

The Hospital Go-Bag

Pack it now, before the ambulance — and the one-page fact sheet that tells the ward who she was on Tuesday.

DAY TO DAY DEMENTIA

Why a bag, and why a sheet

Hospital admissions are where people with dementia lose ground fastest, and the mechanism is largely **delirium** — a sudden disturbance of attention triggered by illness, medication, immobility, disrupted sleep, restraints and catheters. It looks like the dementia suddenly getting much worse. Around a third of patients are still delirious on the day they are discharged.

The part worth knowing is that it is *partly preventable*. Multicomponent prevention programs cut delirium by roughly half, and they do it with unglamorous things: glasses, hearing aids, sleep, hydration, and getting people out of bed. No drug does this.

Which means the contents of a bag are not sentimental. **Her glasses and her hearing aids are part of the clinical protocol.** A ward that cannot correct her vision and hearing cannot orient her, and a person who cannot hear the question looks confused whether or not she is.

The three things that do the most work

1 The sensory kit	Glasses, hearing aids <i>with working batteries and spares</i> , and dentures. These are the single highest-value items in the bag and the ones most often left at home in an emergency.
2 The fact sheet	Page 3 of this document. Staff rotate every shift and none of them knew her last week. Written baseline is what turns “confused elderly patient” into a change somebody can act on.
3 The paperwork	Current medication list, insurance cards, advance directive or POLST, and your authority to speak for her. Copies stay in the bag permanently.

Fill out the fact sheet today, not in the emergency room. The details that matter most — what she could do a week ago, how she shows pain, what settles her — are impossible to compose accurately while you are frightened. Write it once when things are calm, keep a copy in the bag and a photo of it on your phone, and update it whenever something real changes.

Where it lives: by the door, wherever you would grab a coat — not in a closet and not upstairs. Tell everyone else who might be with her where it is. Check it twice a year for battery expiry, an updated medication list, and current insurance cards.

Free to print, copy, and share. Please pass it on to anyone who needs it.

daytodaydementia.com

Practical, honest company for people caring for someone with dementia.

What goes in the bag

Tick as you pack. The left column is the check; keep this page inside the bag.

DOCUMENTS — KEEP PERMANENT COPIES IN THE BAG

ITEM	WHY IT MATTERS
Current medication list, with doses and times	Including over-the-counter and supplements
Allergy list	Drug and food
Insurance cards and photo ID	Photocopies, so originals stay home
Advance directive / POLST / DNR	The actual document, not a description of it
Health care power of attorney	Your authority to speak, in writing
Doctors' names and phone numbers	Primary care, neurology, cardiology
The dementia fact sheet (page 3)	Two copies — one for the chart, one taped at the bedside

THE SENSORY KIT — THE DELIRIUM PREVENTION ITEMS

ITEM	NOTE
Glasses, plus the spare pair	Label the case with her name
Hearing aids, batteries, charger	Pack spare batteries; wards do not stock them
Dentures and denture cup	Eating badly is a delirium trigger
Large-face clock or a simple calendar	Orientation, which the room will not supply
Familiar blanket, photograph, or object	Something recognizable in an unrecognizable room

PRACTICAL — FOR HER, AND FOR YOU

ITEM	NOTE
Non-slip socks or slippers	She will be asked to walk; ward socks fit badly
Two changes of clothes she can manage	Pull-on, no small buttons
Incontinence supplies for 24 hours	Her brand, not the ward's
Phone charger with a long cable	Sockets are never near the chair
Notebook and pen	Names, times, what was said, who said it
Snacks and a water bottle for you	You will be there longer than you think

Leave at home: jewelry, wallets, large amounts of cash, and anything irreplaceable. Items go missing in hospitals routinely and nobody is being careless on purpose — she will move rooms two or three times.

The bedside fact sheet

Bring two copies — one for the chart, one taped at the bedside. Name _____ Date _____

WHO SHE IS ON AN ORDINARY DAY

Name she answers to — and type of dementia, year diagnosed	
What she could do a week ago	Walking, talking, feeding herself, oriented to what — be specific. This is the baseline every change gets measured against, and nobody on this ward has it.
How she communicates	Sentences, single words, gestures, none — and which language she reverts to

HOW TO WORK WITH HER

How she shows pain	Often not by saying so — grimacing, guarding, calling out, refusing care, going quiet
What settles her	
What sets her off — and her night pattern	

THE BODY FACTS STAFF NEED IN THE FIRST HOUR

Hearing and vision	Which aids, which side, and whether they are here
Mobility and transfers	Walks alone / walker / one person assist / two person assist / hoist
Eating, swallowing, continence	Texture or thickened-liquid orders, how much help she needs, toileting schedule

WHO TO CALL

Two contacts	Name, relationship, phone, best hours — and who holds the health care power of attorney
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Ask for these by name, on day one. A delirium prevention program or geriatrics consult · that she is got up and walked twice a day · overnight vital signs clustered so she can sleep · when the catheter comes out · a Beers criteria medication review, for anticholinergics and benzodiazepines · discharge planning, on the first day rather than the last.