

# Hospital & ER Go-Sheet

Last updated: \_\_\_\_\_

Keep this at the front of the binder and take it to the ER or hospital. Fill in by hand before you need it.

**For immediate danger or a life-threatening emergency, call 911.**

Name of the person I support: \_\_\_\_\_

Emergency contact & phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Primary doctor & phone: \_\_\_\_\_

## WHAT TO GRAB *(check as you pack)*

- |                                                     |                                                                                    |                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> This binder                | <input type="checkbox"/> Medicines in original bottles, or current medication list | <input type="checkbox"/> Glasses             |
| <input type="checkbox"/> Hearing aids and batteries | <input type="checkbox"/> Dentures                                                  | <input type="checkbox"/> Phone and charger   |
| <input type="checkbox"/> ID and insurance cards     | <input type="checkbox"/> Comfort item                                              | <input type="checkbox"/> A change of clothes |

*Bring the actual cards. Do not copy ID, insurance, or member numbers onto this sheet.*

Go-bag is kept at: \_\_\_\_\_

## WHAT TO TELL THE TRIAGE NURSE

Usual baseline (how the person I support usually is): \_\_\_\_\_

What changed, and when it started: \_\_\_\_\_

Dementia and communication needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications (see Medication & Allergy List) and last doses, if known: \_\_\_\_\_

Advance directive or POLST/DNR is kept at: \_\_\_\_\_

Who can speak with doctors (name, role, phone): \_\_\_\_\_

**Tip:** Tell staff early that the person I support has dementia and how to communicate with them. If possible, ask a friend or family member to stay with them while you answer questions.



## BEFORE DISCHARGE: QUESTIONS TO ASK

**Planning starts early.** Ask for a case manager or discharge planner as soon as you can. Ask for training on any new care tasks, and tell staff what help you can and cannot provide at home.

| Ask about                                                                                      | Answer and notes |
|------------------------------------------------------------------------------------------------|------------------|
| <b>Diagnosis</b><br><i>What happened, and what was done?</i>                                   |                  |
| <b>Medications</b><br><i>New, stopped, or changed? Get an updated list.</i>                    |                  |
| <b>Follow-up appointments</b><br><i>With whom, when, and who schedules them?</i>               |                  |
| <b>Warning signs</b><br><i>What means call the doctor or come back?</i>                        |                  |
| <b>Equipment or home health</b><br><i>What is needed, who arranges it, when does it start?</i> |                  |
| <b>Activity and diet</b><br><i>Any restrictions? For how long?</i>                             |                  |
| <b>Who to call with questions</b><br><i>Name and phone, days and after hours</i>               |                  |

Written discharge summary and instructions received? ☐ Yes ☐ Not yet

Case manager or discharge planner (name & phone): \_\_\_\_\_

## IF THE PLAN IS NOT SAFE OR CLEAR

You can ask questions, ask staff to explain the plan again, and raise concerns with the doctor, nurse, or case manager before leaving. You may ask whether discharge can be delayed until the plan is safe and clear; asking does not guarantee more time. If the person I support has Medicare and is a hospital inpatient, ask for the notice **“An Important Message from Medicare about Your Rights.”** It explains how to request a fast appeal. Follow the notice’s instructions no later than the scheduled discharge day and before leaving the hospital.

Concerns raised, with whom, and when: \_\_\_\_\_

**This sheet does not replace medical advice. Follow the care team’s instructions, and call them when unsure.**

