THE LONG ISLAND AFTERCARE

Hospital Survival Guide

A practical packet for patients and families navigating hospitalization, discharge planning, and recovery

WHAT'S INSIDE

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- Hospital Team Tracker
- Daily Hospital Progress Sheet
- Doctor Questions Worksheet
- Discharge Planning Worksheet
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- Emergency Medical Information Sheet
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Free to print and share • Helping Long Island patients and families after the hospital

How to Use This Guide

Five minutes of setup makes every hospital day easier

A hospital stay moves fast. Different doctors visit at different times, plans change daily, and the most important conversation of the week can happen in ninety seconds at the bedside. This guide gives you one place to capture all of it — so nothing gets lost, and so your whole family stays on the same page.

Getting started

1. Print this packet and put it in a folder or binder. Make extra copies of the Daily Progress Sheet — you'll use one per day.
2. Fill out the Medication List and Emergency Information Sheet first, ideally before a hospital stay ever happens.
3. Keep the binder at the bedside. Hand it to whichever family member is visiting that day — it becomes the family's shared memory.
4. Bring it to every appointment after discharge. The Follow-Up Tracker keeps recovery on schedule.

Who this helps

Patients who want to stay in control of their care. Spouses and adult children coordinating from near or far. Caregivers who need the full picture in one place. Hospital case managers and social workers are welcome to print and share this packet with families.

TIP: Take a photo of each completed page with your phone. If the binder is ever left at home, the information is still in your pocket.

More free tools at liaftercare.com: an online medication list that reads pill-bottle labels from a photo, an Emergency Information Sheet you can save to your account, and a searchable directory of every skilled nursing facility in Nassau and Suffolk County.

For personal record-keeping only — not medical advice. Always follow the guidance of your healthcare team. In an emergency, call 911.

Medication List

Include prescriptions, over-the-counter medicines, vitamins, and supplements

ALLERGIES & REACTIONS (write NONE KNOWN if none):

_____

Name: _____ **Date updated:** _____

Medication	Strength	How I take it (directions)	Prescriber

Pharmacy: _____ **Pharmacy phone:** _____

Things I've stopped taking recently: _____

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Hospital Team Tracker

Write down every person involved in care — you will meet a lot of them

Roles you may meet: hospitalist (the doctor in charge of the stay), attending physician, residents, specialists/consults, charge nurse, your nurse each shift, case manager, social worker, physical and occupational therapists, dietitian, pharmacist.

Hospital: _____ **Room #:** _____ **Main phone:** _____

Name	Role / Specialty	How to reach them	Notes

The ONE doctor in charge of this stay is: _____

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Daily Hospital Progress Sheet

Use one page per day — make plenty of copies

Day of stay #: _____ **Date:** _____ **Filled out by:** _____

Doctors & team members who visited today

What we were told (diagnosis, status, plan)

Tests & procedures done today

Results we are waiting for

Plan for tomorrow

Questions to ask tomorrow

Has anyone mentioned a possible discharge date? _____

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Doctor Questions Worksheet

Doctors round quickly — having questions written down changes everything

Good questions to start with

- [ ] What is the diagnosis, in plain language?
- [ ] What is the treatment plan, and how will we know it's working?
- [ ] What medications are being changed, started, or stopped — and why?
- [ ] What tests are scheduled, and when will we get results?
- [ ] When do you expect discharge, and what has to happen first?
- [ ] Will rehab, a skilled nursing facility, or home services be needed?
- [ ] What warning signs mean we should call you or return to the ER?

My questions

1. _____

Answer: _____

_____

2. _____

Answer: _____

_____

3. _____

Answer: _____

_____

4. _____

Answer: _____

_____

5. _____

Answer: _____

_____

6. _____

Answer: _____

_____

7. _____

Answer: _____

_____

8. _____

Answer: _____

_____

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Discharge Planning Worksheet

Share this with the case manager or social worker EARLY in the stay

Discharge planning starts on day one, not the day you leave. This page helps the hospital understand the home situation so the right services are arranged in time.

Home readiness assessment

Lives alone?	☐ Yes	☐ No	**Notes:** _____
Stairs at home?	☐ Yes	☐ No	**Notes:** _____
Caregiver available?	☐ Yes	☐ No	**Notes:** _____
Transportation home & to appointments?	☐ Yes	☐ No	**Notes:** _____
Home oxygen in use or needed?	☐ Yes	☐ No	**Notes:** _____
Uses a walker?	☐ Yes	☐ No	**Notes:** _____
Uses a wheelchair?	☐ Yes	☐ No	**Notes:** _____
Visiting nurse needed?	☐ Yes	☐ No	**Notes:** _____
Can manage bathing & dressing alone?	☐ Yes	☐ No	**Notes:** _____
Can prepare meals alone?	☐ Yes	☐ No	**Notes:** _____

Services to discuss with the case manager

- ☐ Visiting nurse (home care)
- ☐ Short-term rehab or skilled nursing facility
- ☐ Meal delivery
- ☐ Home safety evaluation
- ☐ Physical / occupational therapy at home
- ☐ Medical equipment (bed, commode, oxygen, walker)
- ☐ Transportation services
- ☐ Aide / companion services

Case manager / social worker name & phone: _____

Questions for the discharge planner

_____

_____

_____

_____

_____

_____

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Hospital Discharge Checklist

Do not leave until every box is checked or answered

Paperwork & instructions

- [ ] Written discharge instructions received and explained in plain language
- [ ] Complete medication list reconciled — we know what's new, changed, and stopped
- [ ] All prescriptions sent to our pharmacy (or in hand) — and we can afford them
- [ ] Copies of important test results, or instructions for getting pending results

Appointments & services

- [ ] Follow-up appointments scheduled (with dates, not “call to schedule”)
- [ ] Home services confirmed with start dates (visiting nurse, PT/OT, aide)
- [ ] Medical equipment ordered and delivery date confirmed
- [ ] Transportation home arranged

Safety

- [ ] Warning signs explained — we know exactly what symptoms mean trouble
- [ ] We know who to call with questions, including nights and weekends
- [ ] We know what would require calling 911 or returning to the ER
- [ ] Diet, activity, wound care, and bathing restrictions explained

Discharge date: _____ **24/7 contact number:** _____

Pending results & how we'll get them: _____

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Follow-Up Appointment Tracker

Missed follow-ups are a leading cause of readmission — track every one

Date	Time	Provider & specialty	Location	Purpose	Ride?

Notes & results from visits

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Emergency Medical Information Sheet

Post on the refrigerator • copy for wallet • give to every caregiver

Name: _____ **Date of birth:** _____ **Blood type:** _____

Address: _____ **Phone:** _____

Primary language: _____ **Date updated:** _____

ALLERGIES: _____

_____

MEDICAL CONDITIONS: _____

_____

SURGERIES / IMPLANTED DEVICES (pacemaker, stents...): _____

CURRENT MEDICATIONS: see Medication List (page 3 of this guide) — keep it with this sheet

Emergency contacts

1. Name: _____ **Relationship:** _____ **Phone:** _____

2. Name: _____ **Relationship:** _____ **Phone:** _____

Care team & insurance

Primary physician: _____ **Phone:** _____

Pharmacy: _____ **Phone:** _____

Insurance: _____ **Member ID:** _____

Advance directives

Health care proxy (agent name & phone): _____

DNR / MOLST status & where documents are kept: _____

Anything else responders should know

(hearing or vision loss, dementia, mobility, dialysis schedule, pets at home, key location...)

_____

_____

_____

_____

_____

_____

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Bonus: Hospital Bag Checklist

Pack in ten minutes — whether it's planned or 2 a.m.

For the patient

- [ ] Phone + LONG charging cable
- [ ] Glasses / contacts & case
- [ ] Hearing aids + batteries
- [ ] Dentures & case
- [ ] Medication List (page 3)
- [ ] Emergency Information Sheet (page 10)
- [ ] Insurance cards & photo ID
- [ ] Health care proxy / MOLST copies
- [ ] Comfortable clothes to go home in
- [ ] Non-slip socks or slippers
- [ ] Toiletries & lip balm
- [ ] CPAP machine (if used)

For the family / caregiver

- [ ] This guide & a pen
- [ ] Phone charger / battery pack
- [ ] Snacks & water bottle
- [ ] Sweater (hospitals are cold)
- [ ] List of family to update
- [ ] Cash for parking & vending
- [ ] Book / headphones for waiting
- [ ] Notepad for hallway conversations

Leave at home

- [ ] Jewelry & valuables
- [ ] Large amounts of cash
- [ ] Medications from home (unless the hospital asks)

Why no home medications? The hospital pharmacy supplies and tracks every dose for safety. Bring the LIST of medications, not the bottles — unless your care team specifically asks.

Found this guide helpful? Every page is free to print and share. More tools, guides, and Long Island facility directories at liaftercare.com.

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