

# Admission Information

Please bring this pamphlet with you at the time of your admission.



## Patient rights

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1. You have the right to human dignity and to receive warm and compassionate medical care.
2. You have the right to privacy.
3. You have the right to receive medical care with safety taken into consideration.
4. You have the right to receive sufficient explanation from a physician or healthcare professional and to receive medical care based on your own choice.
5. You have the right to ask and/or seek advice regarding your medical care.
6. You have the right to view your own medical records and seek opinions of doctors at other medical institutions.
7. You have the right to receive medical care in a comfortable environment.
8. You have the right to receive information about medical expenses and public assistance for medical care.

## Children's charter

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1. You are valued as an individual, regardless of illness, disability, or age.
2. You can ask healthcare staff to consider the best treatment for you.
3. You can receive treatment in a safe and secure place.
4. Even if you are staying in hospital, you can be with people whom you feel safe with and your loved ones.
5. You can speak up about your interest in your illness and how to cure it, and ask others to tell about them in an easy-to-understand manner.
6. When you can't get what you want, you can ask why and give your alternative wishes.
7. You will not be discriminated against and will be protected from being hurt by anyone.
8. Information (privacy) about your illness and treatment will be protected.
9. Even if you are sick, you can still play and study as far as you can.
10. You can receive treatment and care from trained and skilled staff.
11. You can continue to receive treatment and care even after you are discharged from the hospital.



## Patient responsibilities

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1. You are responsible for providing accurate information about your illness.
2. You are responsible for focusing on treatment and follow hospital rules and instructions.
3. When you receive a request for paying your medical expenses, you are responsible for promptly paying the expenses.

## Notices from the hospital

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1. KMU hospital uses patients' personal information in accordance with the provisions of the Act on the Protection of Personal Information. Please see the bulletin board of each ward for details.
2. KMU hospital is a "Designated Cancer Care Hospital" specified by the Ministry of Health, Labour and Welfare, and we operate cancer registry in accordance with the requirements.
3. Please note that we may ask you to move between wards, rooms, and beds during your hospitalization depending on the nature of your treatment and the need for nursing.
4. At KMU hospital, nurses pertaining to specified medical acts who have received specialized training perform specified medical acts on patients under the direction and guidance of doctors.
5. At KMU hospital, in order to provide clinical care more efficiently by reducing the administrative burden on doctors, we may have a medical clerk (a doctor's office assistant) present in the consultation room.



## Requests from the hospital

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We at KMU hospital believe that mutual trust between patients and the medical institution is important in order to provide safe and high-quality medical care. Therefore, please note that we may refuse clinical care or ask you to leave the hospital if you engage in any of the acts listed below.

1. Using abusive language, violence, intimidation, and any other acts causing trouble to other patients and staff.
2. Acts of damaging property in the hospital
3. Coercion and persistent interviewing of staff regarding document creation, etc.
4. Smoking on hospital premises
5. Any other acts that interfere with smooth clinical care operations (including unauthorized audio/video recording, taking photos, etc.)



## Before your admission

On the day of admission, please prepare the following items and come to the Admission Center ( A1 ) on the first floor at the designated time. Please note that your admission date may be postponed or changed depending on the degree of emergency, such as if another emergency patient needs to be admitted.

### Documents you need to bring

- Consent form for admission\***
- Confirmation at the time of admission\***
- Food allergy questionnaire \***
  - \* The questionnaire is attached at the end of this pamphlet.
- Patient ID card**

Your patient ID card will be kept in the ward until you are discharged from the hospital.
- My Number Card/Insurance Card/Eligibility Certificate for Ceiling-Amount Application**

**Other medical certificates, medical tickets, etc.**

  - \* If you bring your My Number Card with you, you do not need to present an insurance card or Eligibility Certificate for Ceiling-Amount Application.
  - \* If you do not present your insurance card, etc., you will have to pay out of pocket.
- Your personal seal**
- Admission deposit**
  - You will need to pay a deposit in case of obstetrics (delivery, etc.) or admission paid out of pocket, and the balance will be calculated at the time of discharge.
  - Please hold your deposit slip in safekeeping.
  - Credit cards, debit cards, and electronic money cannot be used to pay the deposit.
  - We cannot keep any money other than the expenses required for admission.

### Items you need to bring

- Pajamas**

If you would like to rent pajamas, please ask at the ward at the time of your admission.  
[130 yen per day , changed twice a week (three times a week from July to September )]

  - \* Pajamas are available in two types: a separate top and bottom type and a gown type, and there are no pockets.
- Toothbrush/toothpaste**
- Shampoo, body soap , hand soap**
- Chopsticks, spoons, cups** (that are hard to break)
- Undergarments, towels, bath towels**
- Footwear (non-slip)**
- Tissue paper etc.**
- Hairbrush/shaver**
- Earphones for TV**
- Masks**
- Medications, injections, etc. that you currently use**
  - \* If you are bringing your own oral medications, please bring one-week doses together with their pharmacy prescription bags.
  - \* Medications cannot be prescribed by other medical institutions while you are hospitalized.
- Medication notebook**
- Diapers (if needed)**
- Writing utensils**



- ◆ Please take care of the items you bring with you by yourself. Please take particular care when storing your dentures, hearing aids, glasses, etc., and bring a case to store them.
- ◆ Things for daily use can be purchased at the convenience store on the first floor.

- ◆ Your doctor or nurse will explain if there are any special items you need.

## Meals

Meals during your admission are managed by a registered dietitian based on your doctor's instructions, and are provided at the right time and at an appropriate temperature.

- Please consume your meal within 1 hour after the meal is served.
- If you have any allergies, please inform your doctor or nurse.

**Meal time:** Breakfast 8:00-9:00 Lunch 12:00-13:00  
Dinner 18:00-19:00

**Breakfast:** You can choose from bread, rice, and porridge.  
If you would like to make a choice, please ask the ward staff.

(Some meals do not provide choice.)

**Selective meals:** Selective meals (A and B) are available for lunch and dinner from Monday to Saturday, and you can choose meals at least three days after receiving the selective meal form.

Every Monday and Thursday, lunch trays will be served with selective meal sheets on them, so please choose either A or B and place the sheets in the collection box located at the nurse's station by 8:00 the next day. If you do not submit the selective meal sheet, you will receive meal A.

- \* For Meal B (separate menu), an additional 20 yen per meal will be charged.
- \* Persons with food allergies, medical restrictions, or persons who are not served meals on the day the selective meal sheet is distributed (lunch on Mondays and Thursdays) will not be eligible for the selective meals.
- \* If you change to a non-selective meal after the selective meal sheet has been collected, the selective meal will not be served even if the sheet has been submitted.

**Where to have meals:** In addition to the hospital room, the Day Room can be used as a dining room.

**Tea dispenser:** A tea dispenser is available in the Day Room. Please feel free to use it.  
Please note that tea delivery service is available only for people who are unable to walk.



## Special services

At KMU hospital, we provide the following services to the patients who pay uncovered room charges for a private room.

### ① Special menu service

Every lunch, the meal of your choice will be delivered to your hospital room from Nozomi, the restaurant on the 13th floor, at the same price at the restaurant.

- \* This service is limited to patients who do not have food allergies, are served ordinary meals, and have obtained approval from their doctors.
- \* Please fill out the application form and submit it to the staff's station by 15:00 the day before.
- \* We request that you make the payment in full at the time of discharge.
- \* This service is not available on Sundays, holidays, and the 2nd and 4th Saturdays of the month.



### ② Mineral water service

One bottle of KMU brand mineral water will be delivered to your hospital room every day from the day of your admission to the day of your hospital discharge.



## Things to note during your admission

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- ① Please follow the instructions of doctors and nurses regarding consultations and nursing.
- ② When starting or replacing a drip infusion, your name will be checked using your wristband, even if you are sleeping.
- ③ As measures to prevent falls, ① please keep the bed at a low height and ② install bed rails in a position that prevents you from falling off the bed.
- ④ As for footwear, to prevent falls, please use footwear ① that covers your heel and does not come off when you lift your foot and ② that are easy to take on and off.
- ⑤ Please do not enter other than the designated rooms.
- ⑥ Please do not touch medical equipment.
- ⑦ We will lend you a thermometer upon your admission. Please return it when you leave the hospital. If it is damaged or lost, you will have to purchase it at the hospital's convenience store.
- ⑧ To prevent theft, please open the curtains in your hospital room and close the door during the day.
- ⑨ Please place combustible garbage in the trash box in your hospital room. Please place non-combustible garbage in the special trash box in the Day Room. Please do not throw things with blood on them in the trash box and notify the staff.
- ⑩ Please use earphones when listening to TV, radio, music players, etc.
- ⑪ Please write the name of the ward when sending mail to inpatients.
- ⑫ Unless in an emergency, phone calls from outside will only be delivered as messages. Please note that the service hours are 8:30-21:00.
- ⑬ Continuous parking during the admission period is strictly prohibited. In that case, you will be required to pay the regular rate.
- ⑭ It is strictly prohibited to give rewards to staff members.
- ⑮ In the event of a fire or earthquake, please follow the instructions of doctors, nurses, and staff members. Also, please do not use the elevator. Please check the "evacuation route map" in each ward in advance.

## Request for infection prevention

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Patients have weakened resistance. We ask for your cooperation in preventing infection.

### [Implementation of hand washing]

- ① When entering and exiting the hospital room
- ② Before and after using the toilet    ③ Before and after meals
- ④ When handling body fluids such as phlegm or runny nose

### [About masks]

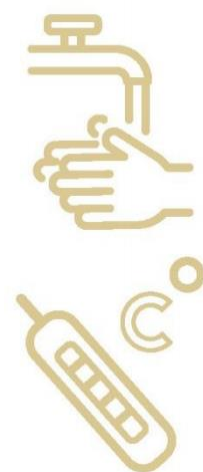
Please make sure to wear a mask when you are in the hospital, when you come into contact with other people, and when you leave your hospital bed. If you have a cough or fever, please wear a mask at all times.

### [Do not visit the hospital if you have any of the following symptoms]

- ① Fever    ② Runny nose    ③ Cough    ④ Nausea    ⑤ Diarrhea
- ⑥ Eye itching and redness in the eyes

### [Request in case a staff member is injured by a used needle, etc.]

If a staff member is accidentally injured with a needle, etc., used for you, we may ask you to sample your blood for an infectious disease testing to determine your condition. The hospital will cover the cost of the testing and will notify you of the test results if requested.



# Confirmation at the time of admission

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date: / /

① Before being admitted to KMU hospital this time, have you been hospitalized at another hospital within the past 3 months?

(Yes

▪

No)

**Please fill in the following only if you answered "Yes".**

② Do you have a discharge certificate issued by the medical institution where you were last hospitalized?

(Yes

▪

No)

**If you answered "Yes," please submit the certificate along with this self-declaration form.**

③ Please specify the name of the hospital where you were last hospitalized and the date of admission and discharge.

(Hospital name) \_\_\_\_\_

(Admission date) \_\_\_\_\_ Date: / /

(Discharge date) \_\_\_\_\_ Date: / /

④ Please specify, if possible, the name of the main injury or illness during your admission.

(Name of injury or illness) \_\_\_\_\_





Please leave this section blank.			
ID			
Department		Ward	

## Consent form for admission

**To: Hospital Director, KMU Hospital**

I hereby consent to observing the following upon admission to KMU hospital.  
If I violate the following, I will not object if I am ordered to leave the hospital.

- (1) I will abide by the precautions and rules such as described in the "Admission Information". I will not disturb other patients or KMU hospital.
- (2) I will pay hospitalization fees and other charges by the specified date without delay.
- (3) If it is determined that there is no longer a medical need for hospitalization and treatment at KMU hospital, I will leave the hospital immediately.

Date:        /        /

Furigana \_\_\_\_\_

Patient name \_\_\_\_\_

Date of birth

Seal (male/female)

Date:        /        /

Current address \_\_\_\_\_

Telephone (mobile)

\_\_\_\_\_

Place of work \_\_\_\_\_

Telephone (place of work)

\_\_\_\_\_

I hereby consent to taking joint responsibility for the consent made by the above patient upon admission to KMU hospital. I will serve as the guarantor of the above patient regarding her/his hospital admission.

Furigana \_\_\_\_\_

Patient name \_\_\_\_\_

Date of birth

Seal (male/female)

Date:        /        /

Current address \_\_\_\_\_

Telephone (mobile)

\_\_\_\_\_

Place of work \_\_\_\_\_

Telephone (place of work)

\_\_\_\_\_

Relationship with the patient

\_\_\_\_\_



## Food allergy questionnaire

Date of birth

Date: / /

Name \_\_\_\_\_

<Presence or absence of food allergies>  Yes  No

\* Please tick the applicable box(es) below only if you have food allergies.  
(Exclude likes and dislikes.)



Do not tick the box(es) of foods that you can currently eat without develop

Allergen	Degree of removal	Detail
<input type="checkbox"/> Eggs	<input type="checkbox"/> Complete removal	Avoid all foods that contain even small amounts of eggs
	<input type="checkbox"/> A small amount is acceptable.	Tempura, fried batter, hamburger filler, kamaboko (boiled fish paste), ham, etc. A small amount of eggs is contained, up to 5g is used
	<input type="checkbox"/> No raw eggs allowed	Remove only mayonnaise
<input type="checkbox"/> Milk/dairy products	<input type="checkbox"/> Complete removal	Do not use any foods that contain even a small amount of milk components (such as lactose in the stock)
	<input type="checkbox"/> A small amount is acceptable.	Foods that contain up to 5g of dairy products such as butter, bread, and consommé are used.
	<input type="checkbox"/> Only drinking milk is prohibited	
<input type="checkbox"/> Wheat flour	<input type="checkbox"/> Complete removal	Don't use any seasonings
	<input type="checkbox"/> Seasonings are acceptable	Seasonings such as soy sauce and miso are used
<input type="checkbox"/> Soba (buckwheat)		<input type="checkbox"/> Complete removal
<input type="checkbox"/> Kiwi		<input type="checkbox"/> Complete removal
<input type="checkbox"/> Peach		<input type="checkbox"/> Complete removal
<input type="checkbox"/> Mackerel only		Only use as stock is acceptable
<input type="checkbox"/> Blue-skinned fish	Target fish: Sardines, Pacific saury, horse mackerel, mackerel	Only use as stock is acceptable
<input type="checkbox"/> Nuts (peanuts, cashew nuts, etc.)		<input type="checkbox"/> Complete removal
<input type="checkbox"/> Soybeans	<input type="checkbox"/> Complete removal	Don't use any seasonings
	<input type="checkbox"/> Seasonings are acceptable	Seasonings such as soy sauce, miso, and oil are used
<input type="checkbox"/> Shrimp		<input type="checkbox"/> Complete removal
<input type="checkbox"/> Crab		<input type="checkbox"/> Complete removal

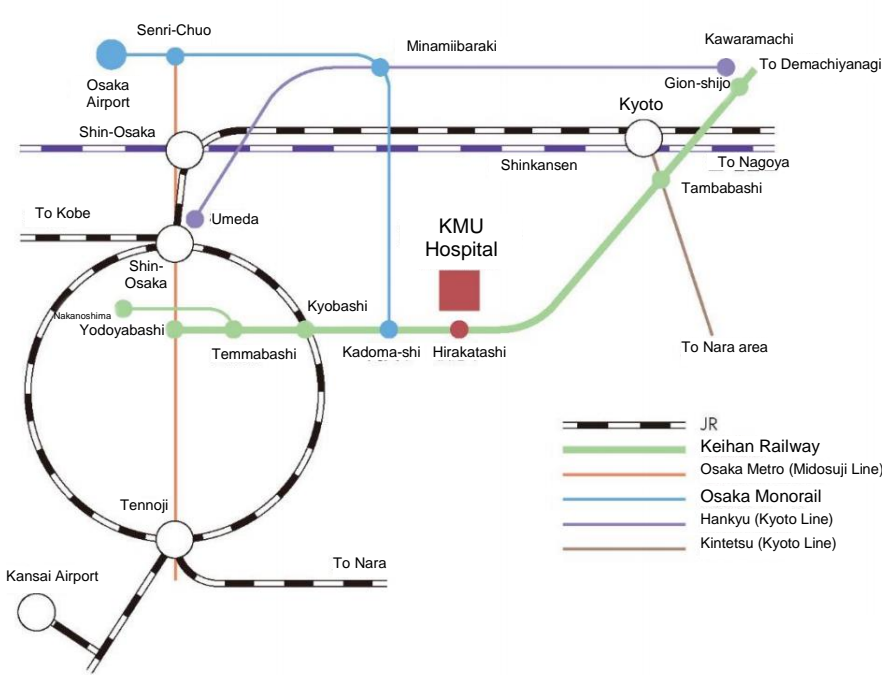
\* If you are allergic to shrimp and/or crab and also have foods obtained from the habitat of shrimp and/or crab (e.g. seaweed, sea lettuce, green seaweed, etc.) removed, please write down the foods that have been removed.

Other (please specify if you have any allergies, symptoms, additional comments, etc. that do not apply to the above)

**\*Please hand the completed form to the ward staff upon admission.**

## Access

- Three-minute walk from Keihan Railway Hirakatashi Station
- Free shuttle bus service is available from Hirakatashi Station North Exit Bus Terminal (8 a.m. to 4 p.m.)



From Shin-Osaka Station (Shinkansen)	From JR Osaka Station
(Osaka Metro Midosuji Line) → (Keihan Main Line Limited Express) → Hirakatashi Shin-Osaka (Shinkansen) → Yodoyabashi → Hirakatashi Approximately 10 minutes → Approximately 22 minutes	(JR Osaka Loop Line) → (Keihan Main Line Limited Express) → Hirakatashi Shin-Osaka (JR) → Kyobashi → Hirakatashi Approximately 10 minutes → Approximately 15 minutes
From Kyoto Station (Shinkansen)	From Osaka (Itami) Airport
(Kintetsu Kyoto Line Express) → (Keihan Main Line Limited Express) → Hirakatashi Kyoto (Shinkansen) → Tambabashi → Hirakatashi Approximately 10 minutes → Approximately 19 minutes	(Osaka Monorail) → (Keihan Main Line Local/Semi-express) → Hirakatashi Osaka Airport → Kadoma-shi → Hirakatashi Approximately 36 minutes → Approximately 20-25 minutes
From Kansai Airport	
(Limousine bus) → Hirakatashi Kansai Airport → Hirakatashi Approximately 1 hour 30 minutes	



## KMU Hospital

KANSAI MEDICAL UNIVERSITY HOSPITAL

2-3-1, Shin-machi, Hirakata City, Osaka 573-1191

TEL 072(804)0101 FAX 072(804)0131

<http://www.kmu.ac.jp/hirakata/>