Hospital bag checklist

Person's name _____

Date _____

DOCUMENTS

- [ ] ID and insurance or health card
- [ ] Up-to-date medication list
- [ ] Emergency contact sheet and any care plan
- [ ] Copies of power of attorney or advance directive

CLOTHES

- [ ] Comfortable clothes and nightwear for 3 days
- [ ] Non-slip slippers and shoes
- [ ] Dressing gown or cardigan

PERSONAL CARE

- [ ] Toothbrush, toothpaste and denture box
- [ ] Glasses, hearing aids and spare batteries
- [ ] Walking aid labelled with the name
- [ ] Continence products if used

COMFORT

- [ ] Phone, charger and a list of numbers
- [ ] Book, puzzles or music with headphones
- [ ] A familiar photo or small object
- [ ] A little cash for the shop or TV

Notes