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To view the FReSH Start videos at home, please visit:

[www.vimeo.com/hiphealth/recovery](http://www.vimeo.com/hiphealth/recovery) or

[www.hiphealth.ca](http://www.hiphealth.ca) (under Look for Activity and Aging Lab under Research/Research Projects).
Recovering from Hip Fracture: The Role of Patient and Family

When you come into the hospital, have someone help you to:

- Send home valuables.
- Bring in sturdy shoes with a closed toe and heel, any hearing aids and glasses, and toothbrush/toiletries.
- Bring a list of your medicines including prescriptions, herbals and any others you use.

After surgery, start preparing early to go home:

- Ask the health care team to review this booklet with you.
- Ask when you might be going home. Date: __________
- Arrange for someone to help you at home for the first 10 days at least (more on page 5).
- Tell the team of any concerns about managing at home, such as:
  - No one living at home or nearby who can help you.
  - Difficulty getting to appointments.
  - Any difficulties managing at home before coming into hospital.
- Ask the team for a list of public and private pay services in your area.

Before you leave the hospital:

- Ask the nurse or a pharmacist for a list of all your medicines (more on page 2).
- Ask the team about signs of problems, what to do, and who to contact (more on page 8).
- Request information on how to prevent falls and injuries (more on page 10).
- Ask your team about fall alert systems, especially if you live alone (more on page 17).
- Ask your occupational and physiotherapist for a list of equipment you need at home (more on page 5).
- Talk to your physiotherapist about an activity and exercise plan for you to follow at home (more on pages 12 – 16).
- You will need a family doctor or nurse practitioner when you go home. If you do not have one, ask for a list of those taking new patients in your area.
- Request a list of follow up appointments (more on page 2).

When you go home:

- See your family doctor within one week.
- Attend recommended appointments: e.g. physiotherapist, bone health clinic (more on page 2).
My Health

I had a hip fracture. My surgery date was ____________.

I am allowed to put ______________ amount of weight on my operated leg.

Balance and strength exercises and walking are an important part of my recovery (page 16).

I would like to be able to: __________________________________________________________

I have to avoid the following activities (ask if you need to follow any hip precautions):

My Follow Up Appointments

<table>
<thead>
<tr>
<th>Appointments I Need</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Who to Arrange With</th>
</tr>
</thead>
<tbody>
<tr>
<td>To check how my hip is healing</td>
<td></td>
<td></td>
<td></td>
<td>Orthopaedic Surgeon</td>
</tr>
<tr>
<td>To check my medicines and my general health</td>
<td></td>
<td></td>
<td></td>
<td>Family Doctor or Specialist</td>
</tr>
<tr>
<td>To improve the strength of my bones</td>
<td></td>
<td></td>
<td></td>
<td>Family Doctor or Bone Health Clinic</td>
</tr>
<tr>
<td>To help me stay active, get stronger, and prevent future falls</td>
<td></td>
<td></td>
<td></td>
<td>Physiotherapist</td>
</tr>
</tbody>
</table>

My Medicines

Before you leave the hospital, be sure to have a list of up-to-date medicines. See your doctor within one week and bring this list. Also review the list with your community pharmacist. Some medicines can cause falls. It is extremely important to tell your doctor and pharmacist if you feel dizzy, faint, or sleepy.
In Hospital

What is a Hip Fracture? (Medical words you may hear)

The hip is a ball and socket joint that moves in all directions. The head is the ball of the thigh bone (femur) and fits into the socket (acetabulum) located in the pelvic bone. A hip fracture is a partial or complete break at the top of the thigh bone.

1. Femoral neck/subcapital fracture
2. Intertrochanteric fracture
   (the most common type of fracture)
3. Subtrochanteric fracture
   (the least common type of fracture)

Hip fractures are mostly caused by a fall or other injury to your hip. Some people with a hip fracture also have osteoporosis.

What is osteoporosis? It’s when the bones become thinner, more fragile and more likely to break with a fall. You can help prevent falls and make your bones stronger by:

1. Performing standing activities and strength training.
2. Getting enough calcium and vitamin D, and other specific medicines if prescribed by your doctor.

What’s Next?

Surgery will fix the broken parts of your hip so that the bone pieces line up correctly. In most cases the surgery will allow you to walk safely on your leg right away. The type of surgery will be chosen by your surgeon. It will be based on where the break is, the strength of your bone, and how the bone pieces line up. Ask the team to circle your type of surgery below and explain it.
What to Expect in Hospital

Before your surgery:
- A nurse will talk to you about your health and any concerns you have.
- You will have various tests such as blood work and X-rays.
- You will have an intravenous (IV) started in your arm.

### Hospital Basics

<table>
<thead>
<tr>
<th>Pain Management</th>
<th>Nutrition</th>
<th>Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take daily pain medicine to help you move.</td>
<td>Eat healthy meals each day in hospital to regain strength.</td>
<td>Try to sleep well each night to help your body heal.</td>
</tr>
</tbody>
</table>

### After Surgery

<table>
<thead>
<tr>
<th>Deep Breathing &amp; Coughing</th>
<th>Ankle Pumps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do deep breathing and coughing exercises to prevent lung infections.</td>
<td>Do ankle pumps to help prevent blood clots after surgery.</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th>Bed</th>
<th>Sitting</th>
<th>Walking</th>
<th>Stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start bed exercises after surgery to regain strength and flexibility <em>(see page 12)</em>.</td>
<td>Sit up at bedside the day of surgery. Sit in a chair for your meals each day.</td>
<td>Start walking with a walker the day after surgery. Each day increase the distance you walk.</td>
<td>Practice climbing stairs with help before going home, if needed.</td>
</tr>
</tbody>
</table>
Preparing for Home

The goal is for you to go home as soon as possible. The health care team will work with you and your family to prepare you to go home.

For about the first 10 days, you will need to arrange for someone to help you at home. You will need help with meals, bathing, moving around, cleaning, shopping and paying bills. Ask your team for a list of public and private pay services available in your area. Tell the team if you do not have someone to help you.

Your occupational therapist and physiotherapist will give you a list of equipment that will make it safer and easier for you to manage at home. You will need to arrange for someone to get the equipment on your list and have it in place before you go home. See the next page for the home equipment you may need.

Going Home

Arrange for someone to pick you up at the hospital by 10 am on the morning you are leaving.

Pain Control in Hospital

- You may be sore after surgery, but this eases over time. Soreness is worse in the first few days, and then gets better every day.
- Pain medicines (also called analgesics) are important to keep you comfortable so you can move well after your surgery.
  - FOR MILD PAIN Pain score 1 – 4, Acetaminophen, also known as Tylenol, is often used.
  - FOR STRONGER PAIN Pain score 5 – 10, stronger pain relievers are used. Examples include: morphine, hydromorphone, oxycodone, codeine, tramadol. These medicines are often given with acetaminophen for better pain relief and fewer side effects.
- Your health care team will ask you frequently about your pain. They may ask you to give your pain a number from zero to 10, with zero as no pain and 10 the worst pain you can imagine.

Or they may ask you to point to a face (below) that shows how much pain you have.

![Faces Pain Scale](image)

- The amount of pain medicine you are given depends on your needs and will be reduced over time as your pain improves.
- Pain medicines can cause constipation so you will be given laxatives.
- Tell your nurse any worries you have about pain medicines.
At Home

Recovering

It takes a lot of time and hard work to recover. Your walking and strength may continue to improve for up to a year, so be kind to yourself. Push yourself to do a little more each day.

Equipment

The equipment below may make daily activities safer and easier for you. Ask a physiotherapist or occupational therapist for a list of what you need, where to get it, and how to use it.

- Raised Toilet Seat
- Grab Bar
- Bath Transfer Bench
- Reacher/Sock Aid
- 2-Wheeled Walker
- Bed Blocks (to raise your bed)
- Bed Rails
- Cane
- Crutches
- Long Shoe Horn
- Other Equipment
Setting Up Your Home for Safety

After a hip fracture, it is common to be afraid of falling again, and this may stop you from being active. However, it is important to keep moving so that you can regain your balance and strength.

Use this Diagram to Improve Home Safety

- Keep your home well lit, including night lights.
- Install sturdy handrails on both sides of your stairs.
- Use a high, sturdy chair with armrests. Sit here when you get dressed.
- Raise your bed to suit your height with blocks.
- Remove all clutter like electrical cords, loose rugs, newspapers, etc.
Health Concerns to Watch/What to Do

CALL 9-1-1 OR GO TO EMERGENCY if you have chest pain, shortness of breath, or sudden severe pain in your hip with difficulty moving your leg.

**BLOOD CLOTS**

**How can I prevent them?**

Move frequently and do your exercises. You may require blood thinning medication by mouth or injection. If needed, your nurse will teach you about this.

**What are the signs?**

- Red, tender, or painful calf/lower leg
- Swollen or shiny calf/lower leg

**What should I do if I think I have a blood clot?**

Raise your leg. Contact your family doctor or surgeon immediately, or call 8-1-1 (see page 17).

**DELIUM**

**How can I prevent delirium?**

Get enough sleep each night. Wear your glasses and/or hearing aids. Limit alcohol intake. Read and socialize with others.

**What are the signs?**

- New confusion
- Trouble thinking straight
- Feeling unusually sleepy or agitated

**What should I do if I think I have delirium?**

Contact your family doctor or call 8-1-1.

**INFECTION**

**How can I prevent infections?**

Wash your hands frequently. Do not get your surgical site wet until staples are out and the area is healed. Drink plenty of fluids each day. Empty bladder frequently. Eat a healthy diet. Deep breathe and cough. Quit smoking.

What are the signs: surgery site infection?

- Redness, swelling, or pain
- Drainage
- Fever

What are the signs: bladder infection?

- Passing urine frequently
- Foul smelling urine
- Burning when passing urine

What are the signs: chest infection?

- Coughing with thick mucus

**What should I do?**

Contact your surgeon for an infection at your surgical site. Contact your family doctor or call 8-1-1 for any other infection.

**CONSTIPATION**

**How can I prevent constipation?**

Drink plenty of fluids. Eat a high fibre diet including bran, prunes, whole grains, fruits and vegetables. Move around more.

**What are the signs?**

- Going for 3 days without a bowel movement
- Straining to have a bowel movement
- Hard, small bowel movements
- Stomach pain or discomfort
- Nausea, vomiting, or decreased appetite

**What should I do?**

Speak to your local pharmacist or family doctor about laxatives.
Pain Control at Home

How and when should I take Pain Medicine?

• Know what your pain medicines are and how often you should take them.
• Take pain medicine regularly if your pain makes it hard to rest and move around.
• Measure how much pain you are having with the pain scale (see page 5). Take your pain medicine before your pain gets bad—it works better that way.
• Decrease your pain medicine as your pain eases.
  ♦ First reduce the dose of medicine you are taking (milligrams or mg)
  ♦ Then reduce how often you take the medicine.

How can I deal with side effects from pain medicine?

• The most common side effects of pain medicines are constipation, feeling sleepy, confusion, or delirium.
• For constipation, confusion, or delirium, see page 8. For sleepiness, take a lower dose of medicine and ask for assistance with getting up.

More tips to control pain

• Do not push yourself beyond your limit. REST if you feel tired and uncomfortable.
• Take PAIN MEDICINE when your pain makes it hard to rest and move around. If doing your exercises is painful, take pain medicine and wait 30 minutes before exercising.
• Try progressive relaxation—breathe slowly in and out. Begin at your feet and tense and relax your muscles all the way up your body.
• DISTRACT yourself from discomfort. Listen to music, visit with friends, or read a book.
• Think positively! You will become more comfortable and feel better with time.
• If pain does not improve or if you have pain in other parts of your body, talk to your doctor.

Nutrition Tips

☐ Eat all 4 food groups at each meal: fruits and vegetables, meat and alternatives, dairy products, and grain products.
☐ Take your vitamin and mineral supplements as prescribed. Protein, vitamin D, and calcium from your food and supplements help build muscle and bone strength.
☐ Eat plenty of fibre (from fruits, vegetables, and whole grains) to help maintain your bowel function, especially if you have constipation from medications or reduced activity.
☐ Drink plenty of fluids daily (unless your doctor advises you not to). Try to drink about half from water, and the rest from other liquids such as tea, juice, or soup.
☐ Check your weight regularly when you first go home, using a scale or by seeing if your clothes get looser on your body. If you are losing weight, talk to your doctor or call 8-1-1 to speak to a dietician.

Most people usually stop taking strong pain medicine within two weeks of coming home. Many people continue taking Tylenol for as long as needed.
Sleep

Getting enough sleep helps you to heal. It may be hard to sleep when you first go home. Here are some tips:

- Get up at the same time each day. Limit naps.
- Limit caffeine intake, none after lunch. No large meals within 3 hours of bedtime.
- Keep your bedroom well ventilated, quiet and dark.
- Wind down at bedtime with quiet activities.
- Sleeping pills are not recommended. They can cause falls.

If sleep problems persist, talk to your doctor.

Mobility

Preventing Future Falls and Injuries

Nine out of ten hip fractures are caused by a fall. You may be afraid of falling again but to prevent future falls, it is important for you to keep moving safely to regain your balance and strength. Here are some tips:

- Do the strength and balance exercises prescribed for you (see page 12).
- If you feel dizzy, faint or sleepy, talk with your doctor.
- Keep your walking equipment within reach.
- Think about getting a commode or urinal to have at your bedside.
- Wear your eyeglasses and hearing aids. Be extra careful with bifocals or progressive lenses.
- Get up slowly to find your balance before walking. This is especially important after using the toilet or lying down for a long time.
- Men should sit to pass urine.
- Do not lean on furniture to move around.
- Avoid rushing: 1) keep a phone nearby; 2) go to the toilet frequently.
- Review your medicines with your doctor within one week of going home.
- Wear sturdy, non-slip footwear.
- Wear hip protectors if recommended for you.
**Mobility Goals**

Setting goals can help you recover and gain a sense of control. It may take up to a year to recover. Aim to achieve the following:

- Do your home exercise program daily to build balance.
- Get in and out of bed by yourself.
- Get up from a chair.
- Move around your home more each day.
- Increase your walking distance.
- Return to activities, work or volunteering.
- Other goals for me:

**Ongoing Exercise: Your Way of Life**

Being physically active and continuing to exercise is a lifelong journey. Work with a local physiotherapist to help you progress your activities and exercises. To find a physiotherapist, contact your local health unit or go to the website www.bcphysio.org. Ask your physiotherapist or contact your community centre for programs near you. You can also call the Physical Activity Line at 604-241-2266 or www.physicalactivityline.com. Certain community centre exercise programs are excellent and fun ways to build your strength and balance.

If you find it hard to get moving or feel sad or upset for 2 weeks or more, talk to your doctor. You may be depressed.

**When and How to Resume Activities**

You return to usual activities gradually. Follow these guidelines:

- For the first 6 weeks, rest, walk, and do exercises as instructed by your physiotherapist.
- After 6 weeks, consult your doctor about any new activity you would like to start.
- Resume sexual activity when it is comfortable for you. If you have questions, ask your team.
- Walk and swim increasing distances, or cycle but with minimal resistance only.
- DO NOT do any activities with stop-start twisting or impact stresses until your doctor says it is safe. This includes tennis, contact sports, running, jumping, dance, and skiing.

Driving is NOT recommended until 6 weeks after your surgery as your muscles are still healing. Ask your doctor when it is safe to drive again.
Early Exercises

Do strength and balance exercises you were shown how to do by a physiotherapist (or other health professional). Your health team will let you know if you need to follow hip precautions.

Just as you need to take care of your bones, it is also very important that you take care of your muscles and your balance. These exercises will help to improve your hip motion and muscle strength. Do the exercises daily. Do them slowly and in a controlled way. If you are having difficulty with any exercise, stop that exercise and talk with your therapist or doctor.

Strengthen Leg (Static Quads)

1. Lie on your back with your legs straight.
2. Tighten the muscle on the top of your thigh by pushing your knee down into the bed.
3. Hold for ____ seconds. Repeat ____ times.

Progression: Strengthen knee sitting in a chair.

Straighten Knee

1. Lie on your back with a rolled up towel under your knee.
2. Straighten the knee of your surgical leg by lifting your foot off the bed.
3. Hold for ____ seconds. Repeat ____ times.

Progression: Strengthen knee sitting in a chair.
Slide Leg Sideways  

1. Lie on your back with your legs straight.
2. Pull your stomach up and in, as if to tuck it under your ribs.
3. Slide your surgical leg out to the side, keeping your leg in a straight line. Make sure your knee, foot and toes are pointed directly to the ceiling.
4. Repeat ____ times.

Note: Check with your therapist if it is safe to bend your hip past a right angle.

Bend Hip and Knee  

1. Lie on your back.
2. Pull your stomach up and in, as if to tuck it under your ribs.
3. Bend your knee by sliding your heel toward your buttocks as far as you can.
4. Repeat ____ times.
You should only do the exercises you feel safe and comfortable doing. Continue to do the bed exercises you learned in the hospital. Start slowly. Try a few in the morning, afternoon, and evening, rather than trying to do all at once. Begin with one or two activities at a time. If you are having difficulty with a particular exercise, stop that exercise and talk with your therapist or doctor.

As you get stronger over time, gradually decrease the amount of support through your hands. Try using one hand plus a few fingers from the other hand, then progress to a few fingers from each hand, then a few fingers from one hand for support. Eventually consider trying with hands just hovering over the sink.

Please note: Make sure to check with a physiotherapist or doctor before you start these exercises, as some may not be suitable for you (they may “check” the exercises you should do).

**Up on Toes**

1. Stand facing the kitchen sink. Hold on with both hands.
2. Go up on toes with both feet.
3. Come down slowly.
4. Repeat 3 – 5 times if you can.
5. Gradually add one more time every few days until you can do this 15 times.

**Slow Toe Taps**

1. Stand facing the kitchen sink. Hold on with both hands.
3. Slowly repeat on the other foot.
4. Alternate, repeating 3 – 5 times with each foot.
5. Gradually increase until you can do this for 2 minutes.
**Mini Squats**

**Note:** Small squats only. DO NOT bend too far.

1. Stand facing the sink with your feet hip width apart. Hold on with both hands.
2. Bend knees slightly. Keep your heels on the floor.
3. Remember, DO NOT bend too far—a small squat only.
4. Hold for a few seconds if you can. Straighten up. Repeat 3 – 5 times.
5. Gradually do one more every few days or week until you can do 15.

**Walking on the Spot**

**Note:** May also be done in sitting position.

1. Stand facing the kitchen sink. Hold on with both hands.
2. Walk slowly on the spot for 10 seconds.
3. Gradually increase your time up to 2 minutes.

**Progression:** Begin walking in your home for 3 – 4 minutes without stopping. Use any mobility aid that you normally use for walking. Every third or fourth day, gradually increase the time spent walking by one minute.

**Alternate Leg Out and In**

1. Stand facing the sink. Hold on with both hands.
2. Keeping your toes pointed forward, not sideways, lift leg out to the side.
3. Hold position for a few seconds, then slowly lower leg.
4. Repeat with other leg. Continue to alternate each leg, repeating 3 – 5 times each.
5. Gradually do one more every few days or week until you can do 15 on each leg.
Alternate Leg Behind

1. Stand facing the sink. Hold on with both hands.
2. Lift one leg behind you, keeping knee straight.
3. Return to starting position. Repeat with other leg.
4. Continue to alternate each leg, repeating 3 – 5 times with each.
5. Gradually do one more every few days or week until you can do 15 on each leg.

Sit To Stand

1. Sit in a firm chair with arm rests. If needed, position your walker in front of you and lock the brakes.
2. Bring your bottom a little closer to the front of the chair if needed.
3. Bring your feet in close to the chair. Put hands on armrests if needed.
4. Lean forward and stand up.
5. Stand tall for a few seconds, holding onto walker if needed for support.
6. Reach back and hold the armrests of the chair.
7. Lean forward and slowly lower yourself to sit down.
8. Stand up and sit down 3 – 5 times.
9. Gradually do one more every few days or week until you can do 15 at a time.

Progression: Gradually try to decrease the amount of support through your hands until you can stand up and sit down without using your arms.

Stairs: Lead with the non-operated leg going up and the operated leg going down.
Resources

HOME & COMMUNITY SUPPORT
Depending on what you need, support to help you manage at home may be paid for by the government or paid for by you. If you need nursing care, meals, or a home-based exercise program, your health care team will work with you to find suitable help.

If you are having difficulty managing at home, speak to: _________________________

HEALTH INFORMATION

Health Link BC
Dial 8-1-1 or website healthlinkbc.ca. Health Link BC is a 24-hour free service in the province where you can dial 8-1-1 to speak to a nurse, dietician, pharmacist. They will provide you with personal advice on your health, diet, exercise, stopping smoking or concerns about alcohol use. There is a wealth of helpful information on their website, go to healthlinkbc.ca.

Seniors Health Care Support Line
Call 1-877-952-3181 if you need help getting health care services or if you have concerns about the care you are getting.

Canadian Orthopeadic Association
Website: www.canorth.org

Osteoporosis Canada
Website: www.osteoporosis.ca

COMMUNITY EXERCISE
There are many exercise classes designed for people with walking limitations and designed to increase range of motion and muscle strength. Some examples of balance and strength programs in your community include "Steady Feet", "Get Up and Go", Tai Chi, or Osteofit.

General information on how to access a physiotherapist can be located under 'Find a Physio' at the Physiotherapist Association of BC website (www.bcphysio.org).

OTHER SERVICES

Personal Medical Alert Systems
You can wear a personal alert and simply push a button to contact medical responders if you fall or have any medical emergency. Ask your health care team about available options.

Health Equipment Loan Program
The Canadian Red Cross loans mobility aids such as walkers, bath seats, commodes, canes, etc.

Seniors Abuse & Information Line
Dial 604-437-1940 or toll free 1-866-437-1940 to report or talk about abuse or mistreatment.
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Fracture Recovery for Seniors at Home: A hip fracture recovery guide for patients & families

Copies of the FReSH Start manual can be obtained from freshstart@hiphealth.ca.

The information in this document is intended solely for the person to whom it was given by the health care team.

www.vch.ca