

# OVERNIGHT RESPITE

## checklist

### CLOTHING

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| <input type="checkbox"/> SHORT SLEEVE SHIRTS      | <input type="checkbox"/> PAJAMAS   |
| <input type="checkbox"/> LONG SLEEVE SHIRTS       | <input type="checkbox"/> SOCKS   |
| <input type="checkbox"/> PANTS                    | <input type="checkbox"/> SHOES AND/OR RUBBER-SOLED SLIPPERS                  |
| <input type="checkbox"/> SHORTS (WEATHER PENDING) | <input type="checkbox"/> SWIMSUIT AND SWIM DIAPER                            |
| <input type="checkbox"/> UNDERWEAR AS REQUIRED    | <input type="checkbox"/> SEASONAL OUTDOOR WEAR (I.E. HATS, JACKETS, MITTENS) |

### PERSONAL CARE ITEMS

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| <input type="checkbox"/> TOOTHBRUSH AND TOOTHPASTE      | <input type="checkbox"/> DEODORANT             |
| <input type="checkbox"/> DIAPER CREAMS AS REQUIRED      | <input type="checkbox"/> BRUSHES               |
| <input type="checkbox"/> LIP CARE                       | <input type="checkbox"/> SUNSCREEN             |
| <input type="checkbox"/> MENSTRUAL PRODUCTS AS REQUIRED | <input type="checkbox"/> INCONTINENCE GARMENTS |
|   | <input type="checkbox"/> WIPES, AS REQUIRED    |

### MEDICATIONS

(EXPIRED MEDICATIONS WILL NOT BE ACCEPTED)

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| <input type="checkbox"/> PRESCRIPTION MEDICATION (IN PHARMACY LABELLED CONTAINER), PLUS 2 ADDITIONAL DAYS OF MEDICATION | <input type="checkbox"/> EMERGENCY MEDICATIONS, AS REQUIRED SUCH AS EPI PEN, PUFFERS OR MEDICATION FOR SEIZURES (IF THESE MEDICATIONS ARE NOT BROUGHT ON ADMISSION CLIENT IS UNABLE TO STAY AT RESPITE) |
| <input type="checkbox"/> OVER THE COUNTER MEDICATION OR VITAMINS, LABEL EACH VIAL, PLUS 2 ADDITIONAL DAYS OF MEDICATION | <input type="checkbox"/> MEDICATION-SPECIFIC TOOLS SUCH AS SPECIALIZED SYRINGES, REINFORCERS OR SPECIFIC FOODS THAT MEDICATION IS ADMINISTERED WITH   |
- NOTE:** A DOCTOR'S LETTER WILL BE REQUIRED IF INSTRUCTIONS ARE DIFFERENT FROM PRESCRIPTION LABEL

### MEDICAL EQUIPMENT AND SUPPLIES THAT ARE USED DAILY (AS REQUIRED)

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| <input type="checkbox"/> RESPIRATORY EQUIPMENT - SUCTION UNIT, BIPAP, NEBULIZER AND RELATED SUPPLIES | <input type="checkbox"/> FORMULA AND SUPPLEMENTS, SEND ENOUGH FOR THE STAY PLUS 2 ADDITIONAL DAYS |
| <input type="checkbox"/> FEEDING PUMP AND SUPPLIES (FEEDING BAGS, SYRINGES, SPARE G-TUBES)           | <input type="checkbox"/> COMPRESSOR FOR NEBULIZERS  |
|  | <input type="checkbox"/> WOUND CARE SUPPLIES  |

### EQUIPMENT AS APPLICABLE

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| <input type="checkbox"/> WHEELCHAIR/WALKER | <input type="checkbox"/> COMMUNICATION DEVICE        |
|  | <input type="checkbox"/> BRACES; LEGS, SPINE OR HAND |

### COMFORTS FROM HOME

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- BLANKETS, TOYS, IPAD WITH CHARGER