Client Name: _______________________________________________

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed checklist according to agency protocol.

_____ 1. Take essential information about the person with you to the hospital including but not limited to a photo identification (ID); insurance information; list of diagnoses; list of medications, dosages, frequency of administration, and when last received; allergies; dates of and types of prior surgeries; guardianship status; and contact information for guardian/health care representative, and provider.

_____ 2. Check in with the receptionist or admitting clerk upon arrival to facility; introduce yourself and the individual you are accompanying.

_____ 3. State the reason you are there; encourage the individual to participate as able.

_____ 4. Discuss accommodations needed in waiting room, such as a more private space, if such arrangements were not made ahead of time.

_____ 5. Provide information to the receptionist as requested such as insurance information, photo ID.

_____ 6. Maintain a positive, supportive environment while waiting. Engage the individual in a preferred activity as needed.

_____ 7. Alert the receptionist and establish a method for him/her to contact you if need to leave waiting area for any reason.

_____ 8. Accompany the individual to the hospital room and assist the hospital personnel in orienting the individual to the room, bed, call system, bathroom, etc.

_____ 9. Make sure all health care and contact information provided during admission is transitioned with the individual to the hospital unit.

_____ 10. Review health-related information with hospital personnel and discuss supports that may be necessary.

_____ 11. Stay with the individual to provide support and assist with communication until admission is completed or otherwise directed by hospital personnel.
**HOSPITALIZATION CHECKLIST:
ADMISSION TO AND DURATION OF HOSPITALIZATION**

____ 12. Encourage and facilitate communication with the individual. Inform the hospital staff of any special means of communication or augmentative communication devices used by the individual.

____ 13. Refer the health care provider to a contact person in the provider agency, a guardian, and/or to written information if you do not know the answer to the health care provider’s question.

____ 14. Inform hospital personnel of the individual’s needs, including use of adaptive equipment.

____ 5. Discuss whether any equipment or personal items need to be brought from the home.

____ 16. Be sure all personal belongings and equipment has the individual’s name on it and is inventoried by the hospital.

____ 17. Establish a contact person at the hospital. This contact person may be a nurse, case manager or discharge planner. Inform guardian/health care representative and provider contact or health care coordinator (HCC) of the name and phone number of that person.

____ 18. Discuss the need to be notified ahead of time of any discharge plans.

____ 19. Discuss with the contact person the best time of day to call for information and visit the individual. Explain that someone from the provider organization will call or visit periodically to follow the individual’s progress and treatment course. Encourage hospital staff to call the agency contact person for any problems, questions, or concerns.

____ 20. Discuss challenges that may occur during the procedures/examinations with the health care provider.

____ 21. Assist with explanations and provide support for the procedures/examinations. This support may include providing diversions or requesting shorter, simpler events or steps with breaks in between.

____ 22. Assist with transfer and positioning.

____ 23. DO NOT give verbal or written consent for invasive procedures—refer the health care provider to the guardian or health care representative if the individual cannot give their own consent.

____ 24. Ask hospital staff to keep you informed, ask what tests or procedures are being ordered/ performed, and request the results of those tests.
25. Keep guardians/health care representatives and agency personnel informed of the recommendations and actions while at the hospital.

26. Assist in supporting the individual but do NOT give the individual any medication or anything to eat or drink without hospital personnel’s assistance and guidance.

27. Write down all events that occur during hospitalization, including all tests performed and all conversations with hospital staff (identify staff by name and title) and record per agency policy upon return to the home.

28. Keep a notebook with a pocket folder in the room for notetaking and storing information, phone numbers, business cards, etc., provided during hospitalization.

29. A staff person familiar with the individual should be with the individual during waking hours or at least some period of time daily to assist with facilitation of care and communicate regarding the status of the individual as directed.

30. Make phone calls daily at a time specified by the health care coordinator in order to stay up to date on the person’s condition and physician’s recommendations, treatment, and testing.

31. Discuss discharge plans during the admission process. Establish a contact person to assist with discharge plans; explain the need to make sure appropriate supports and training are in place in the home prior to discharge.

32. If at any time there is a concern regarding the care of the individual or the status of the individual’s health, notify the hospital personnel and your supervisor, nurse, or guardian of your specific concerns.
HOSPITALIZATION CHECKLIST:
ADMISSION TO AND DURATION OF HOSPITALIZATION

Comments:
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Staff Completing: ____________________________________________________ Date: ______________