

Preparing for A Potential Hospital Stay

QUICK TIP

How To Use This Document

In times of crisis it is perfectly normal to feel overwhelmed. Our goal is to help you be as prepared as possible and to make planning ahead a little easier.

- I PAGE 1**
Read through the packing list.
- II PAGE 2**
Learn about the medical documents and note which ones you need created.
- III PAGE 5**
Review and contact legal support. Referral options are provided on Banister Advisor’s Advanced Care Planning web page [here](#) ↗



Before Leaving Home

In the event of an unexpected trip to the hospital, **prepare a bag of essentials** which should contain these items at a minimum:

○ A PACKET WITH MULTIPLE COPIES OF THESE MEDICAL DOCUMENTS

- Power of Attorney (POA)
- POLST form (Physician’s Orders for Life Sustaining Treatment)
- HIPAA release form
- Living Will (also known as an Advance Healthcare Directive)
- Patient information summary
- Medication list
- Contact list
- **LEARN MORE** ↗

○ PERSONAL BELONGINGS

- A change of comfortable clothes
- Medications
- Toothbrush/toiletries
- Phone/tablet chargers

Below are other key documents to have ready and available at home

- List of passwords (especially your smartphone and computer passwords)
- List of dependents and key responsibilities (e.g. pets, neighbors who may rely on you, etc.)
- Last Will & Testament
- Documented funeral home arrangements

DISCLAIMER | This content is not intended as legal advice and should not take the place of legal counsel from a licensed attorney.



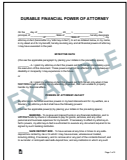
Medical Document Checklist

These documents are listed in order of priority. **Keep the original documents at home** in an obvious location (i.e. on the refrigerator, or near the front door) with your other key documents, and **only bring copies with you to the hospital.**

CHECK AFTER COMPLETED



POWER OF ATTORNEY (POA)



WHAT IT IS

A POA allows you to define under what kind of circumstances, a family member or friend of your choosing, will be able to make medical decisions on your behalf. There are many different types of POA(s) related to financial and medical decision making. Learn more [here](#) ↗

WHY IT MATTERS

Without a POA:

- You might not have urgent healthcare goals met.
- Decision-making support could be greatly delayed.
- Your family members might experience confusion and/or conflict.

HOW TO OBTAIN ONE

- Contact an attorney to draft this legal document. Referral options are provided on Banister Advisor's Advanced Care Planning web page [here](#) ↗
- Note: This document has specific signing requirements. Read about them [here](#) ↗



POLST FORM (Physician's Orders for Life Sustaining Treatment)



WHAT IT IS

This is most relevant for people over 60 years old and/or who have underlying health conditions. Speak with your providers to see if you would benefit from one.

This form is a standardized, portable, brightly colored single page medical order that legally documents a conversation between a provider and their patient. Patients and their providers use a POLST form to define specific medical orders to be honored by health care workers during a medical crisis.

WHY IT MATTERS

Without a POLST Form:

- 911 responders might provide care you do not want, in your home or an ambulance.
- You might not receive the care you desire by ER staff when you arrive at the hospital.

HOW TO OBTAIN ONE

- Download a form for your state [here](#) ↗
Check with your state program to ensure this form is valid where you are.
- Watch a video to learn more [here](#) ↗





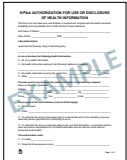
Medical Document Checklist (CONTINUED)

These documents are listed in order of priority. **Keep the original documents at home** in an obvious location (i.e. on the refrigerator, or near the front door) with your other key documents, and **only bring copies with you to the hospital.**

CHECK AFTER COMPLETED



HIPAA RELEASE FORM



WHAT IT IS

A signed HIPAA release form is needed before a patient's protected health information can be shared with other individuals or organizations, except in the case of routine disclosures for treatment, payment or healthcare operations permitted by the HIPAA Privacy Rule.

WHY IT MATTERS

Without a HIPAA Release Form:

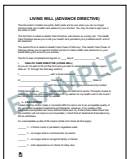
- Medical personnel cannot share info with people you may want to have access.
- If you do not have family in the area, close friends could not receive updates.

HOW TO OBTAIN ONE

- A quick, stand-in form can be downloaded [here](#) ↗
- For a more robust, personalized form, contact an attorney to draft this document. Referral options are provided on Banister Advisor's Advanced Care Planning web page [here](#) ↗



LIVING WILL (aka Advance Healthcare Directive)



WHAT IT IS

A living will is a document that specifies what actions should be taken for a person's health if they are no longer able to make decisions for themselves because of illness or incapacity. A living will can be very specific or very general.

WHY IT MATTERS

Without a Living Will:

- You might not have urgent healthcare goals met.
- Decision-making support could be greatly delayed.
- Family and friends might be burdened by decisions they would rather not make.

TO OBTAIN ONE

- A quick, stand-in form can be downloaded [here](#) ↗
- For a more robust, personalized form, contact an attorney to draft this document. Referral options are provided on Banister Advisor's Advanced Care Planning web page [here](#) ↗
- Learn more about living wills at [Five Wishes](#) ↗



PATIENT INFORMATION SUMMARY



WHAT IT IS

The patient info summary contains personal data that will be very helpful to medical personnel upon intake when you arrive at the hospital.

WHY IT MATTERS

Without a patient info summary:

- Medical personnel might be unaware of critical info.
- Your regular physician(s) might not be made aware of your condition.
- You might receive incorrect billing from the hospital after your visit.

HOW TO OBTAIN ONE

- This form is found at the end of this document [here](#) ↗
- It can also be downloaded online [here](#) ↗





Medical Document Checklist (CONTINUED)

These documents are listed in order of priority. **Keep the original documents at home** in an obvious location (i.e. on the refrigerator, or near the front door) with your other key documents, and **only bring copies with you to the hospital.**

CHECK AFTER COMPLETED



MEDICATION LIST



WHAT IT IS

This list should contain the name of all current medications, vitamins, supplements, dosages, prescribing physician and their contact information, and pharmacy location.

WHY IT MATTERS

Without a medication list:

- Medical personnel might be unaware of critical info.
- You might be given treatment that would cause an adverse reaction.
- You could miss important doses if you are incapacitated or ill.

HOW TO OBTAIN ONE

- This form is found at the end of this document [here](#) ↗
- It can also be downloaded online [here](#) ↗



CONTACT LIST



WHAT IT IS

Include the names, phone numbers, and emails (if possible) of all your close family and friends who you would wish to be notified in the case of incapacity or illness.

WHY IT MATTERS

Without a contact list:

- Medical personnel might not reach your family and friends.
- You might not get decision-making support.
- You might not receive calls and visits.

HOW TO OBTAIN ONE

- This form is found at the end of this document [here](#) ↗
- It can also be downloaded online [here](#) ↗



Helping Clients Gracefully Navigate Life's Most Overwhelming Challenges

By using this guide to prepare yourself for a potential hospital stay you are doing a great service to yourself and to your family, friends, and others who support you during challenging times. If at any point you have questions, concerns, or need to consult with an advance care planning specialist, please note that our Banister Navigators are ready and available to assist you.

info@banisteradvisors.com | BanisterAdvisors.com | 206.485.0555





Attorneys by State

Please check Banister Advisor’s Advance Care Planning web page for an up-to-date list of attorneys who are currently taking on new clients and can help with the rapid creation of the following documents via remote meetings (phone or video conference):

- Power of Attorney (POA)
- HIPAA Release Form
- Living Will (aka Advance Healthcare Directive)

Other services these attorneys can help you with:

- Last Will & Testament
- Trust and Estate Planning

Certain document have specific signing requirements. Read about them [here](#) ↗

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Reference Links

Below is a comprehensive list of URLs that are mentioned in this document.

PAGE 1

Banister Advisor's Advanced Care Planning web page

<https://www.BanisterAdvisors.com/ACP>

PAGE 2

Different types of POAs

<https://www.elderlawanswers.com/powers-of-attorney-come-in-different-flavors-8217>

POA signing requirements

<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>

National POLST form

<https://polst.org/national-form/>

Video on understanding the POLST form

https://www.youtube.com/watch?time_continue=18&v=ci7KIDJQpFU&feature=emb_logo

PAGE 3

Fill out your own HIPAA form

<https://eforms.com/release/medical-hipaa/>

Fill out your own Living Will

<https://eforms.com/living-will/>

Learn more about Living Wills

<https://fivewishes.org/shop/order/product/five-wishes>

Download your own patient summary form

<https://www.BanisterAdvisors.com/ACP>

PAGE 4

Download your own medication list

<https://www.BanisterAdvisors.com/ACP>

Download your own contact list

<https://www.BanisterAdvisors.com/ACP>

PAGE 5

Signing requirements for certain legal documents

<https://app.leg.wa.gov/RCW/default.aspx?cite=11.125.050>



PATIENT INFORMATION SUMMARY (1 OF 3)

Name: _____ Date of Birth: _____ Gender: _____ Blood Type: _____

Home Address: _____

Employer: _____ Occupation: _____

Employer Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEDICAL INSURANCE

Primary Insurance Name: _____ Primary Insurance Phone: _____

Policyholder's Name: _____ Relationship to Patient: _____

Member ID #: _____ Group #: _____

Secondary Insurance Name: _____ Secondary Insurance Phone: _____

Policyholder's Name: _____ Relationship to Patient: _____

Member ID #: _____ Group #: _____

PHYSICIAN CONTACT INFO

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

Physician Specialty: _____ Name: _____ Phone: _____

PATIENT INFORMATION SUMMARY (2 OF 3)

Name: _____ Date of Birth: _____ Gender: _____ Blood Type: _____

MEDICAL HISTORY

Check any conditions you have had:

- High Blood Pressure
- Heart Condition**
 - Heart attack. When: _____
 - Chest pain/pressure/angina.
When was the last time: _____
 - Shortness of breath
 - Heart failure or fluid in your lungs
 - Irregular heart beats
 - Heart murmur or heart valve
 - Congenital heart disease (born with).
Specify: _____
- Heart surgery or angioplasty or heart stents placed
- Heart tests
 - Stress test (treadmill)
 - Heart catheterization
 - "Echo"/heart ultrasound
 - "Holter" heart rhythm monitor
- Pacemaker
- Internal defibrillator
- Other heart conditions: _____
- Breathing/Lung Condition**
 - Emphysema
 - Breathing tube placed. When: _____
 - Asthma
 - Wheezing
 - Sleep apnea
 - Blood Clot to lungs (pulmonary embolism)
 - Use oxygen at home. Amount: _____
- Other lung problems: _____
- Liver Condition**
 - Hepatitis. Type: _____
 - Cirrhosis of the liver
 - Other liver problems: _____
- Kidney Problems**
 - Type: _____
 - On dialysis
- Diabetes**
 - Take Insulin
- Endocrine Problems**
 - Hot or cold intolerance
 - Thyroid problems
 - Neck irradiation history
- Neurological Condition**
 - Had a stroke or TIA ("mini-stroke")
 - Seizure disorder or epilepsy
 - Headaches
 - Other neurological conditions: _____
- Rheumatoid Arthritis**
 - Symptoms affecting your neck
- Blood Disorder**
 - Anemia (low blood count)
 - Sickle cell disease
 - Abnormal bleeding/bruising
 - Tendency to form blood clots
 - Past blood transfusion. When? _____
 - Other blood disorders: _____
- Gastrointestinal Problems**
 - Loss of appetite. Explain: _____
 - Change in bowel movements. Explain: _____
 - Nausea or vomiting. Explain: _____
 - Frequent diarrhea?
 - Constipation. Explain: _____
 - Rectal bleeding or blood in stool.
Explain: _____
 - Abdominal pain. Explain: _____
 - Stomach ulcers (peptic ulcer disease).
Explain: _____
 - Frequent gastroesophageal reflux (GERD) or heartburn
- Cancer**
 - Type: _____
 - Chemotherapy.
Dates/type (if known): _____
 - Radiation therapy.
Dates: _____
- Metal Implants or Devices**
 - Explain: _____

PATIENT INFORMATION SUMMARY (3 OF 3)

Name: _____ Date of Birth: _____ Gender: _____ Blood Type: _____

SURGICAL HISTORY

Have you ever had surgery? Yes No

If yes, please list: _____

Type: _____ Year: _____

Type: _____ Year: _____

Type: _____ Year: _____

Recent Hospitalizations: _____

Problems with nausea/vomiting after anesthesia

Problems with difficult breathing tube insertion

Problems with awareness under anesthesia

Family history of malignant hyperthermia

Family history of major anesthesia problems.
Please list date, type of surgery, and hospital
surgery took place:

PSYCHIATRIC HISTORY

Anxiety

Memory change

Depression

Suicidal ideation

Mood swings

Homicidal ideation

Sleep disturbances

Hallucinations (A/V)

Other: _____

Explain: _____

ALLERGIES

Are you allergic to any medications? Yes No

If yes, please list: _____

Are you allergic to latex? Yes No

Are you allergic to any foods? Yes No

If yes, please list: _____

FOR WOMEN ONLY

Are you pregnant? Yes No

Trying to get pregnant? Yes No

Nursing? Yes No

Postpartum depression? Yes No

Taking oral contraceptives? Yes No

Menopause? Yes No

MEDICATION LIST

Name: _____ Date of Birth: _____ Gender: _____ Blood Type: _____

Allergies & Allergic Reactions: _____

Prescription Medication	Purpose/Reason for Taking	Dose	Time(s) of Day	Start Date/End Date	Prescribing Physician Name and Phone	Pharmacy Phone and Location

Vitamins/Supplements	Purpose/Reason for Taking	Dose	Time(s) of Day	Start Date/End Date	Prescribing Physician Name and Phone (if any)

