Esenga Health

Home Care Kit

Simple printable tools for patients, families, and caregivers

FREE TO PRINT AND SHARE

Caring for someone at home means keeping track of a lot: medications, appointments, symptoms, and the many people who help. This kit keeps the most important information in one place, ready for a doctor's visit, a shift change, or a call to 911.

What's inside

1. **Emergency One-Page Summary**
   Diagnoses, allergies, code status, and who to call. Hand it to EMS or the ER.
2. **Care Team Contacts**
   Every provider, agency, pharmacy, and family member in one list.
3. **Medication List & Tracker**
   What's taken, when, and why, plus refill dates and side effects.
4. **Doctor Visit Prep Sheet**
   Questions to ask and space to write down the answers.
5. **When to Get Help**
   Which symptoms mean call 911, call your provider today, or wait for the next visit.
6. **Daily Care Log**
   Vital signs, eating, bathroom, pain, sleep, and mood for the week.
7. **Caregiver Shift Handoff**
   What the next caregiver needs to know, so nothing gets missed.

How to use it

1. Print the pages you need, plus extra Daily Care Logs and Shift Handoffs for each week.
2. Fill in the Emergency Summary and Medication List first. Pencil makes updates easy.
3. Keep everything in one folder or on the fridge, where family, caregivers, and EMS can find it.
4. Bring the Emergency Summary, Medication List, and Visit Prep Sheet to every appointment.

Tip: Snap a phone photo of the Emergency Summary and Medication List each time you update them, so you always have a copy with you.

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Emergency One-Page Summary

Keep it on the fridge or by the door. Give it to EMS or the emergency room.

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FULL NAME | DATE OF BIRTH | PHONE

ADDRESS | PREFERRED LANGUAGE | INTERPRETER NEEDED? Y / N

INSURANCE AND MEMBER ID | PRIMARY CARE PROVIDER AND PHONE

Code status and planning documents

Code status ☐ Full code ☐ DNR ☐ DNI ☐ Not sure

On file ☐ MOLST ☐ Health Care Proxy ☐ Guardian ☐ Power of Attorney

WHERE THE MOLST AND PROXY PAPERWORK IS KEPT

Emergency contacts

Name	Relationship	Phone	Health Care Proxy?

Health information

DIAGNOSES AND HEALTH CONDITIONS

ALLERGIES (MEDICATIONS, FOODS, LATEX) AND REACTION

RECENT HOSPITAL STAYS OR SURGERIES

DEVICES (PACEMAKER, OXYGEN, FEEDING TUBE, CATHETER…)

MOBILITY, HEARING, VISION, OR MEMORY NEEDS

WHAT'S NORMAL FOR THIS PERSON (HOW THEY USUALLY TALK, WALK, THINK, AND BEHAVE)

PREFERRED HOSPITAL | PHARMACY AND PHONE | LAST UPDATED

Current medications are listed on the attached Medication List.

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Care Team Contacts

Everyone involved in care, in one place

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List every doctor, nurse practitioner, specialist, home health agency, therapist, pharmacy, and family member who helps.

Name	Role or specialty (PCP, cardiology, PT…)	Agency or office	Phone / fax	Last seen

Services and supplies

Service (home health, equipment, meals, rides, oxygen…)	Company	Phone

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Medication List & Tracker

Prescriptions, over-the-counter medicines, vitamins, inhalers, patches, and drops

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NAME	DATE OF BIRTH	LAST UPDATED

PHARMACY AND PHONE	ALLERGIES

Medication and strength	How much and how	When (times)	What it's for	Prescriber	Refill due	Side effects / notes

Recent changes

Date	Medication	Started, stopped, or dose changed	Who changed it and why

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Doctor Visit Prep Sheet

Fill in the top before the visit. Write down the answers during the visit.

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APPOINTMENT WITH (PROVIDER AND SPECIALTY)

DATE

TIME

THE MAIN REASON FOR THIS VISIT (THE ONE THING TO MAKE SURE GETS ADDRESSED)

WHAT'S CHANGED SINCE THE LAST VISIT (NEW SYMPTOMS, FALLS, ER VISITS, SLEEP, EATING, MOOD)

Questions to consider asking

- [ ] What do you think is causing this, and what else could it be?
- [ ] Is there a new medication? What is it for, and what side effects should I watch for?
- [ ] What can I do at home to help?
- [ ] When should I come back, and who do I call with questions before then?
- [ ] Do I need any tests? When and how will I get the results?
- [ ] Should any of my current medications be stopped or changed?
- [ ] What warning signs mean I should call you, or go to the ER?
- [ ] Can I get a written summary of today's visit?

My own questions

1.

2.

3.

What the provider said

DIAGNOSIS, OR WHAT'S GOING ON

MEDICATION CHANGES

TESTS, REFERRALS, OR ORDERS

WHAT TO DO AT HOME AND WHAT TO WATCH FOR

NEXT APPOINTMENT AND WHO TO CALL

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When to Get Help

A general guide. If your provider gave you different instructions, follow theirs.

CALL 911

Don't wait, and don't drive them yourself

- Chest pain, pressure, or tightness
- Trouble breathing, or lips or face turning blue or gray
- Stroke signs: face drooping, arm or leg weakness, trouble speaking, sudden vision loss or loss of balance. Note the time it started.
- Passing out, or can't be woken up
- A seizure lasting more than 5 minutes, or a first-ever seizure
- Bleeding that won't stop with firm pressure
- A fall with a head injury, especially on a blood thinner, or a fall with severe pain or being unable to get up
- Sudden confusion or a big change from their normal
- Severe allergic reaction: swelling of the face or throat, or hives with trouble breathing
- Thoughts of harming themselves or others (also call or text 988)

CALL YOUR PROVIDER TODAY

Use the after-hours line on evenings and weekends

- Fever of 100.4°F or higher
- Weight gain of 2–3 lbs in a day or 5 lbs in a week, or new or worse swelling in the legs or belly
- Blood sugar under 70 that doesn't come up with treatment, or over 300
- Blood pressure much higher or lower than usual, especially with dizziness or a headache
- Vomiting or diarrhea for more than a day, or can't keep fluids down
- Eating or drinking much less than usual for more than a day
- Burning with urination, very dark or bloody urine, or not urinating
- A wound that is red, warm, swollen, draining, or smells bad
- A new fall, even without injury
- Ran out of a medication, or a dose was missed or doubled
- New or worsening pain, cough, or shortness of breath with activity
- Side effects such as a rash, dizziness, or unusual sleepiness

BRING IT UP AT THE NEXT VISIT

Write it on the Visit Prep Sheet so it isn't forgotten

- Changes in sleep, appetite, or energy
- Memory slips or more trouble with daily tasks
- Constipation or other bathroom changes that aren't urgent
- Questions about medications, costs, or refills
- Mood changes, worry, or feeling down
- Needing more help at home, equipment, or supplies

Before you call, have these ready

- ☐ Name and date of birth
- ☐ The Medication List
- ☐ What the symptoms are and when they started
- ☐ Recent vital signs or blood sugar, if you have them
- ☐ Any recent falls, changes, or hospital visits
- ☐ The Emergency Summary, if EMS is coming

Not sure? Call. It's always okay to check.

Your provider: _____ After hours: _____ Mental health crisis: call or text **988**

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Daily Care Log

One page per week. Bring it to appointments.

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NAME

WEEK OF

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
VITAL SIGNS							
Blood pressure (morning)							
Blood pressure (evening)							
Heart rate							
Temperature							
Oxygen level (%)							
Blood sugar							
Weight							
EATING, DRINKING & BATHROOM							
Meals eaten (none / some / all)							
Fluids (cups)							
Urine (times / normal?)							
Bowel movement (yes / no)							
HOW THEY'RE DOING							
Pain (0–10) and where							
Sleep (hours / restful?)							
Mood (good / okay / low)							
Activity or walking							
Falls or near falls							
All medications taken?							

NOTES, AND ANYTHING TO TELL THE PROVIDER

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Caregiver Shift Handoff

Fill this in before you leave, so the next caregiver knows what happened

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NAME

DATE

SHIFT (FROM–TO)

CAREGIVER GOING OFF SHIFT

CAREGIVER COMING ON SHIFT

During this shift

Overall ☐ Usual self ☐ Better than usual ☐ Worse than usual

Medications given (name and time)	Missed, refused, or late (and why)

EATING AND DRINKING

BATHROOM (URINE, BOWEL MOVEMENTS, ACCIDENTS)

VITAL SIGNS AND BLOOD SUGAR

PAIN, SLEEP, AND MOOD

ANYTHING NEW OR DIFFERENT (FALLS, SKIN CHANGES, CONFUSION, BEHAVIOR, SYMPTOMS)

For the next shift

THINGS TO WATCH FOR OR FOLLOW UP ON

CALLS MADE OR RECEIVED (PROVIDER, PHARMACY, FAMILY)

UPCOMING APPOINTMENTS, DELIVERIES, OR VISITS

SUPPLIES RUNNING LOW

SIGNED (OFF SHIFT / ON SHIFT)