Parent suddenly in the hospital? Your first 72 hours.

A calm, step-by-step checklist for adult children in Utah: what to ask, what to find, and who to call. Page 2 covers the first week, page 3 lists Utah help, and page 4 is a Sibling Sharing Sheet.

> **How to use:** Tick boxes as you go and write on the lines. Photograph each page and text it to your siblings so everyone works from the same facts. Keep every paper the hospital hands you in one folder.

HOURS 0–6 Get oriented

- ☐ Hospital, unit and room: _____
- ☐ Nurse station direct phone: _____
- ☐ Name of the doctor in charge right now, and when they usually make rounds: _____
- ☐ Ask for the **case manager or social worker** (they plan the discharge). Name/phone: _____
- ☐ Ask if the hospital has a **patient advocate** or patient relations office, for problems you can't solve at the bedside.
- ☐ Bring or send: all insurance cards (Medicare, Medicare Advantage or supplement, drug plan, Medicaid), photo ID, glasses, hearing aids, dentures, phone and charger.
- ☐ Write a **complete medication list**: prescriptions, over-the-counter medicines and supplements, with doses and the pharmacy. Give a copy to the nurse. (Use the table on page 4.)
- ☐ Allergies and past reactions: _____
- ☐ Pick **one family point person** for medical updates so staff aren't fielding five calls.

DAYS 1–3 Status, permission and papers

- ☐ **Ask every day: "Is my parent an inpatient, or an outpatient under observation?"** Medicare says you can be an outpatient even after a night in a regular hospital bed, and status affects what you pay. Today's answer: _____
- ☐ If your parent is under observation for more than 24 hours, the hospital must give a **MOON** notice (Medicare Outpatient Observation Notice). Keep it.
- ☐ Within 2 days of an inpatient admission, Medicare patients should get the **"Important Message from Medicare"** (IM). It explains discharge appeal rights. Ask for it if you don't get it.
- ☐ **Who may staff talk to?** Under HIPAA, providers *may* share with family involved in care if the patient doesn't object, but they don't have to. If your parent can communicate, have them tell staff by name who may get updates, and sign the hospital's release form if it has one.
- ☐ Find the **Utah Advance Health Care Directive**, which names a health care *agent*. Give the hospital a copy. Agent: _____
- ☐ Ask if there is an **OLST** (Utah's "Order for Life Sustaining Treatment", formerly POLST). It's a medical order completed with a doctor, PA or APRN. It is *not* an advance directive and doesn't replace one.
- ☐ Is there a **financial power of attorney** (for bills and bank)? Who is named, and where is the original? _____

FIRST 72 HRS Home front

- ☐ Pets, plants, mail, fridge, doors locked, car parked safely.
- ☐ Bills due in the next 30 days (housing, utilities, insurance premiums). Who pays? _____
- ☐ Tell your own employer. If you may need time off, ask HR about **FMLA** (see page 2).
- ☐ Make a list of who to update (friends, neighbors, clubs) and who tells them.

Sources: Medicare.gov "Inpatient or outpatient hospital status" & "Fast appeals"; HHS.gov HIPAA "Family Members and Friends"; Utah DHHS Advance Health Care Directive and OLST forms (Aug 2026).

3 Medicare rules that can change the bill

1. Observation vs. inpatient. You're an inpatient only after a doctor's order formally admits you. Before that (ER, observation) you're an outpatient, even overnight. CMS's "Two-Midnight" rule: inpatient admission is generally appropriate when the doctor expects you to need medically necessary hospital care across 2 or more midnights.

2. The 3-day rule for rehab/nursing facility (SNF) care. Original Medicare covers skilled nursing facility care only after a qualifying **inpatient** stay of at least 3 days in a row. Count from the day of the admission order. The discharge day doesn't count, and **observation or ER time doesn't count**, even overnight. Medicare Advantage plans, and some doctors in approved Accountable Care Organizations, may waive this. Ask.

3. "Too soon" discharge = fast appeal. Follow the directions on the Important Message from Medicare **no later than the planned discharge day**. An independent reviewer (BFCC-QIO) decides, and your parent can stay while waiting without paying extra beyond normal coinsurance/deductibles. Medicare Advantage plans follow different rules.

DAYS 3–7 Discharge planning

- ☐ Meet the case manager early. Expected discharge date: _____
- ☐ Recommended next step (circle): home · home with home health · rehab/skilled nursing facility · other _____
- ☐ If a SNF is recommended, confirm the 3 *inpatient* days (admission order date: _____) and ask whether Medicare or the plan will cover it.
- ☐ Compare facilities on **Medicare Care Compare** (medicare.gov/care-compare). Medicare generally requires entering the SNF within about 30 days of leaving the hospital and needing daily skilled care.
- ☐ Get **written discharge instructions** and an updated medication list. Ask which home medicines were stopped, changed or added.
- ☐ Follow-up appointments booked? Who drives? _____
- ☐ Equipment needed (walker, shower chair, oxygen)? Who orders it? _____
- ☐ Who stays with your parent the first nights home? _____

BEFORE HOMECOMING Home safety (CDC fall-prevention tips)

- ☐ Clear things that could cause a trip (rugs, cords, clutter).
- ☐ Grab bars inside and outside the tub/shower and next to the toilet.
- ☐ Railings on both sides of stairs; brighter or extra lighting.
- ☐ Ask the doctor or pharmacist to review medicines that may cause dizziness or sleepiness.

WEEK 1 Money, insurance and your job

- ☐ Keep the MOON, IM and every bill in one folder. A **Medicare Summary Notice** is *not a bill*. It shows what providers billed Medicare, what Medicare paid, and the most your parent may owe. Compare bills against it (or the plan's statement) before paying.
- ☐ Coverage questions? Call **Utah SHIP** (Medicare counseling): 800-541-7735.
- ☐ If long-term care looks likely and income/assets are limited, look into **Utah Medicaid long-term care**. Apply with the Medical Only Application *plus* the Long Term Care Addendum (DWS: 1-866-435-7414).
- ☐ **FMLA (for you, the caregiver):** eligible employees can take up to 12 workweeks of unpaid, job-protected leave in 12 months to care for a parent with a serious health condition, with group health benefits continued. It can be taken intermittently when medically necessary.
- ☐ You're FMLA-eligible if you've worked for a covered employer at least 12 months and 1,250 hours, at a site with 50+ employees within 75 miles. Ask HR for the forms.
- ☐ Look after yourself: your local Area Agency on Aging runs a **caregiver support program** (counseling, support groups, respite) with **no low-income requirement**.

Sources: Medicare.gov (hospital status, SNF care, fast appeals, Medicare Summary Notice); CMS Two-Midnight Rule fact sheet; U.S. Dept. of Labor FMLA pages; CDC "Preventing Falls and Hip Fractures"; Utah DHHS Aging & Adult Services and Utah Medicaid sites. Checked Oct 2026.

Utah & national resources

Numbers and links were checked in October 2026, but offices change, so confirm before you rely on one.

RESOURCE	WHAT IT'S FOR	CONTACT
Utah DHHS, Aging & Adult Services	Statewide hub for aging services. Finds your local Area Agency on Aging.	daas.utah.gov 801-538-3910
Area Agencies on Aging (AAA)	Local help: caregiver support, in-home services, meals, Medicare counseling, options counseling. All 29 counties are listed online.	daas.utah.gov/locations
· **Salt Lake County Aging & Adult Services**	Salt Lake County	saltlakecounty.gov/aging-adult-services 385-468-3200
· **MAG (Mountainland) Aging & Family Services**	Utah, Summit and Wasatch counties	magutah.gov/aging 801-229-3800
· **Davis County Health Dept., Family Health & Senior Services**	Davis County	801-525-5050
· **Weber Area Agency on Aging**	Weber and Morgan counties	801-625-3770
· **Bear River Area Agency on Aging**	Box Elder, Cache and Rich counties	435-752-6962
· **Five County Area Agency on Aging**	Beaver, Garfield, Iron, Kane and Washington counties	435-673-3548
Caregiver Support Program	For unpaid family caregivers: resources, counseling, education, support groups, respite, supplies. No low-income requirement.	Through your local AAA
Utah SHIP (Medicare help)	Objective one-on-one counseling on Medicare, observation status, bills and plan choices.	800-541-7735
Adult Protective Services	Report suspected abuse, neglect or financial exploitation of a vulnerable adult. Emergencies: **911**.	1-800-371-7897 (M–F 8–5) Online form 24/7 via daas.utah.gov
Long-Term Care Ombudsman	Advocates for residents of nursing and care facilities (useful if your parent goes to rehab/SNF).	Through your local AAA
211 Utah	Free, confidential connection to local help and services, in multiple languages.	Dial 211 · 211utah.org
Utah Medicaid	Health coverage, including nursing home / long-term care and home-based waivers for people who qualify.	medicaid.utah.gov DWS 1-866-435-7414
Medicare	Coverage questions, Care Compare for rehab/nursing facilities.	medicare.gov · 1-800-633-4227 (TTY 1-877-486-2048)
Utah advance directive & OLST forms	Official forms plus guides (University of Utah Commission on Aging).	ucoa.utah.edu/coreissues/directives
FMLA (U.S. Dept. of Labor)	Your job-protected leave rights as a caregiver.	dol.gov/agencies/whd/fmla

Questions worth writing down before you talk to the doctor

- ☐ What is the main problem, and what are you treating first?
- ☐ Is my parent inpatient or under observation today?
- ☐ What would need to happen for discharge, and when do you expect it?
- ☐ Which medicines changed, and why?
- ☐ What should we watch for at home, and who do we call?
- ☐ Who is the best person to call with questions? _____

Please read: This checklist is general information, not legal or medical advice. Rules change, and Medicare Advantage, Medicaid and private plans can differ from Original Medicare. Confirm details with the hospital, your parent's plan, Utah SHIP or a licensed professional. This is an independent free guide, not affiliated with or endorsed by any government agency, hospital or insurer.

Free updates, plus the $15 Utah first-week caregiver starter pack: checklist.pdbear.com

Sibling Sharing Sheet

One page so everyone knows the facts and their job. Write only what's needed, and share it privately (not on social media).

THE BASICS

Parent:
Date of birth:
Hospital / unit / room:
Nurse station phone:
Doctor in charge:
Case manager / social worker:
Status: ☐ Inpatient ☐ Observation · checked on:
Admission order date:
Medicare / Advantage plan:
Supplement / drug plan / Medicaid:
Advance directive agent:
Where's the original?
OLST? ☐ Yes ☐ No ☐ Unsure · **Financial POA:**
Staff may talk to:

WHO DOES WHAT

JOB	OWNER	BACKUP	BY WHEN
Medical point person (talks to staff)			
Visit schedule / overnights			
Insurance, notices and bills			
House, pets, mail			
Rehab / home care research			
Rides and meals after discharge			
Updates to family and friends			

MEDICATIONS & ALLERGIES

MEDICINE	DOSE	WHEN	WHAT IT'S FOR	PRESCRIBER
Allergies:				
Pharmacy & phone:				

KEY CONTACTS

NAME	RELATIONSHIP / ROLE	PHONE	BEST TIME

UPDATES LOG

DATE / TIME	WHO HEARD IT	WHAT CHANGED	NEXT STEP / WHO