

Hospital Admission Checklist

For a planned stay, or for a helper filling it in after an urgent admission.

Urgent care comes first. In an emergency, call 911. Do not delay care to pack, find papers, or finish this sheet. A helper can fill it in later.

NAME / PERSON THIS SHEET IS FOR

HOSPITAL

ADMISSION DATE (PLANNED OR ACTUAL)

This stay is: ☐ Planned (surgery, procedure, treatment) ☐ Urgent or emergency

1 What to bring, or have a helper bring

- ☐ A **dated** list of every medicine, vitamin, and supplement, with the time of my last dose.^{1,5}
- ☐ Insurance cards and photo ID. Names and phone numbers of my doctors and pharmacy.
- ☐ Glasses, hearing aids, dentures, CPAP, cane or walker, labeled with my name.
- ☐ Medicines from home only if the hospital asked for them, in their original bottles.¹
- ☐ Allergies and what actually happened (rash, swelling, trouble breathing).¹
- ☐ Copies of my advance directive or health care power of attorney, if I have them.³
- ☐ Phone, a long charging cord, and a short list of key phone numbers on paper.
- ☐ Leave cash, jewelry, and valuables at home.

TRU-TIP • Date your medication list

A list with no date tells the hospital nothing about whether it is current. Write today's date at the top, and the time you took your last dose of each medicine. That one detail helps the team avoid a missed dose or a double dose on your first night.⁵ The free SynquUp™ Medication List works well for this.

2 Who speaks for me, and who gets updates

Role	Name	Phone	Has a copy of my papers? Where kept
Health care agent (power of attorney)			
Backup agent			
Person who gets updates on my care			
Second person allowed updates			

- ☐ I told the admitting team, in writing if I can, who may get updates about me.²
- ☐ I asked whether the hospital wants **its own** privacy (HIPAA) authorization form for my helper, and signed it.⁵
- ☐ I asked that my advance directive be scanned into my hospital record.³
- ☐ My helper knows where my papers are kept (never passwords or account numbers).

TRU-TIP • Ask about the hospital's own privacy form

Federal privacy rules let a hospital share information with family or friends involved in your care, unless you object.² In real life, many hospitals still want their own signed form before they give details by phone. Ask at admission, sign it, and tell your helper it is done. It saves hours of "we can't tell you that."⁵

3 Plan the ride home and the first nights, before I go in

Who	Name	Phone	Confirmed with them (date)
Discharge driver			
Backup driver			
Stays with me the first night(s)			
Backup overnight helper			

TRU-TIP • "I'll be fine" is a risk flag

Before you leave, staff will ask: "Who is driving you home?" and "Who is staying with you?" If the answer is "I'll be fine," the team may decide home is not safe yet, and that can lead to a rehab or nursing facility instead of your own bed. Line up a named person and a backup now, while you are calm, not on discharge day.⁵

4 Home, while I am away

What needs care	Who is handling it	Phone	Notes / check-in times
Pets			
Children or people I care for			
Mail, packages, and plants			
Bills due during my stay			
Keys, house check, trash day			
Work, school, or appointments to cancel			

5 Once I am admitted

- ☐ I asked: am I an **inpatient** or under **observation**? I will ask again if the plan changes.⁴
☐ I do not take medicines from home unless the hospital provider says it is OK, and I tell my nurse if I do.¹
- ☐ I asked which of my medicines are “high-alert” (like blood thinners, insulin, or opioid pain medicine) and what extra checks are used.¹
☐ I asked that my primary care provider be told I was admitted.⁶
- ☐ I know who is leading my care and how my helper can get a daily update.
☐ I asked who my case manager or discharge planner is, and when discharge planning starts.

DOCTOR LEADING MY CARE (HOSPITALIST)

CASE MANAGER / DISCHARGE PLANNER / PHONE

UNIT OR NURSE STATION PHONE / ROOM NUMBER

BEST TIME FOR DAILY UPDATES

Status matters: under Original Medicare, observation time does not count toward the 3 inpatient days generally needed before Medicare covers a skilled nursing stay. Medicare Advantage plans may differ.⁴ See the SynquUp™ Hospital Discharge Checklist for status, rights, and leaving-day steps.

6 My goal for after this stay

WRITE IT IN YOUR OWN WORDS, AND ASK THE TEAM TO NOTE IT IN YOUR RECORD

TRU-TIP • Say your goal out loud on day one

Discharge planning starts early, and teams plan around what they hear. Write it down and say it: “I want to return home with support services if possible.” If no one hears a goal, the plan may default to a facility.⁵

7 Questions for my team, and notes

Want to go further? Aging Alone by Chuck Kinney and the SynquUp™ Emergency Life Binder, including its Independence & Capacity Baseline, help you show the team how you live and what you need to get home safely. Free tools: chuckkinney.com/free