HELPING AN AGING PARENT

Medical Care Checklist

Medications, appointments, portal access, and hospital stays. Work down it in pieces. You are not expected to finish this in a weekend, and nobody is grading it.

If you do nothing else this week

These two prevent the most harm for the least effort. Everything after them can be built slowly, in whatever order the week allows.

- [ ] **Write the medication list.** Every prescription, over-the-counter drug, and supplement — with dosage, timing, purpose, and prescriber. This is the document most often needed urgently and most often wrong.
- [ ] **Pack the hospital bag and leave it by the door.** Emergencies don't allow packing time.

The medication list

- [ ] Medication name — including the generic name, since the same drug travels under several
- [ ] Dosage
- [ ] When it's taken
- [ ] Why it's taken — this is what lets a new doctor spot a drug still being taken for a condition that resolved years ago
- [ ] Prescribing provider
- [ ] Pharmacy
- [ ] Allergies and prior reactions
- [ ] Vitamins and supplements — ask specifically; most people don't think of these as drugs
- [ ] Update it after every appointment and every hospital stay

Hospitals change medications constantly, and the list your parent comes home with often differs from the one they went in with in ways nobody says out loud.

Make the routine need less vigilance

- [ ] Use one pharmacy where possible, so a pharmacist sees the whole picture
- [ ] Synchronize refill dates into one monthly pickup
- [ ] Ask about pharmacy-prepared medication packets — each dose sealed and labeled by date and time
- [ ] Weekly pill organizer, filled on a set day
- [ ] Automatic dispenser that releases doses on schedule and alerts someone if a dose is missed
- [ ] Phone or smart-speaker reminders
- [ ] Turn on refill reminders from the pharmacy
- [ ] Remove discontinued and expired medications from the house entirely
- [ ] Ask the doctor or pharmacist for a full review of the complete list — periodically, and after every hospitalization

Ask the review to cover duplication, interactions, side effects that look like aging, and drugs that may no longer be needed. Prescriptions accumulate over decades; very few systems exist to take them away again.

Before every appointment

- [ ] The three most important concerns, written down, in order
- [ ] Current medication list
- [ ] Recent symptoms, falls, or changes in what they can do
- [ ] Home records: blood pressure, glucose, weight, symptom logs
- [ ] Glasses, and a hearing aid that's actually working

In the room

- [ ] Let your parent answer the questions — add your observations afterward, as observations
- [ ] Resist the two-way conversation between you and the doctor that leaves your parent sitting there as a topic
- [ ] Leave the room if they ask you to. They're entitled to a private conversation.
- [ ] Ask what changes require urgent attention, and who to call after hours
- [ ] Take notes
- [ ] Confirm what happens next before you leave — tests, referrals, medication changes, and who is responsible for each
- [ ] If you've been noticing memory changes, ask about a cognitive assessment — Medicare Part B covers a separate visit for this, and you can attend

Portal access and permissions

- [ ] Sign a HIPAA release naming you at **each** provider's office — proxy status rarely transfers between health systems
- [ ] Set up official proxy or caregiver portal access rather than sharing your parent's password
- [ ] Confirm you can see appointments, results, visit summaries, request refills, and message the team
- [ ] Make sure every provider has a copy of the medical power of attorney, if one exists

Shared passwords break at the worst moment — a password reset, a system migration, a hospital admission — and leave no record that you're authorized.

The hospital bag — packed and by the door

- [ ] Medication and allergy list
- [ ] Insurance cards
- [ ] Advance directive
- [ ] Emergency contacts
- [ ] Hearing-aid supplies, including spare batteries
- [ ] Glasses
- [ ] Phone charger
- [ ] Nonslip shoes
- [ ] Basic toiletries
- [ ] Change of clothing
- [ ] Label everything — glasses, hearing aids, dentures, walker, chargers

An older adult without glasses and hearing aids, in an unfamiliar room at night, is far more likely to become confused and frightened — and that confusion often gets recorded as a symptom rather than as a consequence of missing equipment.

Before you take them home from the hospital

- [ ] Which medications changed — stopped, started, or duplicated under a different name?
- [ ] Which symptoms mean call the doctor, and which mean return to the ER?
- [ ] Was home health ordered?
- [ ] Is therapy or equipment needed — walker, commode, shower chair, hospital bed — and who is arranging it?
- [ ] Who provides daily help? Say the real number out loud: how many hours a day will they be alone?
- [ ] When is follow-up, and is it already scheduled?
- [ ] Is the home safe for the person being discharged, not the person who lived there last month?

Medicare home health requires a face-to-face assessment, a provider's order, and that your parent be homebound and need part-time skilled care. It does not cover 24-hour care, meal delivery, housekeeping, or help with bathing and dressing when that's the only help needed — which is often exactly the help families need.

Compare providers: Medicare Care Compare — medicare.gov/care-compare. Hospitals, home health agencies, nursing homes, and hospices certified by Medicare.

Free medication tracking worksheet: National Institute on Aging — nia.nih.gov/health/caregiving/caregiver-worksheets

One more thing. You will make a mistake at some point — a missed dose, a call not returned. It will feel out of all proportion, because underneath the logistics sits a quiet belief that if you're careful enough, nothing bad will happen. Aging is not a problem you're failing to solve. Fix what can be fixed, tell the doctor, and try not to build a case against yourself.

Questions for the next appointment