



PLAN FOR CARE AFTER A HOSPITAL STAY

Too many patients end up back in the hospital just a few weeks after discharge—often, it’s because they can’t get to their follow-up doctor appointments or fill their prescriptions. Odds are you can’t handle every aspect of your loved one’s post-discharge care by yourself. Reach out to other family members and friends who might be able to pitch in, and use these handy lists to pull together a coordinated plan. Don’t be afraid to ask your loved one’s nurses to offer ideas—they’ll be glad to know you’re thinking ahead!

PLAN FOR MEDICAL CARE	
IS MY LOVED ONE ABLE TO...?	WHO WILL HELP?
Make doctor appointments and arrange for transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Pick up prescriptions and other needed supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Follow up on test results	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Take medications on time according to instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Use a thermometer to monitor temperature daily	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Arrange home nursing, physical therapy, or other needed support	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Manage wound and/or drain care	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Balance on scales to monitor weight daily	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Safety-proof home to improve accessibility and prevent falls	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →

PLAN FOR DAILY LIVING NEEDS	
IS MY LOVED ONE ABLE TO...?	WHO WILL HELP?
Use the phone	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Shower, bathe, brush teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Dress self	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Use the toilet or commode	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Sleep alone	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Plan and shop for meals	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Cook or prepare meals	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Eat without help	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Care for children	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Care for parents, spouse or other dependents	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Drive or arrange transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Do laundry, housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Handle finances, pay bills	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Use TV, iPad, computer	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Care for pets	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Lawn care/maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No →