Hospital Admission Checklist

A first-two-hours caregiver checklist for getting the basics organized after a parent is admitted

If you can only do five things first: confirm the hospital/unit and current admission status; give the team an accurate medication-and-allergy list; make sure the hospital has the correct family/contact information; tell the team what your parent is normally like at home; and write down who to ask for the next update.

The first two hours

Use the hospital's information and instructions; this checklist helps you organize them.

First 15 minutes - Anchor the basics

- ☐ Hospital and unit
- ☐ Room number, if assigned
- ☐ Current admission status as reported by the hospital
- ☐ Primary family contact
- ☐ Name and role of the person giving the current update

First hour - Give the team the baseline

- ☐ Current medication list
- ☐ Known medication allergies
- ☐ Usual cognition and communication
- ☐ Usual mobility and assistive devices
- ☐ Important healthcare-planning documents, if they exist

Before you step away - Set the communication plan

- ☐ Who is the primary family contact?
- ☐ How will the family receive updates?
- ☐ What is expected next?
- ☐ What question still needs an answer?
- ☐ Who should the family ask for the next update?

Admission status & hospital details

Record what the hospital tells you; do not infer inpatient or observation status from the room or length of stay.

Hospital / Unit	Room	Status as reported by hospital

- ☐ Is my parent currently an inpatient, or an outpatient receiving observation services?
- ☐ If the status changes later, how will we be told?
- ☐ Who can answer billing or coverage questions about this status?

Notes about status / coverage questions

Family & care-team contacts

Keep the names and numbers you are given in one place.

Contact / Role	Name	Phone / How to reach

Medication & allergy information

Provide the most accurate information available to the hospital team.

Medication	Strength / Directions if known	Prescriber / Notes

Known medication allergies

Medication / Substance	Reaction if known

Preferred / community pharmacy

Pharmacy	Phone	Location / Notes

What is normal at home?

Describe what you usually observe. The care team handles diagnosis and interpretation.

Usual cognition & communication

Usual mobility / assistive devices

Usual hearing / vision needs

Usual help with eating, dressing, bathing, toileting or moving around

Documents & personal essentials

Tell hospital staff what documents exist and ask how they should be provided or recorded.

- [ ] Government-issued identification
- [ ] Insurance information
- [ ] Advance directive, if one exists
- [ ] Medical power of attorney / healthcare proxy document, if applicable
- [ ] POLST/MOLST or other medical-orders form, if applicable
- [ ] Glasses
- [ ] Hearing aids and charger/case
- [ ] Dentures and container
- [ ] Phone and charger
- [ ] Mobility device

Today's care team

Ask people to identify their role and write down the names that matter for today's care.

Name / Role	Service or Job	When / Shift

Questions & next steps

Early in an admission, focus on the next concrete step rather than predictions no one can make yet.

- ☐ What is the team working on first?
- ☐ What tests, procedures or consultations are expected next?
- ☐ When is the next planned update or round?
- ☐ Who should the family ask if a question comes up before then?
- ☐ Is there anything the family should bring from home?
- ☐ What information does the team still need from us?

Questions for the next conversation

Family communication plan

Create one current family story before the text messages multiply.

Task	Person	How / When

- ☐ Choose the primary family communicator.
- ☐ Choose one place for shared notes or updates.
- ☐ Route non-urgent family questions through one person when possible.
- ☐ Keep unanswered questions for the next appropriate hospital conversation.

Additional notes

Important: This checklist is an educational and organizational tool for family caregivers. It is not medical, legal, insurance or financial advice and does not replace instructions from the hospital, treating clinicians, health plan or other qualified professionals. Hospital admission and observation status can affect coverage and costs; ask the hospital and insurer or Medicare about the individual situation. In an emergency, contact emergency services.

Developed using: United Hospital Fund / Next Step in Care hospital-admission guidance; AHRQ patient-and-family engagement guidance; Medicare inpatient/outpatient status guidance; and clinician-facing admission references.

Designed with care. Built for Clarity.