HOME FROM THE HOSPITAL
PLAN FOR DAILY LIVING NEEDS

MEDICAL CARE

IS MY LOVED ONE ABLE TO. . .?			IF NOT, WHO WILL HELP?
▪ Use the telephone daily to report positive signs of recovery or setbacks	☐ YES	☐ NO	
▪ Schedule doctor appointments and follow-up tests.	☐ YES	☐ NO	
▪ Drive to doctor appointments and take notes	☐ YES	☐ NO	
▪ Fill prescriptions and buy needed supplies.	☐ YES	☐ NO	
▪ Follow up on test results.	☐ YES	☐ NO	
▪ Arrange special support care and logistics (ex. wound care, home health, physical therapy).	☐ YES	☐ NO	
▪ Find and purchase/rent medical equipment as needed	☐ YES	☐ NO	
▪ Manage medications (take safely, according to directions	☐ YES	☐ NO	
▪ Use a thermometer to monitor daily temperature.	☐ YES	☐ NO	
▪ Take care of wound/drain	☐ YES	☐ NO	
▪ Balance on a scale to monitor daily weight	☐ YES	☐ NO	

PERSONAL CARE

IS MY LOVED ONE ABLE TO. . .?			IF NOT, WHO WILL HELP?
▪ Shower, bathe and brush teeth without help	☐ YES	☐ NO	
▪ Dress and undress	☐ YES	☐ NO	
▪ Use the toilet alone.	☐ YES	☐ NO	
▪ Sleep alone	☐ YES	☐ NO	
▪ Walk without assistance.	☐ YES	☐ NO	

NUTRITION NEEDS

IS MY LOVED ONE ABLE TO. . .?		IF NOT, WHO WILL HELP?
▪ Eat without help	☐ YES ☐ NO	
▪ Plan nutritious meals	☐ YES ☐ NO	
▪ Shop for groceries	☐ YES ☐ NO	
▪ Prepare meals	☐ YES ☐ NO	

HOUSEHOLD CARE

IS MY LOVED ONE ABLE TO. . .?		IF NOT, WHO WILL HELP?
▪ Safety-proof home (see checklist)	☐ YES ☐ NO	
▪ Care for children, a spouse, pets, & other dependents	☐ YES ☐ NO	
▪ Shop for household supplies	☐ YES ☐ NO	
▪ Manage money and pay bills	☐ YES ☐ NO	
▪ Clean the home	☐ YES ☐ NO	
▪ Maintain the yard, walkways, perform seasonal upkeep	☐ YES ☐ NO	
▪ Take out garbage	☐ YES ☐ NO	
▪ Get the mail	☐ YES ☐ NO	
▪ Do laundry	☐ YES ☐ NO	

OTHER

IS MY LOVED ONE ABLE TO. . .?		IF NOT, WHO WILL HELP?
▪ Facilitate conversations with employer as needed	☐ YES ☐ NO	
	☐ YES ☐ NO	