

# COVID-19 Hospitalization Readiness Tool

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Checklist and Forms



**THE OHIO STATE UNIVERSITY**  
COLLEGE OF NURSING

# Checklist for going to the hospital

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This is a checklist and packet of forms that can be filled out by you or your caregiver, just in case you have to go to the hospital. Usually, when someone decides they need to go to the hospital, it is easy to become nervous, disorganized, and forget essential items. Also, questions will be asked by healthcare providers that you may have trouble remembering, or not feel able to answer. This information could be helpful in your initial care.

This is for readiness. Complete it in advance. Keep in an easy to find location. Hopefully you will never need to use it.

Name \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Driver's License (back and front copy)
- ☐ Insurance and Medicare Cards (back and front copies)
- ☐ Advanced Directive (Living Will)
- ☐ COVID-19 Self Check
- ☐ Medical History Form
- ☐ Medication List
- ☐ Who do you rely on for emotional support?

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

- ☐ Personal or Family Contacts (Please contact the following people on my behalf)

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_



# COVID-19 Self-Check

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*Instructions: Use this checklist to explain how you feel today.*

**Are you feeling ill today?** (Today's Date: \_\_\_\_\_)

- ☐ Yes (If yes, when did your symptoms start? \_\_\_\_\_)
- ☐ No

**Are you experiencing any of the following life-threatening symptoms?**

- ☐ Not experiencing any life-threatening symptoms
- ☐ Gasping for air or cannot talk without catching your breath (extremely difficult breathing)
- ☐ Blue-colored lips or face
- ☐ Severe and constant pain or pressure in the chest
- ☐ Acting confused (new or worsening)
- ☐ Unconscious or difficulty waking up
- ☐ Slurred speech or worsening slurred speech
- ☐ New Seizure or seizure that won't stop

**Do you have any of the following? (CDC Question)**

- ☐ Moderate to severe difficulty breathing (unable to speak full sentences)
- ☐ Coughing up blood (more than 1 teaspoon)
- ☐ Signs of low blood pressure (feeling cold, pale, clammy skin, lightheaded, too weak to stand)
- ☐ None of the above

**In two weeks before getting sick, did you:**

- Have contact with someone diagnosed with COVID-19?
  - Live in or visit a place where COVID-19 is spreading?
- ☐ Yes
  - ☐ No

**Do you have any of the following?**

- ☐ Fever, or feeling feverish (chills, sweating)
- ☐ Shortness of breath (not severe)
- ☐ Cough
- ☐ Other

*(If you answered yes to any of the above symptoms, call your MD or your state public health number, call 911, go to the ER)*

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Instructions: Make a list of your conditions, diseases or surgeries, the month and year ☐ None



████████████████████

*Instructions: List medications you are taking currently, or in the last 3 months.*

[illegible]