

Cedar Point Regional Medical Center

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Main 555-0200 · Nurse navigator 555-0244 · Interpreter line 555-0299
A 312-bed teaching hospital

CAREGIVER INSTRUCTIONS

Document
Family caregiver home support guide
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Taking Someone Home From the Hospital

What to set up before discharge day, what to expect in the first two weeks, and how to protect yourself

CAREGIVER NAME	PATIENT NAME	RELATIONSHIP	DISCHARGE DATE
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BEFORE DISCHARGE DAY — ASK FOR ALL OF THIS WHILE YOU ARE STILL IN THE HOSPITAL		
CATEGORY	WHAT TO ASK FOR	WHY IT IS HARD TO GET LATER
Medicines	A printed list showing what is new, what changed, and what was stopped. Ask specifically about medicines the patient took at home that are <i>not</i> on the new list.	Duplicate or discontinued medicines at home are one of the most common causes of a return to the hospital.
Equipment	Who delivers it, when, who sets it up, who trains you, and who to call if it fails at 2 a.m.	Equipment suppliers have separate phone numbers and hours from the hospital.
Hands-on skills	Ask to perform the task yourself, in front of a nurse, before you leave. Wound care, injections, transfers, feeding tubes, and catheter care all look simpler when someone else does them.	You cannot practice with supervision once you are home.
Warning signs	A written list, specific to this patient's condition, with the phone number to call for each level of concern.	A generic list is not enough to make a decision at midnight.
Appointments	Dates, times, addresses, and whether transportation is arranged.	The first follow-up appointment is often the one that gets missed.
Contacts	One name and number for clinical questions, one for equipment, one for home health, and one for after hours.	Calling the hospital main line at night rarely reaches the right person.

SETTING UP THE HOME
☐ Clear a walking path from the door to the bed and to the bathroom. ☐ Remove loose rugs and extension cords from walking areas. ☐ Add lighting along the route to the bathroom, including a night light. ☐ Put frequently used items at waist height so there is no reaching or bending. ☐ Set up a firm chair with arms; low soft couches are hard to get out of. ☐ Decide where equipment will live before it arrives. ☐ Put the medicine list, the warning-sign sheet, and the phone numbers on the refrigerator. ☐ Make sure a phone is reachable from the bed and from the bathroom.

THE FIRST 72 HOURS AT HOME
• Expect the patient to be more tired and less steady than they were in the hospital. This is normal and not a sign that something went wrong. • Confusion, poor appetite, and disrupted sleep are common in the first days, especially after an older adult's hospital stay. • Fill prescriptions the same day. Do not assume a pharmacy has everything in stock. • Start the medicine schedule immediately and use a pill organizer from day one. • Answer the phone. The hospital or home health agency will usually call within 48 hours. • Write down every question as it occurs to you; you will not remember it at the appointment.

A DAILY LOG IS THE MOST USEFUL THING YOU CAN KEEP

TRACK	HOW OFTEN	WHY THE CARE TEAM WANTS IT
Medicines actually given	Every dose	Reveals missed doses, doubled doses, and timing problems
Weight	Daily, if the team asked for it	Detects fluid changes early
Temperature	Daily, or if the patient feels unwell	Detects infection early
Eating and drinking	Daily	Poor intake explains weakness and dizziness
Bowel and bladder	Daily	Constipation after a hospital stay is extremely common
Pain, on a 0–10 scale	With each dose of pain medicine	Shows whether the plan is working
Activity and steadiness	Daily	Detects a rising fall risk before a fall happens
Wound appearance	With each dressing change	Detects infection early

PROTECTING YOURSELF

Caregiver exhaustion is not a personal failing and it is not a minor issue. A caregiver who is not sleeping, not eating, and not asking for help becomes unable to provide safe care.

- Ask the case manager what home health, respite, meal, and transportation services are available. Ask even if you think you do not qualify.
- Write down one or two people who can cover a few hours, and actually call them.
- Learn the safe way to assist a transfer before you attempt it. Back injuries end caregiving.
- Keep your own appointments and your own medicines.
- Tell the care team if you cannot manage a task. There is almost always an alternative, but only if someone knows.

Boundary: This guide is general caregiver education. It does not contain patient-specific instructions, doses, warning-sign thresholds, or clinical decisions. Use the discharge summary and the instructions from the patient's own care team.

FICTIONAL SPECIMEN. Cedar Point Regional Medical Center, its transitions line, its services, and the process described here are invented for demonstration only. This document is not medical advice and not a real hospital caregiver policy.