hospital dietitian and/or food service director. Health care professionals such as a pharmacist or anesthesiologist may be included in this meeting. Share this information and *The CSA Gluten-Free Product Listing* at this appointment. Be specific about your dietary and pharmaceutical needs and discuss kitchen procedures. Suggest foods available in the local area as substitutes for gluten-containing breads, pastas, snacks and cereals. Perhaps recommend ready-made gluten-free entrees to eliminate the chances for cross contact.

Upon admittance, verify celiac disease is listed as your primary condition on admittance forms. Even if you are being treated for a broken hip, you are a *celiac* being treated for an orthopedic condition.

When you have been admitted and have arrived in your room, share information about your condition with the nurses, aides and staff. Have another copy of information ready to share—the people responsible for your day to day care may not always receive all the information you have shared with the dietary staff. The more informed your caregivers are, the less likely it will be that you will have to deal with gluten issues.

In the event of an emergency admittance, or if you are unable to convey your needs personally, your designated liaison will need to have as much information as possible to help the hospital meet your dietary needs.

The following form may help you compile the suggested information.

**MEDICAL ALERT—SPECIAL DIETARY NEEDS**

Patient name \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Hospital/medical facility \_\_\_\_\_  
 Room number \_\_\_\_\_ Date admitted \_\_\_\_\_

**I have celiac disease/dermatitis herpetiformis. Special care must be taken during my treatment to eliminate my exposure to gluten found in wheat, barley, rye, oats, their crosses and derivatives.**

Generally when I am exposed to gluten my symptoms will be:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I also have a tendency to be sensitive to the following foods or environmental allergens:

Food or allergen	Reaction

I am presently taking the following medications. These medications have been reviewed by my physician and/or pharmacist and are gluten-free. Substitute medications may not be gluten-free and are to be avoided.

Prescription medication	Purpose

Other medications	Purpose

If further medications are required, please be sure that they are totally gluten-free. (Gluten can be found in flavorings, colors coatings, etc.) My primary care physician and I have discussed possible medications and have determined that I should be able to tolerate the following medications:

Pain relievers	Antibiotics

If I am placed on a feeding tube, the ingredients will need to be screened for possible hidden gluten.

If I am placed on a regular diet, my diet must be gluten-free. The kitchen will need to follow the “3 C’s” when preparing my food. My food cannot **contain** wheat, barley, rye, oats, their crosses or derivatives; have **contact** with any of these grains; or be **contaminated** by any of these grains. My food needs to be prepared using separate pans and utensils that have not been contaminated by gluten-containing foods. Toast should be prepared using Toast It bags to eliminate cross contamination from regular breads.

Some suggestions for locally available gluten-free foods include:

Cereals

Brand	Locally available at

Breads

Brand	Locally available at

Pasta

Brand	Locally available at

Snacks

Brand	Locally available at

Dietary supplements Ensure® and Boost® are both gluten-free.

For assistance in meeting my dietary needs you may contact:

My personal dietary liaison:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

My local celiac disease support chapter:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Or:

Celiac Sprue Association  
PO Box 31700  
Omaha, NE 68131-0700

Phone: 1-877-CSA-4-CSA (877-272-4272) toll free 9:00 a.m. to 4:00 p.m. Central time

Website: [www.csaceliacs.org](http://www.csaceliacs.org)

Email: [celiacs@csaceliacs.org](mailto:celiacs@csaceliacs.org)

Fax: (402) 643-4108

\_\_\_\_\_  
Signature of patient

