FREE PRINTABLE GUIDE + AI PROMPT KIT

WHEN SOMEONE YOU LOVE IS SUDDENLY HOSPITALIZED

A calm, practical way to keep track of answers, ask better questions, and prepare for the days after a medical emergency.

MADE FOR THE PERSON TRYING TO KEEP EVERYTHING STRAIGHT

Use this guide whether you are a partner, sibling, adult child, friend, neighbor, or other trusted support person. Start with page 2; print only the worksheets you need.

INSIDE

Emergency questions • One-page medical snapshot • Lab trend tracker • Care-team notes • Medication and discharge checks • AI prompts • Follow-up plan

IMPORTANT

This is an organization and communication resource, not medical advice or a substitute for a clinician. For an emergency, get immediate medical help rather than using AI or this workbook. Never delay treatment to complete a worksheet.

ACTION READY TOOLS

Practical tools for situations that do not come with instructions. | actionreadytools.com

01 • FIRST STEPS

Start here: the first 15 minutes

You do not have to understand every diagnosis. Your job is to capture the facts, ask for clarification, and know what happens next.

URGENT SAFETY RULE

If someone is unresponsive, cannot breathe normally, has new stroke-like symptoms, severe chest pain, or another immediate emergency, alert medical staff or call emergency services. Do not wait for an AI interpretation.

Five questions to ask right now

- ☐ What is the biggest immediate concern?
- ☐ What do you know for certain, and what are you still investigating?
- ☐ What is being done right now?
- ☐ What change should we tell the nurse about immediately?
- ☐ Who will give the next update, and when?

Create one reliable information source

Ask the patient whom they want involved in updates. With permission, designate one person to record information and share a brief summary with others. Do not rely on multiple secondhand retellings.

The 60-second status check

Question	Write what staff actually said
Current location / care level	_____
Main medical issues	_____
Treatments happening now	_____
Next decision or test	_____
Next update / contact	_____

SAY THIS

“I know you are treating a serious situation. Could someone tell us the biggest concern right now, what you are doing about it, and when we can expect an update?”

02 • FILL OUT ONCE

Patient snapshot

Keep this with you; update it when a clinician corrects something. Share only with appropriate people and with the patient's permission.

Essential fact	Details
Patient name / preferred name	_____
Hospital / unit / room	_____
Main contact / phone	_____
Contact authorization confirmed?	Yes / No / Ask staff
Primary doctor / specialist	_____
Major conditions / prior events	_____
Allergies / reactions	_____
Usual medications / doses	_____
Recent medications or changes	_____
Communication / learning needs	_____
Baseline functioning / recent changes	_____
Pharmacy / preferred location	_____

Symptoms and timeline (what happened before arriving):

What is still uncertain or disputed?

USE FACTUAL LANGUAGE

Write "the nurse said the order ended after two weeks," not "the lab lost the order." Mark information as confirmed, suspected, or unknown.

03 • DURING HOSPITAL ROUNDS

Ask questions that get useful answers

A number, a medical term, and a treatment plan are three different things. Ask what each means for the patient right now.

Condition and trends

- ☐ What is the leading diagnosis? Is it confirmed or still a possibility?
- ☐ Which problems are improving, unchanged, or worsening?
- ☐ What is the main danger over the next 12–24 hours?
- ☐ What finding would make you change the treatment plan?

Tests and treatments

- ☐ Why was this test ordered, and when will results be available?
- ☐ Which lab values matter most today? What were they yesterday?
- ☐ What medication or treatment was started, stopped, or adjusted? Why?
- ☐ Who is responsible for telling us about results still pending?

When an invasive procedure is proposed

- ☐ What problem is the procedure meant to solve?
- ☐ Is it urgent? What happens if we wait, or do not do it?
- ☐ How will pain and anxiety be managed?
- ☐ What are the main risks and alternatives for this patient?

WHEN THE TEAM DOES NOT KNOW THE CAUSE YET

“I understand you are still investigating. What are the most likely possibilities, what have you ruled out, and which test or response to treatment will help narrow it down?”

Top three questions for the next physician update:

04 • WATCH THE TREND

Lab and measurement tracker

Do not diagnose from a single result. Treatments, units, sampling time, and the patient's baseline all affect what a number means.

Date and time: _____ Physician or nurse who explained results: _____

Test / measurement	Previous	Latest	Trend / clinician explanation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Three questions after every update

- ☐ Is the number improving because the body is recovering, or because treatment is temporarily changing it?
- ☐ What is the patient's usual baseline, if known?
- ☐ Does the result change what happens next?

COMMON TRAP

A "normal" reading on a monitor does not establish that the whole situation is safe. A changed number after dialysis, transfusion, or medication may reflect treatment rather than permanent recovery. Ask the care team what the trend means.

Important details about testing, doses, or timing:

05 • RECORD THE CONVERSATION

Medical update and decision log

Write down exact statements where possible. Avoid relying on memory after a stressful conversation.

Field	Notes
Date / time / location	_____
Who provided update / role	_____
Confirmed findings	_____
Suspected causes (not proven)	_____
What changed today	_____
Treatments / tests planned	_____
Possible risks or warning signs	_____
Next review date / time	_____
Person responsible for follow-up	_____

Action tracker

Open task	Owner	Due	Confirmed complete?
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

AN ACTION IS NOT FINISHED JUST BECAUSE SOMEONE SAID "WE WILL DO IT."

"Prescription sent" is not the same as "pharmacy received and can fill it." "Blood tests ordered" is not the same as "lab has an active order and clinician is assigned to review results."

06 • MEDICATION SAFETY

Make one verified medication list

Discharge is often when medication errors happen. Reconcile the old list against the new one with a clinician or pharmacist; do not use AI to decide what to stop or start.

Medication / strength	Take / Stop / Change?	Dose + when	Prescriber / question
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confirm before leaving

- ☐ Which old medicines are stopped, and why?
- ☐ Which are new or have different doses?
- ☐ Who adjusted for kidney, liver, heart, or other relevant conditions?
- ☐ What should the patient do if a dose is missed, vomiting occurs, or food intake changes?
- ☐ Did a pharmacist check interactions and teach the patient how to use devices?
- ☐ Does the patient have enough medication until the next appointment?

Refill: track the whole chain

Requested → Signed → Received by pharmacy → Insurance/stock confirmed → Ready for pickup → In hand

SAFETY NOTE

Never change prescribed doses based on AI. If an essential medication will run out before the next dose, contact the pharmacist or prescribing team promptly for a same-day safe plan.

07 • PROCEDURES AND TRANSFERS

When the plan changes quickly

Transfers, ICU admission, dialysis, operations, transfusions, or new lines are frightening. Ask for facts without letting questions delay necessary emergency treatment.

Before a procedure (if time permits)

- ☐ What is this procedure called? What problem does it address?
- ☐ What will be done, in plain language? Where on the body?
- ☐ Is local anesthetic or other comfort support planned?
- ☐ What complications should staff monitor for afterward?
- ☐ Is this treatment temporary, repeated, or expected to be long-term?
- ☐ When will the decision be reassessed?

During a hospital transfer

- ☐ Has a receiving hospital / specialist accepted the patient?
- ☐ Is the delay due to a bed, transport, or another issue?
- ☐ What treatment and monitoring continue while waiting?
- ☐ Who tells the patient or supporter when the move occurs?
- ☐ Will the medication list, recent labs, and key history go with them?

ANXIETY SCRIPT

“It makes sense that this feels frightening. Let’s ask the person doing the procedure exactly what will happen and what they can do to keep you comfortable. We do not have to pretend it is nothing.”

Procedure or transfer details / next decision:

08 • DO NOT LEAVE WITH GAPS

Discharge readiness checklist

A discharge can be medically appropriate even with abnormal numbers. The essential question is whether the patient can be safely cared for afterward.

Before leaving the hospital, verify

- ☐ Diagnosis and what remains uncertain are explained in understandable language.
- ☐ All medications are reconciled, with a complete written start / stop / change list.
- ☐ Critical prescriptions are confirmed available or there is a safe interim plan.
- ☐ The patient knows exactly which symptoms require a call, urgent visit, or emergency care.
- ☐ Follow-up appointments are booked or there is a named person responsible for arranging them.
- ☐ Lab orders specify dates, number of draws / expiration, and who reviews results.
- ☐ A specific clinician is responsible for each pending result or issue.
- ☐ Specialists and the primary clinician receive the discharge information.
- ☐ Home equipment, transportation, help with daily tasks, and cost barriers are addressed.
- ☐ The patient or supporter can explain the plan back in their own words.

DISCHARGE MEETING REQUEST

“We understand the patient may be ready to leave. Could the attending clinician, nurse or pharmacist, and case manager review the medication changes, upcoming tests, responsibilities, and what to do if something falls through?”

Unresolved issue and named person who will resolve it:

09 • FIRST WEEK HOME

The follow-up handoff

Make the plan visible. “Call your doctor” is not enough when several clinicians and multiple orders are involved.

Task	Who owns it?	When / confirmation
Pick up all medicines	_____	_____
First PCP contact	_____	_____
Specialist follow-up	_____	_____
Next blood draw / imaging	_____	_____
Pending results to chase	_____	_____
Monitor at home (per plan)	_____	_____
Work / insurance / social work	_____	_____

What to verify for every lab order

Ordering clinician: _____ Test(s): _____ Start date: _____ Frequency: _____
Number of draws or end date: _____ Lab received it? _____ Reviewing clinician: _____

When you hear “we sent it”

Ask: Sent to whom? On what date? Did they confirm receipt? What happens if the prescription, referral, or order is rejected? Who will call the patient back?

FOR PATIENTS WHO NEED COMMUNICATION SUPPORT

Use plain language, one step at a time, written instructions, reminder alerts, and teach-back. Ask the patient how they prefer to receive information; support their decisions and privacy.

10 • CONVERSATIONS UNDER PRESSURE

Short scripts that keep discussions productive

Use respectful, direct language. Ask for facts and the next action rather than trying to determine who is at fault.

When nobody has explained what is happening

“I understand the team is busy. We have heard that this is serious, but we do not yet understand the diagnosis, the current danger, or the treatment plan. Who can give us a brief update?”

When a lab / prescription / referral appears missing

“We were told there is no active order. Could you check whether it was never received, expired, or already completed? What is the next step and who is responsible?”

When a medication change seems inconsistent

“This differs from the previous list. Please confirm the current instruction, the reason for the change, and whether the pharmacy and other prescribers have been updated.”

When a patient has trouble processing instructions

“Could you explain this in two or three steps, give us the instructions in writing, and ask the patient to repeat the plan back so we can catch any misunderstanding?”

When communication is dismissive

“I want to stay focused on the patient’s safety. I still need an answer to this concern. Could we speak with the charge nurse, attending clinician, or patient advocate?”

Privacy: With the patient’s agreement, ask staff to document who may receive updates. HIPAA often permits relevant discussion with friends or family involved in care, but the patient’s wishes and the provider’s judgment still matter.

11 • USE AI AS A TRANSLATOR

A reliable AI workflow

AI can help translate terms, organize notes, prepare questions, and draft calls. It cannot see the patient, confirm a diagnosis, or decide treatment.

The safer sequence

1 Take notes on what the clinician actually said.
2 Remove personal identifiers before sharing with an AI service.
3 Ask AI to separate facts, possibilities, and unknowns.
4 Bring the questions back to the medical team.
5 Update the record with their answers, not the AI's guesses.

PASTE THIS SAFETY INSTRUCTION BEFORE ANY PROMPT

"I am supporting someone during a serious medical situation. Explain in plain language. Separate confirmed facts from possibilities and unknowns. Do not diagnose, invent medical results, estimate survival, recommend medication changes, or reassure me without evidence. Flag signs that need immediate staff attention and give me concise questions for the treating team."

Protect the patient's information

☐ Remove names, birth dates, phone numbers, addresses, insurance IDs, medical record numbers, and room numbers.

☐ Do not share identifiable photos of patients, wristbands, documents, or recordings without their permission.

☐ Check the AI service's privacy and data-retention settings before sharing sensitive information.

☐ Do not record staff or patient conversations without appropriate consent and applicable legal compliance.

☐ If AI gives a claim that conflicts with clinicians, ask the treating team to verify it.

Good AI output: "Here is what the term usually means, why it may matter, and three questions to ask." Bad AI output: "This is definitely the cause and the patient will recover."

12 • COPY-READY PROMPTS

AI prompts: during the hospital stay

Replace the bracketed text with de-identified facts. Do not include names or identifying details.

PROMPT A / Explain a medical term

“The care team used this term: [TERM]. Explain it in plain English, what it generally means, what it does NOT establish by itself, and three questions to ask. Do not apply it as a diagnosis to this person.”

PROMPT B / Understand changes in tests

“Here are the clinician-confirmed results with dates and units: [TEST + EARLIER + LATEST]. Create a simple trend table. Describe possible reasons a result changes, including effects of treatment. Identify the missing information needed to interpret it. Do not recommend treatment.”

PROMPT C / Prepare for rounds

“Confirmed facts: [FACTS]. Team is investigating: [UNKNOWN]. Current treatments: [TREATMENTS]. Suggest five high-priority, non-duplicative questions for the next physician update, ordered by immediate safety and decisions.”

PROMPT D / Summarize a medical update

“Organize these de-identified notes into: confirmed findings, possible causes, treatments, what changed, pending tests, questions, and who owns each follow-up. Mark unclear wording rather than guessing: [NOTES].”

PROMPT E / Ask about a procedure

“The team proposed [PROCEDURE]. Explain its usual purpose and steps in everyday language, common questions about pain control and alternatives, and what to clarify with the performing clinician. Avoid saying whether this patient should have it.”

13 • COPY-READY PROMPTS

AI prompts: discharge and follow-up

Use these to prepare for a conversation, not to replace one.

PROMPT F / Compare two medication lists

“These are de-identified OLD and NEW medication lists taken from written instructions. Create a comparison showing new, stopped, changed, and unclear items. Do not infer missing doses or tell us to take or stop anything. Draft pharmacist questions for every discrepancy. [LISTS]”

PROMPT G / Check the discharge handoff

“Using this de-identified discharge plan [PLAN], identify questions about medication availability, tests, orders and expiration dates, pending results, follow-up appointments, who reviews abnormalities, and when to seek care. Produce a checklist to confirm with clinicians.”

PROMPT H / Draft a pharmacy or doctor call

“Write a calm, direct 45-second phone script. Facts: [FACTS]. Problem: [PROBLEM]. What has already happened: [ACTIONS]. Needed outcome: [OUTCOME]. Ask for a specific next step, responsible person, and confirmation. Avoid accusations.”

PROMPT I / Make instructions easier to follow

“Rewrite these approved instructions in plain language for someone who struggles to retain verbal information. Use short steps, a checklist, and a ‘task is complete when’ line. Do not change medical content or doses. Mark anything unclear for the clinician: [INSTRUCTIONS].”

PROMPT J / Prepare a short family update

“Write a respectful update using ONLY these confirmed facts: [FACTS]. Explain what remains uncertain, what happens next, and when another update is expected. Omit identifying details and do not speculate about outcomes.”

14 • ONE-PAGE DAILY BRIEF

The next 24 hours, in one place

Bring this page to rounds or keep it beside the patient's paperwork.

Today's status	Write the confirmed answer
Date / hospital unit	_____
Biggest concern today	_____
What has improved	_____
What remains serious	_____
Treatment happening now	_____
Decision expected next	_____
Who will update us / when	_____

Today's three most important questions

1.

2.

3.

Open tasks that need completion

Task	Owner	Deadline / proof complete
_____	_____	_____
_____	_____	_____
_____	_____	_____

A helpful rule: A question is answered when the patient understands the plan. A task is completed when the action has actually happened.

15 • KEEP PERSPECTIVE

Support the patient. Do not become the entire system.

A supporter can help make care understandable. Healthcare professionals remain responsible for clinical decisions and the safety of their treatment plan.

A workable division of responsibility

Patient / trusted supporter	Medical team / system
Share relevant history and patient preferences.	Explain the diagnosis, treatment, risks, and alternatives.
Write down questions and confirm understanding.	Order and interpret tests, monitor response, and respond to changes.
Track outstanding tasks and follow up early.	Provide correct prescriptions, timely results, and coordination.
Say when instructions are confusing or support is needed.	Provide accessible explanations, teach-back, and appropriate support.

When help is needed beyond family or friends

Ask about a hospital social worker, discharge case manager, patient advocate, pharmacist medication review, nurse care manager, interpreter, diabetes educator, or other condition-specific support. Ask for help with transportation, work documentation, financial assistance, and accessible communication when relevant.

Trusted sources to use alongside this guide

- AHRQ: IDEAL Discharge Planning — ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy4/index.html
- AHRQ: Teach-Back — ahrq.gov/teamstepps-program/curriculum/communication/tools/teachback.html
- MedlinePlus: Leaving the Hospital — medlineplus.gov/ency/patientinstructions/000867.htm
- HHS: Family Members and Friends / HIPAA — hhs.gov/hipaa/for-individuals/family-members-friends/index.html
- AHRQ: Questions Are the Answer — ahrq.gov/questions/10questions.html

IMPORTANT

For immediate danger, contact emergency services or bedside medical staff. This resource is general education and planning help. AI output can be incomplete or wrong; a licensed clinician should answer patient-specific medical questions.

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