TOOL 1

Emergency Contacts

Write contacts someone else would need if you could not be reached. The “when to contact” column turns a number into an instruction. Circle CURRENT or CONFIRM; cross out old numbers and write OUTDATED.

For (person or household)

Last updated

Emergency number here (911 in the United States)

Nearest emergency department, and how long it takes to get there

Person / organization	Role	Phone	Email / location	When to contact	Status
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF
					CUR · CONF

In an emergency, call the emergency number first, before looking anything up here. The numbers in this book are for the United States: 911 for emergencies, Poison Control 1-800-222-1222. If you are somewhere else, write your local numbers in the boxes above.

TOOL 2

Care Team Map

Everyone who does or could carry part of the load, including you. Record real capacity, not assumed capacity. Write “ask” when unsure.

Care team for

Last updated

Person	Relationship / role	Support they can provide	Availability	Preferred contact	Current responsibilities	Backup potential

TOOL 3

Medication List

Copy each line word for word from one source. Do not convert, shorten, or combine two sources into one line. Include over-the-counter items and supplements. Circle CUR when you copied it from the source yourself; circle CONF when anything is unclear or two sources disagree.

Person

Date of birth

List copied on (date)

Allergies, exactly as recorded by the clinician

Who copied this list

Medication name	Strength, as written	Directions, word for word from the label or summary	What it is for, as provided	Prescriber	Pharmacy	CUR / CONF · date
						CUR · CONF
						CUR · CONF
						CUR · CONF
						CUR · CONF
						CUR · CONF
						CUR · CONF
						CUR · CONF

INSTEAD OF COPYING IT OUT

A dated pharmacy or clinician list is a strong starting source, because it can reduce transcription errors. Clip or staple it to this page and write today's date on it. Before treating it as current, check its date and confirm that it includes the medicines actually being used, including prescription medicines, over-the-counter medicines, vitamins, and supplements. If anything looks missing, outdated, or inconsistent, circle **CONF** and ask the pharmacist or the prescribing clinician rather than working it out yourself.

ANYTHING THAT DOES NOT MATCH, AND WHO WILL ASK ABOUT IT

What the first source says

Which source, and its date

What the second source says

Which source, and its date

Who will ask the pharmacist or prescriber

By when

WHAT THEY ANSWERED, WHO SAID IT, AND ON WHAT DATE

Do not silently overwrite an entry on this page. When a medication or a direction changes, mark the old entry **CHANGED** or **STOPPED**, add the date, and keep it legible so the history is still there. Enter the new current instruction separately, on its own line. This list must always make the active medications unambiguous. Never start, stop, skip, or change a medication or a dose because of anything written here, and never decide yourself which of two sources is right. Confirm any change with the prescribing clinician or the pharmacist, and write down what they said, who said it, and when. If more than one pharmacy is involved, write the pharmacy on each line.

TOOL 4

Appointment Planner

One block per appointment. The owner makes sure it happens and the follow-up is done; that may not be the driver.

APPOINTMENT

Person	Provider	Date and time	Location / address	Phone	Owner	Driver	Backup driver	Companion

Before · preparation and documents to bring	Questions to ask

After · what we were told (record as provided)	Follow-up needed · who · by when

Next action	Who needs to know the outcome

APPOINTMENT

Person	Provider	Date and time	Location / address	Phone	Owner	Driver	Backup driver	Companion

Before · preparation and documents to bring	Questions to ask

After · what we were told (record as provided)	Follow-up needed · who · by when

Next action	Who needs to know the outcome

TOOL 5

Daily Care Log

Practical updates, not medical interpretation. Write what happened in plain words and what needs follow-up. Bring concerns to the right professional.

Person(s)

Week of

Date	Important updates	Appointments / routines	Information to share (with whom)	Follow-up	Responsible

TOOL 6 · WEEKLY SCHEDULE · PRINTABLE

Weekly Schedule

One lane per area. Write times and names. Circle anything that collides.

Week of	Reviewed on	Coordinator this week	Backup coordinator

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Work							
Kids & school							
Parent care							
Appointments							
Transport							
Household							
Who's available							

NOTES FOR THE WEEK

TOOL A · WEEKLY CARE COLLISION REVIEW · PRINTABLE

Weekly Care Collision Review

Run through this before the week begins. Decide responses while there is still time.

1 · COLLISIONS THIS WEEK

Day / time	What collides	Response: move / cover / change / trade-off	Who is told

2 · RESPONSIBILITY SNAPSHOT

Responsibility	Owner	Backup	Status
			✓ ☐ ! ☐ !! ☐
			✓ ☐ ! ☐ !! ☐
			✓ ☐ ! ☐ !! ☐
			✓ ☐ ! ☐ !! ☐
			✓ ☐ ! ☐ !! ☐
			✓ ☐ ! ☐ !! ☐

3 · HANDOFFS TO SEND

Task	Ask whom	By when	Confirmed?
			☐ yes
			☐ yes
			☐ yes

4 · INFORMATION TO UPDATE

- ☐ Medication list
- ☐ Appointments
- ☐ Expenses / costs
- ☐ Contacts
- ☐ Responsibility map
- ☐ CONFIRM items checked

5 · WEEKLY RESET

- ☐ Hardest item has one owner
- ☐ Next appointment has transport
- ☐ Most important message sent

TOOL 7

Family Responsibility Map

The summary page: one line per responsibility. Anything that needs the full detail gets a Clear Handoff Request (Tool B); write its date in the last column rather than copying the detail here. Status: ✓ Covered · ! Needs Attention · !! Act Now.

Care for / household

Last reviewed

Responsibility	Current owner	Frequency	Backup	Status	Check time	Detail on Tool B (date)
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		
				✓ ☐ ! ☐ !! ☐		

TOOL C

Traffic-Light Responsibility Snapshot

A quick status check on the responsibilities that matter most right now. Use it before a family call or when things feel unsettled.

Date

Prepared by

✓ **GREEN · COVERED.** Everything this task needs is written down and confirmed, including a backup if this task needs one.

! **YELLOW · NEEDS ATTENTION.** Something is outstanding and the check time you wrote has not passed yet. Name who is chasing it.

!! **RED · ACT NOW.** The check time you wrote has passed and coverage is still unconfirmed. Decide something now.

Responsibility	Owner	Backup	Status	What would move it to ✓
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	
			☐ ✓ ☐ ! ☐ !!	

Discuss with

By when

TOOL B

Clear Handoff Request

Turn a general request into a specific one. A handoff is accepted only when the other person confirms. Keep a record here.

HANDOFF

What (the specific task)	Asked of (who)	When / by when	Date asked	Request came from (portal, school, text, call)	Status: ✓ ! !!

Information they need, and where it is	What "done" looks like (completion signal)	Backup if they can't	Plan B trigger (if ___ happens, then ___)

☐ Confirmed yes on: _____ ☐ Recorded on Tool 7 ☐ Done / completion signal received

HANDOFF

What (the specific task)	Asked of (who)	When / by when	Date asked	Request came from (portal, school, text, call)	Status: ✓ ! !!

Information they need, and where it is	What "done" looks like (completion signal)	Backup if they can't	Plan B trigger (if ___ happens, then ___)

☐ Confirmed yes on: _____ ☐ Recorded on Tool 7 ☐ Done / completion signal received

TOOL 8

Work Conflict Planner

One entry per collision. Separate what is fixed from what can move, name the needs inside it, and decide before the deadline.

CONFLICT

Work commitment (date / time)	Family or care conflict	Fixed (cannot move)	Flexible (can move, delegate, or send in writing)

WHAT THIS COLLISION ACTUALLY NEEDS

☐ Presence ☐ Information ☐ Transport ☐ Approval ☐ Communication

Check time (day and hour)	Response (move / cover / change / trade-off)	Coverage or backup arranged	Notify at work	Notify in family	If the revised plan breaks

CONFLICT

Work commitment (date / time)	Family or care conflict	Fixed (cannot move)	Flexible (can move, delegate, or send in writing)

WHAT THIS COLLISION ACTUALLY NEEDS

☐ Presence ☐ Information ☐ Transport ☐ Approval ☐ Communication

Check time (day and hour)	Response (move / cover / change / trade-off)	Coverage or backup arranged	Notify at work	Notify in family	If the revised plan breaks

TOOL 9

Expense Tracker

Care-related costs only: co-pays, prescriptions, parking, mileage, supplies, rides. For organizing and follow-up; not tax, legal, financial, or reimbursement advice.

For (person / household) | Month | Receipts kept at | Reviewed with

Date	Category	Description	Person	Amount	Paid by	Reimbursable?	Follow-up / notes
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	
						Y N ?	

Total this page | Items needing follow-up

TOOL E

Change Log

Record every meaningful change: what changed, who told you, which pages you updated, and who was notified. Thirty seconds now saves searching later.

Date	What changed	Source (who told us)	Pages updated	Who was told

TOOL D

One-Week At-a-Glance Dashboard

Summarize the week so anyone in the household can read it in a minute. Post it where people will see it.

Week of	Updated	Primary coordinator this week	Backup coordinator this week

	Key appointments	Pickups / drop-offs	Who is on backup
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

NEEDS ATTENTION THIS WEEK (! OR !!)

IF PLANS CHANGE, TELL

TOOL F

“If I’m Unavailable”

What another adult needs to know to keep things running for a few days if you cannot be reached. Store a copy where your backup can find it. Record locations, not passwords.

My name	Date updated	Backup coordinator	Backup phone	Second backup	Second backup phone

WHERE THE COMMAND CENTER AND KEY ITEMS ARE

This book / binder	Go-bag	Spare keys	Medication lists

THINGS THAT HAPPEN EVERY DAY OR WEEK AND MUST CONTINUE

What	When	Who normally does it	Who covers

PEOPLE TO TELL THAT I AM UNAVAILABLE

Person / organization	Phone or email	What to tell them

THINGS MY BACKUP WOULD NOT KNOW UNLESS I WROTE THEM DOWN

TOOL G

Important Information Location Map

Record where important documents and information are kept, and who can access them. Do not write passwords, full account numbers, or full Social Security numbers here.

For (person)

Last updated

Item	Where it is kept	Who can access it	Confirmed on
Photo ID / driver's license			
Insurance cards (health, dental, other)			
Medicare or other benefit cards			
Most recent medication list			
Recent visit summaries			
Legal documents the person has shared (if any)			
Bank and bill-pay information (location only)			
Property, lease, or residence documents			
Tax records (location only)			
Portal and account access: who has it			
Spare keys and garage or gate codes (location)			
Pet care information			
Children's school and activity forms			
Other:			
Other:			

For questions about which legal or financial documents apply to your family, consult an appropriate qualified professional.

TOOL 10

Hospital Go-Bag Checklist

Prepare what you can in advance and check the bag every 30 days. This checklist is for organizational readiness and is not medically complete. In an emergency, call your emergency number first (911 in the United States).

Bag for (person)	Bag kept at	Last checked	Checked by

PACK NOW

INFORMATION

- [ ] Copy of photo ID
- [ ] Copies of insurance cards
- [ ] Current dated medication list
- [ ] Emergency contacts page (Tool 1)
- [ ] Clinician and pharmacy contacts
- [ ] Copies of relevant documents the person has chosen to share
- [ ] Notepad and pen

COMFORT AND PRACTICAL

- [ ] Phone charger with long cable
- [ ] Portable battery
- [ ] Change of clothes and socks
- [ ] Non-slip socks or slippers
- [ ] Basic toiletries
- [ ] Snacks and water for the companion
- [ ] Small amount of cash or coins for parking
- [ ] Book, headphones, or other quiet activity

GRAB ON THE WAY OUT

- [ ] Eyeglasses
- [ ] Hearing aids and batteries
- [ ] Dentures
- [ ] Mobility aid (cane, walker)
- [ ] The person's phone
- [ ] Wallet / original cards
- [ ] House keys
- [ ] Other personal items:

ALSO BRING OR CONFIRM

TOOL I

First-Hours Plan

Prepare this now, while things are calm. Store a copy with the go-bag and tell your backup where it is. Use it when a call comes and someone has to go now.

Person this plan is for	Preferred hospital (if known)	Date prepared	Go-bag location

Role	First choice	Phone	Backup	Phone
At the hospital				
At home (kids, pets)				
Communicator				
Logistics				
Work notices				

WHO GETS TOLD, IN WHAT ORDER

Order	Person or organization	How (call / text / email)	Who tells them
1			
2			
3			
4			
5			
6			

WHAT TO WRITE DOWN WHILE IT IS HAPPENING

- ☐ Name and role of who we spoke to
- ☐ What we were told, in their words
- ☐ What is expected of us, and by when
- ☐ Who to call back, and on what number
- ☐ Anything we were asked to bring
- ☐ What is still unknown

FAMILY UPDATE PLAN

Updates go out by (group text, call tree)	How often during the first day	Five-minute test done by (who)	Date passed

Record what you are told. This page gives no medical guidance, and nothing on it replaces the instructions of the people treating someone. In an emergency, call your emergency number first (911 in the United States).

Care Transition Checklist

Use for hospital discharge, rehabilitation, temporary care, home care changes, a residential move, or a change in caregiver availability. Page 1: what to ask before anyone leaves.

Person	Type of transition	From (setting / arrangement)	To (setting / arrangement)	Transition date	Coordinator for this transition

ASK THE CARE TEAM BEFORE ANYONE LEAVES. WRITE DOWN THE ANSWER AS THEY GIVE IT.

- [ ] What will daily life look like at home, and what help is needed?
- [ ] What exactly is the person at home expected to do, and can they actually do it?
- [ ] Can someone show us how, and watch us do it once before we leave?
- [ ] Has the medication list been reviewed against what was taken before? What was stopped, started, or changed?
- [ ] What warning signs do we watch for, and what do we do for each one?
- [ ] Who do we call outside office hours, and at what number?
- [ ] Are the prescriptions filled, and is the equipment or supply at home already?
- [ ] Is any home help arranged, by whom, and starting when?
- [ ] Are any test results still pending, and who tells us the outcome?
- [ ] What follow-up appointments exist, who books them, and by when?
- [ ] Written instructions received, in a language everyone at home reads
- [ ] Name and role of the person who gave the instructions
- [ ] Who will be present on the transition day, and who provides transport
- [ ] Copies of paperwork filed in the agreed place

These are questions to ask, not instructions to follow. Every answer comes from the care team, and anything unclear goes back to them rather than into a family discussion.

Care Transition Checklist

Page 2: what we were told, and what it means for the next few days.

WARNING SIGNS WE WERE TOLD TO WATCH FOR, AND WHAT TO DO FOR EACH

What to watch for	What we were told to do	Who to call	Number

Who to call outside office hours

That number

WHO SHOWED US, WHAT THEY SHOWED US, AND WHO DID IT BACK

Task	Shown by	Practised by	Date

SORT WHAT CAME OUT OF THE TRANSITION

Bucket	What (record instructions as provided)	Owner	By when
1 · Notify today			
2 · Questions for professional			
3 · Home responsibilities			
4 · New ownership			

Care Transition Checklist

Page 3: update the Command Center and tell the people affected.

COMMAND CENTER UPDATES

- ☐ Emergency Contacts (Tool 1)
- ☐ Care Team Map (Tool 2)
- ☐ Medication List (Tool 3)
- ☐ Appointment Planner (Tool 4)
- ☐ Weekly Schedule baseline (Tool 6)
- ☐ Family Responsibility Map (Tool 7)
- ☐ Work Conflict Planner (Tool 8)
- ☐ Expense Tracker (Tool 9)
- ☐ Go-bag contents (Tool 10)
- ☐ "If I'm Unavailable" (Tool F)
- ☐ Location Map (Tool G)
- ☐ Change Log entry (Tool E)

WHAT CHANGES IN DAILY ROUTINES AND RESPONSIBILITIES

Routine or responsibility	Before	After	New owner	Backup

WHO NEEDS TO KNOW

Person / organization	What to tell them	Who tells them	Told on

CHECK-IN AFTER THE TRANSITION

First check-in date	Second check-in date	What to look at	Who does it

Monthly Review

The undated version. Months 1, 2 and 3 of your first cycle have their own guided reviews in Part II, with questions written for each of those months. Use this one for every month after that. Bring the weekly pages, the responsibility map, and the Change Log.

Month and year	Date of this review	Reviewed with	Weekly reviews completed (of 4)

WHAT ACTUALLY HAPPENED

What worked well enough that you would keep it?

What was missed, and what was missing at the moment it was missed: an owner, information, time, or a person?

Which pages did you actually open this month, and which did you never open?

LOAD AND OWNERSHIP

Who owns the most items right now, and is that sustainable for another month?

Which responsibilities have an owner in name but no completion signal?

What can be dropped altogether, because it no longer needs to happen?

GAPS THAT DID NOT CLOSE

Which items were RED at the start of the month and are still RED?

For each one: is it an unclear ask, a refusal, an inability, a cost, or a service that does not exist?

Who outside the family could be told about it this month?

Adjust for Next Month

Turn what you noticed into specific changes. Keep the list short enough to actually do.

TRAFFIC-LIGHT COUNT NOW

✓ Covered	! Needs Attention	!! Act Now	Compared with last review

CHANGES TO MAKE TO THE COMMAND CENTER

Change	Page / tool	Owner	By when

MONTHLY READINESS CHECK

- ☐ Emergency contacts current
- ☐ Medication lists dated this month
- ☐ Go-bag checked (every 30 days)
- ☐ First-hours roles realistic
- ☐ "If I'm Unavailable" current
- ☐ Location map accurate
- ☐ OUTDATED items archived
- ☐ Five-minute test passed

HANDOFFS TO RENEGOTIATE, OR PEOPLE TO THANK

CARRY FORWARD INTO NEXT MONTH

Items still RED	Top three updates for next month

90-Day Review

Use at the end of each 90-day cycle. Bring the monthly reviews, the responsibility map, the Change Log, and your weekly pages.

Cycle dates (from / to)	Review date	Reviewed with	Next 90-day review date

WHAT CHANGED IN THE LAST 90 DAYS (CARE NEEDS, WORK, SCHOOL, FAMILY AVAILABILITY)

WHAT IS WORKING WELL ENOUGH TO KEEP AS IT IS

WHAT REMAINS UNCOVERED

TRAFFIC-LIGHT COUNT

✓ Covered · Day 8	✓ Covered · now	!! Act Now · Day 8	!! Act Now · now

NEW RESPONSIBILITIES THIS CYCLE

90-Day Review

Page 2: gaps, outdated information, and responsibilities to move.

CURRENT RED ITEMS

Responsibility	Why it is RED	First step	Owner	By when

BACKUP GAPS

Task or role	Who it depends on	Possible backup	Step to build backup

OUTDATED INFORMATION

- ☐ Emergency contacts
- ☐ Care team availability
- ☐ Medication lists
- ☐ Baseline week
- ☐ Responsibility map
- ☐ Location map
- ☐ “If I’m Unavailable” page
- ☐ OUTDATED items archived

RESPONSIBILITIES THAT CAN BE DELEGATED, SIMPLIFIED, OR DROPPED

Responsibility	Delegate to / simplify how / drop	Conversation needed with

90-Day Review

Page 3: priorities for the next 90 days.

NEXT 90-DAY PRIORITIES

Priority 1	Owner	First step	Check on (date)
Priority 2	Owner	First step	Check on (date)
Priority 3	Owner	First step	Check on (date)

WHAT I WILL STOP DOING, OR STOP HOLDING ALONE

PEOPLE TO THANK

RESET CHECKLIST

- [ ] Open items moved forward
- [ ] Fresh weekly pages printed or ready
- [ ] Next review date on the calendar
- [ ] Family told what changed and who owns what
- [ ] CONFIRM items assigned to someone to check
- [ ] Five-minute test passed