Preparing for a hospital visit 

A stay in hospital can be a stressful time, there is much to think and plan for in advance. Local Guardians has put together this toolkit for preparing for entry and discharge from hospital. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Housekeeping items** |
| Any dependants to be cared for? | [ ]  Yes [ ]  No | Notes: |
| Any pets to be cared for? | [ ]  Yes [ ]  No | Notes: |
| Is there someone to check on the house? | [ ]  Yes [ ]  No | Notes: |
| Do the bins need to be taken out? | [ ]  Yes [ ]  No | Notes: |
| Does the mail need to be collected? | [ ]  Yes [ ]  No | Notes: |
| Does the garden/ plants need to be cared for? | [ ]  Yes [ ]  No | Notes: |
| Have appointments been cancelled? | [ ]  Yes [ ]  No | Notes: |
| Have services been cancelled? | [ ]  Yes [ ]  No | Notes: |
| Are there any standing engagements that need to be cancelled/ informed? | [ ]  Yes [ ]  No | Notes: |
| Has your home care package provider been informed? | [ ]  Yes [ ]  No | Notes: |
| Have friends and family been informed? | [ ]  Yes [ ]  No | Notes: |

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| Preparing for the hospital admittance |
| Do you have important cards ready such as Medicare/ Private Health Insurance/ Vets Affairs? | [ ]  Yes [ ]  No | Notes: |
| Do you need to bring any reports/ x-rays with you? | [ ]  Yes [ ]  No | Notes: |
| Do you have your GP/ Pharmacist contact details? | [ ]  Yes [ ]  No | Notes: |
| Is your Emergency Plan up to date? | [ ]  Yes [ ]  No | Notes: |
| Do you have copies of your Advanced Care Directives? | [ ]  Yes [ ]  No | Notes: |
| Do you have an up to date list of your medications? | [ ]  Yes [ ]  No | Notes: |
| Has transport been arranged to get you to the hospital? | [ ]  Yes [ ]  No | Notes: |
| Will you need an interpreter? | [ ]  Yes [ ]  No | Notes: |
| Do you have an emergency contact? | [ ]  Yes [ ]  No | Notes: |

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| Suggestions on what to pack for the hospital admittance – the hospital should also provide a list |
| Comfy clothes | [ ]  Yes [ ]  No | Hearing aids and batteries | [ ]  Yes [ ]  No | Pyjamas | [ ]  Yes [ ]  No |
| Slippers/ shoes | [ ]  Yes [ ]  No | Mobile phone and charger | [ ]  Yes [ ]  No | Dressing gown | [ ]  Yes [ ]  No |
| Eye glasses | [ ]  Yes [ ]  No | Entertainment materials | [ ]  Yes [ ]  No | Dentures | [ ]  Yes [ ]  No |
| Toiletries | [ ]  Yes [ ]  No | Walking aids | [ ]  Yes [ ]  No |  | [ ]  Yes [ ]  No |

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| Information to ask the hospital prior to admittance |
| Are there any changes to the current medications? E.g. to stop taking blood thinners before the admittance. | [ ]  Yes [ ]  No | Notes: |
| Are there any fasting instructions for food and/or drink? | [ ]  Yes [ ]  No | Notes: |
| Is there anything in particular they want you to bring? E.g. reports, x-rays, medications, equipment.  | [ ]  Yes [ ]  No | Notes: |
| How long do they expect you to stay for. | [ ]  Yes [ ]  No | Notes: |
| What to expect during the procedure and stay. | [ ]  Yes [ ]  No | Notes: |
| How long will it take to recover?  | [ ]  Yes [ ]  No | Notes: |
| What time do you need to arrive? | [ ]  Yes [ ]  No | Notes: |
| Is there any particular information the hospital needs to know about you? | [ ]  Yes [ ]  No | Notes: |
| Do you feel like you fully understand the procedure and recovery time? | [ ]  Yes [ ]  No | Notes: |

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| Preparing for discharge |
| Has transport been arranged to take you home? | [ ]  Yes [ ]  No | Notes: |
| Will the home ready for your return? E.g. have meals/ shopping been arranged? | [ ]  Yes [ ]  No | Notes: |
| If you have pets, will you be able to care for them on return? | [ ]  Yes [ ]  No | Notes: |
| Have you been provided with a discharge summary? | [ ]  Yes [ ]  No | Notes: |
| Will you need additional Allied or medical Health services? E.g. pain management, nursing, wound dressing, physio, Occupational Therapist  | [ ]  Yes [ ]  No | Notes: |
| Will you need additional in home services? | [ ]  Yes [ ]  No | Notes: |
| Has your Home Care Package provider been informed of your discharge date? | [ ]  Yes [ ]  No | Notes: |
| Have friends and family been informed? | [ ]  Yes [ ]  No | Notes: |