

DO YOUR HOMEWORK:

A hospital emergency room (ER) may not be your only choice if an emergency arises. Become acquainted with the kind of care offered at your local Immediate Care Center. Typically, they have shorter waits, comfortable surroundings, less noisy “bustle” and all the testing equipment that hospital ER’s have—usually at a lower cost!

KEY CONSIDERATION:

If your loved one requires transportation by ambulance to the hospital, ask if you can ride along. It helps to explain that you can help keep your loved one calm and as alert as possible.

***Be sure to include your loved one in all conversations.** If your loved one is hearing- or visually-impaired, or differently-abled in any way, make sure the doctor knows so extra care can be taken to make sure your loved one is included—and not just a bystander in their own medical care.*

HOW TO HELP

PREPARE FOR AN ER VISIT:

Whether or not you have a chronically ill or elderly loved one, being prepared for a hospital emergency room visit is a good idea for every member of the family. Some simple prep for ER visits can minimize potential complications and maximize efficiencies in care.

CREATE A “GRAB & GO” KIT:

Organize medical records and info in a folder or notebook.

☐ Two or more copies of important documents:

- ☐ Photo ID of your loved one.
- ☐ Insurance card(s)—front and back.
- ☐ Medical Power of Attorney.
- ☐ Advance Directive.
- ☐ List of doctors who treat your loved one, along with their contact info.
- ☐ List of all recent hospitalizations with dates, reasons for admission, and outcome.
- ☐ List of all surgeries your loved one has ever had, dates of each.



☐ CDs or thumb drives with any scans performed (EKG, CAT, MRI).

Be sure to know the login for your loved one’s electronic medical records.



☐ Medication Records:

Use our **Medication Record** form to organize your loved one’s medication history.

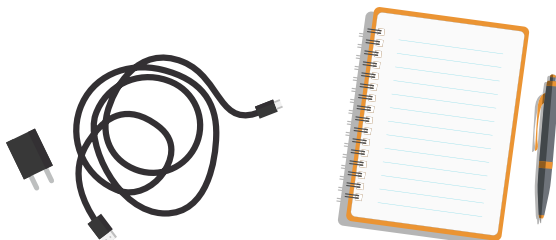
- ☐ List current and recent medications, including vitamins, herbal remedies, and any drugstore meds. (If you have time, put all medications in a baggie and bring.)
- ☐ Include of alcohol, tobacco and recreational drug use. (No one will judge—this is important.)
- ☐ List recent shots and vaccines, with dates for each.



Note: You may have a long wait, so remember to bring any medications your loved one may need to take before the doctor is able to see them.

PACK A TOTE WITH ITEMS FOR YOUR LOVED ONE AND YOURSELF:

- ☐ A favorite personal item of comfort. (sweet treat? religious item?)
- ☐ A warm sweater, neck scarf, hat. ER waiting rooms can be very chilly!
- ☐ A light blanket. (The kind you get on the airline is a good example —it folds up compactly but offers warmth.)
- ☐ Items such as a small fidget-widget, or an Ipad with games, music or video to help quell anxiety. (Don't forget earphones, though!)
- ☐ Noise-canceling headphones.
- ☐ Sunglasses to shield eyes from fluorescent lights in the hospital.
- ☐ Bottles of water and powder packs of Gatorade.
- ☐ Healthy snacks like little packs of nuts, granola bars, protein bars.
- ☐ Contact list of others to call for help, or comfort to your loved one.
- ☐ Antibacterial hand cleaner, such as Purell.®
- ☐ Antibacterial surface wipes.
- ☐ The **Beers List*** and **Kids' List*** of medications considered risky for seniors and children.
- ☐ Chargers for phone and other electronics you bring.
- ☐ Notebook and pen.



WHEN YOU CHECK IN:

- ☐ **Provide** photo ID, insurance card, and Medical Power of Attorney.
- ☐ **Tell admission clerk** that you have all medical records and an up-to-date medication list with you.
- ☐ **If your loved one suffers from dementia**, or is experiencing confusion, ask if the hospital offers a separate “quiet room” to help your loved one feel calm and secure.
- ☐ **If your loved one is experiencing confusion**, let all care providers know if this is a temporary condition or their usual mental state. In older people, onset of confusion can be a red flag for infection, often a urinary tract infection.
- ☐ **If a nurse or doctor suggests a medication** to calm an upset or agitated loved one, ask about:
 - A quiet room, instead.
 - If a quiet room is not an option and your loved one is truly disruptive and does not respond to the items you’ve brought in your “go bag,” a medication may be ordered.
 - Ask before it’s given to your loved one:
 1. Name of drug (its common name).
 2. Does it have Black Box warning? Is it on the **Beers List*** or the **Kids' List*?**
 - Look it up on **MedlinePlus**.
 - If on either of these lists, or if you have any concerns at all, ask: “Are there alternative medications?”
- ☐ **Ask:** “When do you think a doctor will see us?”



**Medications can affect people differently at different ages, so some medications carry age-related precautions. If 65 or older, check the Beers List for medicines that may be harmful for seniors to take. For children, check the KIDS List.*

WHILE WAITING FOR CARE:

- ☐ **Discuss with your loved one** exactly what they are feeling. Where is pain? What is their pain level on a 1-10 scale? Take good notes!
- ☐ **Ask your loved one:**
 - What do you think is wrong? Why?
 - What are your questions for the doctor?
 - What are your worries?
 - What is your goal for treatment today? What do you want to happen today?

- ☐ **Take notes of this conversation to share** with your loved one's doctor and other care providers seen in the ER.

Consider taking a photo of your notes with your phone, then give your notes to the admission desk and tell them you are prepared to meet the doctor. This may be a gentle way of nudging you higher on the waiting list.

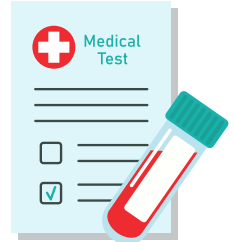


DURING EXAM WITH A DOCTOR:

- ☐ **Stay** with your loved one.
- ☐ **Ask if you can record conversations** so you can take notes later and be fully present during time with the doctor.
- ☐ **If helpful, ask if you can FaceTime** the visit with someone else who may be involved with the care of your loved one.
- ☐ **Review** your loved one's **Medication Record** with the nurse. Tell the nurse of any medications that have been taken that day and/or a few days prior, including herbs, vitamins, and any other non-prescription remedies.



- ☐ **Help your loved one clearly describe** their medical concerns to all care providers. Your notes will help!
- ☐ **For each test, ask:**
 - What will we learn?
 - Is this information a “nice to know” or “need to know” in order to diagnose or treat?
 - Ask the doctor for their initial thoughts, or diagnosis.
- ☐ **For every diagnosis, ask:** “What else could it be?”



AT THE POINT OF DIAGNOSIS:

- ☐ **Take time** to fully understand the diagnosis—don't rush. Ask, “Is there anything else it could be?”
- ☐ **Review and understand any new prescriptions.**
 - What are the side effects?
 - If new prescriptions are started, what is the length of time the medication will be needed?
 - Ask, “Is this medication on the **Beers List** or the **KIDs' List**?” Or look it up yourself.



DURING THE DISCHARGE CONVERSATION:

- ☐ **You may ask to record** the discharge conversation on your phone. Explain that your loved one and you don't want to miss any important details.
- ☐ **Ask questions and ask for plain terms.** If your loved one doesn't understand anything their care providers are saying, ask them to use plain terms. (You didn't go to medical school!) It's important that they share information in everyday language anyone can understand.
- ☐ **Ask for a copy of record of visit**, including the doctor notes.

RECOVERY AT HOME:

- ☐ **Review** existing and new prescription list.

MEDICINES TO TAKE AFTER LEAVING THE HOSPITAL FOR: _____ DATE: _____
(Be sure to include non-prescription medicines and other remedies used at home.)

Name of Medicine, What It Looks Like, Dose (write on label, i.e. mg)	Why Taking This Medicine	How Much to Take Each Time	AT WHAT TIME(S)?	How to Take This Medicine (by mouth, as able, with food, on empty stomach, etc.)
Prescribed by Dr. _____				Taken at Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO Need to Be Filled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr. _____				Taken at Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO Need to Be Filled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr. _____				Taken at Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO Need to Be Filled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM
Prescribed by Dr. _____				Taken at Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO Need to Be Filled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____ When to Take Next Dose: _____ DAY / HOUR AM/PM

• Look up every medicine at: **MedlinePlus**.
• If 65 or older, check the **Beers List** for medicines that may be harmful for seniors to take.
• For children, check the **KiDS' List** for medicines that may be harmful for children to take.

QUESTIONS? CONCERNS?
Please speak up! It's okay to call a doctor later for answers, too.

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- ☐ **Use our handy Medication Record** form to create a new list of everything your loved one needs to take after going home from the hospital.

MEDICATIONS RECORD FOR: _____ DATE: _____
Doctors and nurses will need details about any medications that could be in your loved one's system when they enter the hospital, as well as any allergies to anything. Even things taken in the recent past can still be working in your loved one's system. When it comes to cigarettes, alcohol or recreational drugs, no one will judge. Your loved one's medical team needs to know this information in order to prevent possible negative drug interactions and to be prepared for the possible effects of withdrawal.

Medicine Name, Dose & How Often	Medicine Taken For	When Taken (start / finish)	Prescribing Doctor	Taken As Directed?	Substance Name	Taken For	Usual Dose or Amount	How Often?	Last Taken
CURRENTLY TAKING				<input type="checkbox"/> YES <input type="checkbox"/> NO	Substance Name	Taken For	Usual Dose or Amount	How Often?	Last Taken
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
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3-6 MONTHS AGO				<input type="checkbox"/> YES <input type="checkbox"/> NO	Substance Name	Taken For	Usual Dose or Amount	How Often?	Last Taken
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
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6+ MONTHS AGO				<input type="checkbox"/> YES <input type="checkbox"/> NO	Substance Name	Taken For	Usual Dose or Amount	How Often?	Last Taken
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
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VACCINES

NAME	DATE	NAME	DATE

LIST ALL ALLERGIES (medicine, food, chemical, ingested & environmental)
ALLERGEN: _____ WHAT HAPPENED: _____
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- ☐ **Monitor closely** any changes over the next 24-72 hours after taking new prescriptions. Look up on **MedlinePlus**.
- ☐ Keep daily record of when medication is taken.