

# HOSPITAL GO-BAG CHECKLIST



CHILDS NAME \_\_\_\_\_

<b>CRITICAL ITEMS</b>							
Medical binder / emergency documents							
Medication list (current + doses)							
Rescue medications (if prescribed)							
Current care plans (seizure plan, caregiver sheet)							
ID / insurance / health card							
<b>CARE &amp; MEDICAL NEEDS</b>							
Feeding supplies (NG/G/GJ supplies if needed)							
Syringes / extensions / connectors							
Extra medications (labeled)							
Monitoring equipment (if portable)							
Oxygen or respiratory support (if applicable)							
<b>MEDICATION PREPARATION</b>							
All medications packed							
Medications labeled clearly							
Dosing instructions included							
Backup doses if possible							

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<b>DEVICES &amp; POWER</b>							
Chargers for all devices							
Backup batteries							
Monitor charging cables							
Extension cord (very helpful in hospital)							
<b>IMPORTANT DOCUMENTS</b>							
"About My Child" sheet							
Seizure response plan							
Caregiver instruction sheet							
Specialist contact information							
Emergency response plan							
<b>CHILD ESSENTIALS</b>							
Clothing (2-3 changes)							
Blanket or comfort item							
Favorite toy / soothing item							
Feeding items (bottles, pump, bags, formula, etc.)							
Device for entertainment (if applicable)							

