

A young girl with voluminous, curly brown hair is sitting up in a hospital bed. She is wearing a light blue hospital gown and is smiling warmly at the camera. The background is a softly blurred hospital room, showing medical equipment and a window with some greenery. The text 'Hospital-to-Home Transition Checklist' is overlaid on the left side of the image in a large, white, serif font.

Hospital-to-Home Transition Checklist

Before Discharge: Set the Foundation for a Safe Transition

The hours before discharge shape everything that follows at home. Treat this period like a launch checklist—thorough preparation now prevents stress, confusion, and readmissions later. Use the following items to clarify the diagnosis, consolidate instructions, and align all caregivers on what needs to happen next. Bring a notebook or use your phone to record answers, and do not hesitate to ask the care team to repeat or simplify information. Your goal: leave with clarity, written guidance, and names/numbers for fast help if anything changes.

- Understand the diagnosis and reason for hospitalization
- Ask: What changed from before? (mobility, memory, medications)
- Request written discharge instructions
- Get a full, updated medication list
- Ask about side effects or warning signs
- Confirm follow-up appointments (date, time, location)
- Ask who to call with questions after discharge

Practical tips to succeed with this section: 1) Ask for a printed or patient-portal medication list that clearly labels what is new, what has been stopped, and any dose changes. 2) Clarify activity restrictions (lifting limits, stairs, driving, showering). 3) Request specific red-flag symptoms to watch for in the first 72 hours. 4) If mobility changed, ask for a physical or occupational therapy assessment before leaving. 5) Verify transportation and home support for the first day. 6) If English is not your primary language, request interpreter-supported instructions.

Documentation to bring home: the discharge summary, current medication list, after-visit summary, wound/line care instructions if applicable, therapy recommendations, durable medical equipment orders, and a printed follow-up schedule. Keep these in a folder near the kitchen table or medication station. Photograph them so multiple caregivers can access the same information. Finally, store key phone numbers—primary care, discharging team (if available), specialty clinics, home health, pharmacy—in your phone and on paper in a visible spot.



checklist

Never

Sometimes

Always

Medications and Treatment: Start Clean, Stay Consistent

Medication changes are the number one source of post-hospital confusion. A clean start means reconciling every pill, dose, and schedule before the first dose at home. Create one simple, shared system and follow it religiously for the first week. Consistency prevents dosing errors, interactions, and avoidable side effects that often lead to urgent calls or returns to the emergency department.

- Pick up all prescriptions immediately

- Review medications (what's new, stopped, or changed)

- Create a simple medication schedule

- Use a pill organizer or system

- Watch for side effects (confusion, dizziness, fatigue)

How to build your system today: 1) Cross-check the discharge medication list against everything at home; remove outdated bottles to avoid mix-ups. 2) Program reminders on a phone or smart speaker for dose times. 3) Use a weekly pill organizer, labeled morning/noon/evening/bedtime. 4) Tape a one-page schedule to the fridge listing medicine name, dose, time, and special instructions (with food, blood pressure parameters, insulin timing). 5) For as-needed medications, define exactly when to use them, maximum daily doses, and when to stop. 6) If a medication is costly or out of stock, ask the pharmacist about alternatives or partial fills to avoid missed doses.

Monitoring for safety: the first 72 hours are the highest risk for side effects, orthostatic dizziness, dehydration, and medication interactions. Record daily vitals if recommended (blood pressure, pulse, temperature, weight for heart failure). Track symptoms like new confusion, tremors, nausea, or excessive sleepiness. If in doubt, call the prescribing provider or pharmacist. Never stop a medication abruptly without guidance unless you are told to in a clear safety situation.



Home Preparation: Make Safety the Default

Before the patient arrives, transform the home into a recovery space that minimizes effort and risk. Small adjustments—clear pathways, stable lighting, safe bathroom surfaces—prevent the most common post-discharge injuries. Prepare for comfort, nutrition, and rest so the first night at home is calm rather than chaotic.

- Clean and declutter main living areas
- Remove fall risks (loose rugs, cords)
- Prepare a safe sleeping area (bed height, lighting)
- Stock easy-to-eat meals and fluids
- Ensure bathroom safety (grab bars, non-slip mats)

Practical setup: 1) Nightlights or motion-activated lights for halls and bathrooms. 2) A bedside caddy for phone, glasses, water, and medications. 3) A sturdy chair with arms for safe sitting and standing. 4) A non-slip bath mat, shower chair, and handheld shower if balance is limited. 5) Place frequently used items at waist height to avoid bending or reaching. 6) Keep a thermometer, blood pressure cuff, and any wound-care supplies together in a small bin.

Nutrition and hydration: plan soft, high-protein, easy-to-reheat meals (soups, yogurt, eggs, smoothies). Stock electrolyte drinks if recommended. Create a hydration routine—offer water at medication times and between meals. If appetite is low, aim for small, frequent snacks rather than large plates. For diabetes or heart conditions, follow dietary guidance from the discharge instructions and schedule a follow-up with a dietitian if available.

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Mobility and Safety: Prevent Falls, Build Confidence

Mobility often changes after a hospitalization due to deconditioning, pain, or medication effects. Your strategy is to match support to current ability and adjust as strength returns. Clear communication across caregivers about the level of assistance prevents injuries and maintains dignity. When in doubt, over-assist rather than under-assist until a therapist reassesses at home or in clinic.

- Confirm mobility level (independent, walker, assistance)

- Set up mobility aids (walker, cane, wheelchair)

- Keep pathways clear and well-lit

- Supervise walking if needed

Implementation details: label the walker with the patient's name and keep it within reach of the bed and favorite chair. Review how to use brakes on walkers or wheelchairs. If the patient tends to "furniture walk," create stable handholds and remove wobbly items. Post a note at the bedside: "Call before you get up." If home health is ordered, request a home safety evaluation and training on transfers, stairs, and bathroom use. Practice the exact sequence for getting in and out of bed and on and off the toilet using the patient's real setup.

For higher risk patients, consider temporary limits on stairs, a bedside commode, hip protectors if recommended, and scheduled supervised walks to rebuild endurance. Track distance and fatigue, and stop before wobbliness starts. Celebrate progress to reinforce safe habits.



Dementia-Specific Support: Calm, Familiar, Reassuring

Hospital stays commonly intensify confusion, agitation, and sleep disruption for people living with dementia. The remedy at home is consistency: fewer stimuli, familiar routines, and simple language. Expect a temporary decline and plan accordingly. Gentle redirection works far better than confrontation, and short, clear sentences reduce frustration for everyone.

Expect increased confusion after hospital stay

Keep environment calm and familiar

Avoid overstimulation (noise, too many visitors)

Use simple, reassuring communication

Maintain routine as much as possible

Environmental cues: set clocks with large numbers, label bathroom doors, and keep personal photos visible. Maintain a regular wake-sleep cycle with morning light and an evening wind-down routine. Limit TV news or loud programs. Offer choices with two options rather than open-ended questions. Use the same phrases for medication time, meals, and toileting. If wandering risk is present, add door chimes and place shoes near the chair to cue sitting rather than pacing.

Caregiver approach: speak slowly, make eye contact, and validate feelings. If resistance occurs during bathing or dressing, pause, step back, and try again later with warm towels and soft music. Keep tasks short and stepwise. Rotate helpers to prevent burnout, and document what works so everyone can repeat successful strategies.



Follow-Up Care: Close the Loop Quickly

Timely follow-up prevents complications. Aim to schedule the primary care appointment within seven days, sooner if symptoms are unstable. Bring the discharge summary and medication list to every visit so each clinician works from the same information. If home health is ordered, expect a call within 24–48 hours; answer unknown numbers during this window so services begin on time.

Schedule primary care follow-up (within 7 days if possible)

Schedule specialist appointments

Arrange home health services if ordered

Confirm therapy (physical, occupational, speech)

Preparation checklist for visits: write a short timeline of the hospitalization, top three concerns since coming home, and any measurements (vitals, blood sugars, weights). Bring photos of wounds or rashes if monitoring healing. Ask each clinician to update the medication list and clarify who manages refills for each prescription. Verify how to reach the office after hours and which symptoms require urgent attention.

Coordination tips: use a single shared calendar for all appointments and therapies. If transportation is challenging, ask about virtual visits or community ride programs. For complex cases, request a case manager or care coordinator. After each appointment, summarize next steps in writing and place them with the medication schedule so the whole team stays aligned.



Mon

Tue

30

3

4

10

9

17

Daily Care Needs: Build a Sustainable Routine

Recovery is won in the rhythm of daily life. Simple, repeatable routines reduce anxiety for patients and caregivers alike. Create plans for personal care, meals, hydration, and toileting so needs are met proactively rather than reactively. Post the routine where helpers can see it and stick to it for at least the first week, adjusting based on energy and symptoms.

- Bathing assistance plan
- Dressing support if needed
- Meal preparation plan
- Hydration reminders
- Toileting schedule if necessary

Designing the day: schedule the most demanding tasks (bathing, therapy exercises) when energy is highest, usually late morning. Pair hydration with medication times and snacks.

For toileting, set timers every 2–3 hours to prevent urgency accidents and falls. Lay out clothing that is easy to put on (loose, front-fastening, non-slip socks). Prepare simple meal rotations to avoid decision fatigue.

Caregiver communication: track input and output if instructed, and note any notable changes (sleep, appetite, mood, bowel movements). Use a shared notebook or app for handoffs between family members and aides. Celebrate small wins—first shower at home, a longer walk, a stable night’s sleep—to maintain morale and momentum.

CLEANING CHECK

Clean out fridge

Organize pantry

Wipe counters

Dish washer

replace recycle bins

Put dishes away

Sweep the floor

Dust can be

Wipe down

Clean mirror

Organize

Mirror

Wipe

Wipe

Wipe

Red Flags: When to Call for Help Immediately

Know the danger signs and act fast. Early calls can prevent emergencies. Post this list on the fridge and share it with anyone providing care. When in doubt, err on the side of seeking help. If symptoms are severe or rapidly worsening, call emergency services or go to the nearest emergency department.

- Fever or signs of infection
- Increased confusion or sudden behavior change
- Difficulty breathing
- Falls or weakness
- Refusing food, fluids, or medications

Specific guidance: a fever generally means a temperature of 100.4°F (38°C) or higher, unless your clinician provided different thresholds. Increased confusion can signal infection, medication side effects, or dehydration—treat as urgent. Difficulty breathing, chest pain, or blue lips require emergency care. After any fall with head impact, seek medical attention even if the person seems fine. If refusing fluids or medications, call the provider the same day for alternatives or strategies.

Have the following ready when you call: medication list, diagnoses, allergies, recent vital signs, and a brief timeline of when symptoms began and how they changed. Keep a go-bag with ID, insurance card, medication list, and a phone charger for unexpected trips.



Emergency and Support Contacts: Post and Share

Create a one-glance contact sheet and distribute copies to every caregiver. Save numbers in phones and place a printed version near the main phone or fridge. Include after-hours instructions so you always know whom to call at night or on weekends. Recheck this list monthly or after any change in providers, insurance, or pharmacy.

Primary doctor phone number saved

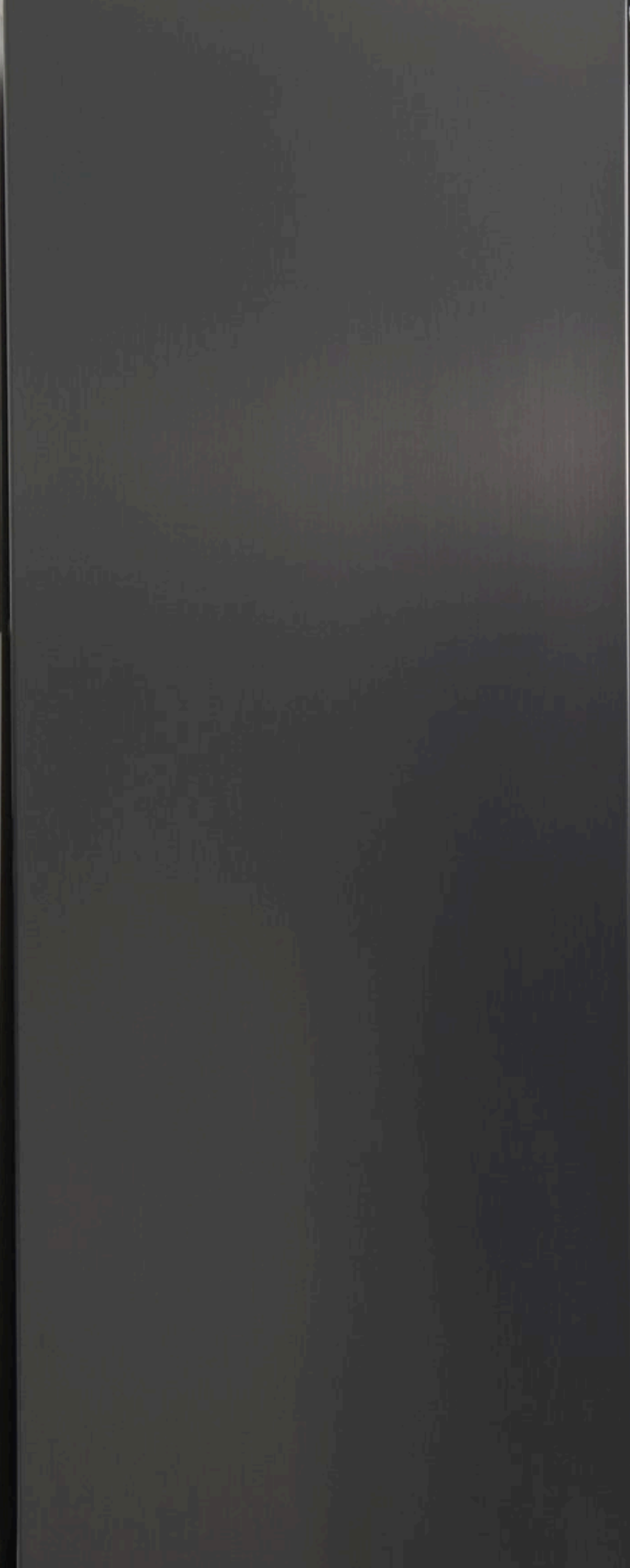
Emergency contact list updated

Pharmacy contact available

Know nearest hospital location

Suggested layout: list urgent numbers at the top (911 or local emergency number, nearest emergency department, on-call nurse line), followed by primary care, specialists, home health, pharmacy, and family contacts. Add addresses and parking instructions for clinics you visit frequently. If you use patient portals, include usernames (not passwords) and a reminder of which portal is for which system.

Backup plan: designate a secondary caregiver who can step in for 24–48 hours if the primary caregiver gets sick. Share home entry instructions, medication locations, and the daily routine. Keep spare house keys and a door code where trusted helpers can access them quickly.



Caregiver Reality Check: Grace Over Perfection

Caregiving during a transition is intense. Expect to feel overwhelmed, especially in the first 72 hours. Focus on stability, not perfection. You cannot control every variable, but you can control consistency: medication timing, hydration, safe mobility, and calm communication.

Ask for help early and often; resilience is a team sport.

You may feel overwhelmed — that's normal

The first 72 hours are the hardest

Focus on stability, not perfection

Ask for help early (family, friends, professionals)

Build your care village: list two people for practical help (meals, errands), two for emotional support, and one professional contact (nurse line, care manager). Schedule short breaks daily, even 10 minutes outside. Sleep is medical; protect it. If you miss a task, reset at the next scheduled time rather than rushing or doubling up. Give yourself credit for every quiet hour, every safe transfer, every glass of water.

If burnout signs appear—irritability, poor sleep, dread—hit pause. Simplify the plan, delegate, and notify the care team. Remember: a supported caregiver is the best medicine a patient can receive.



Pro Tips: What Most Caregivers Don't Know

Transitions are the critical window where most complications occur—not weeks later. Plan proactively for this window with structure, clarity, and communication. Keep systems simple so they are actually used under stress. Document everything; your paper trail becomes your safety net and a powerful tool for clinicians to help quickly when issues arise.

Transitions are when most complications happen—not later

Hospital stays can worsen dementia symptoms temporarily

Having a simple system reduces stress more than “doing everything”

Write everything down—don't rely on memory.

Execution blueprint: 1) One binder or digital folder for all instructions and logs. 2) One daily schedule for medications, meals, hydration, and walks. 3) One contact sheet and crisis plan. 4) A visible progress tracker (check marks work wonders). During the first week, hold a 5-minute daily huddle with anyone helping to review what worked, what didn't, and what to adjust.

Longer-term success comes from iteration. After the first follow-up visit, refine your medication list, therapy plan, and home setup. Keep celebrating stability: steady vitals, no falls, consistent sleep, and reliable routines. Those quiet wins are the essence of recovery.

Meeting

Client