ER Go-Bag Checklist

Pack it now, keep it by the door, and grab it on the way out.

ON HOSPICE? CALL HOSPICE FIRST, EVERY TIME.

Call your hospice agency's 24/7 line before 911 or the ER, even when it feels like an emergency.

Hospice 24/7 number: _____ **Hospice name:** _____

PAPERWORK (COPIES IN A ZIP POUCH)

- [ ] Medication list with doses and allergies (dated)
- [ ] Insurance cards, front and back: Medicare, supplement or Advantage, Medicaid, VA, drug plan
- [ ] Social Security card copy, or know the number
- [ ] Photo ID copy
- [ ] POLST, DNR, or advance directive
- [ ] Health care power of attorney
- [ ] Health summary: diagnoses, surgeries, devices, usual abilities
- [ ] Contact list: PCP, specialists, pharmacy, family
- [ ] Most recent discharge papers
- [ ] Notepad and pen

HEALTH ESSENTIALS

- [ ] Glasses and case
- [ ] Hearing aids, case, and batteries or charger
- [ ] Dentures and case
- [ ] One day of critical medications in original bottles
- [ ] Walker or cane

COMFORT ITEMS

- [ ] Sweater or light blanket
- [ ] Non-slip socks or slippers
- [ ] Change of loose clothes for the trip home
- [ ] Small snack and water (ask staff before eating)
- [ ] Lip balm and small comb
- [ ] Small lidded container for jewelry, hearing aids, or dentures
- [ ] Something familiar: photo, pillow, rosary

FOR THE CAREGIVER

- [ ] Phone charger with long cord, plus battery pack
- [ ] Your own medications
- [ ] Snacks and water bottle
- [ ] Cash or card for parking
- [ ] Book or headphones, and a sweater
- [ ] Ride home plan if you don't drive at night

IF IT APPLIES

- [ ] Memory loss: "About Me" sheet and calming music
- [ ] Diabetes: meter, strips, glucose tablets
- [ ] Oxygen or devices: full tank, chargers, supplier number

GRAB AT THE LAST MINUTE

- [ ] Glasses
- [ ] Hearing aids
- [ ] Phones
- [ ] Walker / cane
- [ ] Daily meds
- [ ] Keys

Refresh the bag every 3 to 6 months and restock it the day you get home from any ER visit.

IMPORTANT NUMBERS

Primary care provider _____ **Pharmacy** _____

Nurse line _____ **Home health agency** _____

Family contact _____ **Family contact** _____

Bag kept at _____ **Last refreshed** _____