Home Care
NY GUIDE

Hospital Admission Checklist

HOSPITAL

NAME _____ ADMISSION DATE _____

HOSPITAL _____ PHONE _____

REASON FOR ADMISSION _____

PAPERS TO BRING

- [ ] Photo ID
- [ ] Insurance cards
- [ ] Medication list (or bottles)
- [ ] Emergency information sheet
- [ ] Advance directive / DNR / POLST
- [ ] Health care proxy papers
- [ ] Recent test results
- [ ] Primary doctor contact
- [ ] Allergy list
- [ ] This planner

HOSPITAL BAG

- [ ] Glasses / hearing aids / dentures
- [ ] Phone + charger
- [ ] Comfortable clothes to go home in
- [ ] Toiletries
- [ ] CPAP or other device (if told to bring)
- [ ] Notebook and pen
- [ ] Light blanket or sweater
- [ ] List of questions
- [ ] Cash / small personal items
- [ ] Something to read

QUESTIONS TO ASK ON ARRIVAL

- [ ] Who is the attending doctor, and who should we talk to for updates?
- [ ] What is the room number and the unit phone number?
- [ ] What is the visiting policy, and who can stay overnight?
- [ ] Where should glasses, hearing aids, and valuables be kept?
- [ ] How will medication changes be explained to us?

FAMILY POINT PERSON

NAME _____ PHONE _____

OTHER NOTES FOR ADMISSION DAY

For personal record-keeping. Not medical advice.

Home Care
NY GUIDE

Hospital Stay Daily Notes

HOSPITAL

DATE _____ DAY # _____ NAME _____

ROOM / UNIT _____ ATTENDING / NURSE TODAY _____

TODAY'S UPDATES

WHAT WE WERE TOLD TODAY (TESTS, RESULTS, PLAN, CHANGES)

MEDICATIONS & TREATMENTS MENTIONED TODAY

MEDICATION / TREATMENT	NEW / CHANGED / STOPPED	NOTES

QUESTIONS WE STILL HAVE

1.
2.
3.
4.

VISITORS, CALLS & PRACTICAL NOTES

WHO VISITED, PARKING, MEALS, OVERNIGHT STAY, OR ITEMS TO BRING TOMORROW

Home Care
NY GUIDE

Hospital Care Team

HOSPITAL

HOSPITAL _____ ROOM / UNIT _____

UNIT PHONE _____ PATIENT INFORMATION LINE _____

DOCTORS & STAFF

ROLE	NAME	PHONE / PAGER / EXTENSION	NOTES
Attending physician			
Specialist			
Specialist			
Hospitalist			
Surgeon			
Primary nurse / charge			
Case manager / social work			
Therapist (PT / OT / speech)			
Pharmacist			

SHIFT NOTES

DAY NURSE _____ NIGHT NURSE _____ AIDE / TECH _____

HOW UPDATES ARE SHARED (ROUNDING TIME, FAMILY MEETING, PATIENT PORTAL)

Home Care
NY GUIDE

Questions to Ask Before Discharge

HOSPITAL

NAME _____ PLANNED DISCHARGE DATE _____

Check off questions as you ask them, and write the answers you are given. Bring this page to the discharge conversation.

THE PLAN

- [ ] Do we have written discharge instructions to take home?
- [ ] What was treated, and what still needs follow-up?
- [ ] When is the follow-up appointment, and with whom?
- [ ] Who do we call with questions during the day and after hours?
- [ ] What symptoms or changes should we call about, and when should we go to the ER?

MEDICATIONS

- [ ] Which home medications should be continued, changed, or stopped?
- [ ] Which medications are new, and why were they started?
- [ ] Do we have prescriptions, and can they be sent to our pharmacy?
- [ ] Are there medicines that need a special time, food, or monitoring?

CARE AT HOME

- [ ] Are there activity, diet, bathing, or driving restrictions?
- [ ] Is home care, therapy, or medical equipment being arranged?
- [ ] Do we know how to care for a wound, incision, or device?
- [ ] When can we expect test results that are still pending?

ANSWERS & EXTRA QUESTIONS

Home Care
NY GUIDE

Discharge Instructions Summary

HOSPITAL

NAME _____ DISCHARGE DATE _____ DISCHARGED TO _____

Copy what the hospital team wrote or told you. If anything is unclear, call the number they gave you before leaving or as soon as you get home.

FOLLOW-UP APPOINTMENT _____ DATE / TIME _____ PHONE _____

CALL THE OFFICE AT _____ AFTER-HOURS NUMBER _____

MEDICATIONS AT DISCHARGE

MEDICATION	DOSE / WHEN	NEW / CHANGED / STOPPED / SAME	PHARMACY

ACTIVITY, DIET & RESTRICTIONS (AS INSTRUCTED)

WHAT I WAS TOLD ABOUT ACTIVITY, DIET, BATHING, LIFTING, OR DRIVING

WOUND, DEVICE & EQUIPMENT

CARE INSTRUCTIONS AND EQUIPMENT BEING SENT HOME (WALKER, OXYGEN, WOUND SUPPLIES)

WARNING SIGNS MY CARE TEAM TOLD ME TO WATCH FOR

CALL THE DOCTOR'S OFFICE IF

GO TO THE ER OR CALL 911 IF

For personal record-keeping. Not medical advice.

Home Care
NY GUIDE

First Week at Home

HOSPITAL

NAME _____ WEEK OF _____

EACH DAY

DAY	PAIN / comfort	MEDS AS instructed	EATING & fluids	ACTIVITY	CONCERNS / NOTES
Monday		☐			
Tuesday		☐			
Wednesday		☐			
Thursday		☐			
Friday		☐			
Saturday		☐			
Sunday		☐			

HOME TASKS AFTER DISCHARGE

- ☐ Fill new prescriptions
- ☐ Update the medication list
- ☐ Confirm equipment delivery
- ☐ Pick up supplies
- ☐ Schedule follow-up visit
- ☐ Set up home care or therapy
- ☐ Share instructions with family
- ☐ Call with pending results

NOTES & QUESTIONS THAT COME UP AT HOME