



DEMENTIA HOSPITAL PREPARATION

Hospital Packing List for a Parent With Dementia

Pack medical information, baseline communication details, comfort items, documents, and discharge questions for a parent living with dementia.

PRACTICAL. CLEAR. PRINTABLE.

FREE CAREGIVER GUIDE

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SHORT ANSWER

Bring an accurate medication and allergy list, identification and insurance information, decision-making documents, clinician and caregiver contacts, a one-page description of the person's usual baseline, communication and calming tips, essential sensory aids, and a few familiar comfort items.

Start with a one-page baseline

Hospital staff may meet your parent during pain, illness, fear, fatigue, or delirium. A short baseline helps them understand what is usual and what has changed.

- Preferred name and communication style.
- Usual memory, speech, mobility, toileting, eating, and sleep.
- Hearing, vision, language, and sensory needs.
- Triggers, fears, behaviors, and effective calming approaches.
- How pain or discomfort usually appears.
- Who knows the person best and who has legal authority.

IMPORTANT

Use factual language: "May pace when frightened; responds to a calm voice and one-step directions" rather than "difficult patient."

Medical and contact information

- Current medication list with dose, schedule, purpose, and last dose when known.
- Allergies and prior serious reactions.
- Diagnoses, recent symptoms, key clinicians, pharmacy, and home care contacts.
- Identification, insurance cards, and emergency contacts.
- Advance directive, health care proxy, MOLST/POLST or equivalent, guardianship, and other relevant documents when applicable.

Comfort and communication items

- Glasses, hearing aids, dentures, mobility aids, chargers, cases, and labels.
- A familiar photo, small blanket, music, or safe comfort object.
- Comfortable clothing, nonslip footwear, and requested toiletries.
- A written routine and food or cultural preferences.
- A communication card or translated phrases when useful.

IMPORTANT

Avoid valuables, cash, irreplaceable items, unapproved medication, weapons, and anything the hospital prohibits.

What to tell the care team

- What changed and when it began.
- The usual baseline and best approach.
- What increases fear or agitation and what helps.
- Mobility, fall, swallowing, wandering, toileting, and skin concerns.
- Who should receive updates and make decisions.
- Home services or caregiver limits that affect discharge.

IMPORTANT

Sudden confusion may be delirium or another acute problem—not simply dementia progression. Ask the clinical team to evaluate changes.

Questions before discharge

- What changed, what was treated, and what warning signs require help?
- Which medication was started, stopped, or changed—and why?
- What supervision, mobility help, diet, equipment, or follow-up is required?
- Who should be called with questions?
- Are results or appointments pending?
- Can the home and caregiver safely meet the new needs?
- What instructions and records should go to the next clinician or service?

Frequently asked questions

Why does the hospital need a baseline?

It helps clinicians compare current behavior and function with the person's usual abilities and recognize meaningful changes.

Should I bring medication bottles?

Follow hospital instructions. Bring an accurate list and ask whether original containers are needed. Do not give home medication unless staff directs it.

What should stay at home?

Valuables, unnecessary financial records, passwords, cash, and unapproved medication or equipment.

Sources and further reading

- National Institute on Aging — Communicating With Someone Who Has Alzheimer's
- AHRQ — Diagnostic Safety for Older Adults
- National Institute on Aging — Advance Care Planning

Prepare the baseline i nformatio n the hospital needs.

The Dementia Hospital Communication Kit helps families organize baseline, communication, comfort, medication, and discharge information.

View the
Dementia
Hospital Kit →

General educational information only. This guide does not replace emergency services, medical care, legal or tax advice, agency policy, supervisor direction, or a client-specific plan of care. Requirements vary by location and situation. Do not record protected health information in this guide.

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