

Guiding an Improved Dementia Experience (GUIDE)

EDUCATION AND SUPPORT RESOURCES

Helpful Checklists

*Staying safe with home safety
& emergency kit checklists
and missing patient
information.*



EMERGENCY KIT

Keep the emergency kit in a **waterproof container**. Store it in a place that is safe and easy to find.

Food and Drink Checklist :

- | | |
|--|--|
| <input type="checkbox"/> Bottled water | <input type="checkbox"/> Plastic forks, spoons, knives, cups |
| <input type="checkbox"/> Canned food | <input type="checkbox"/> Zippered plastic bags |
| <input type="checkbox"/> Manual can opener | <input type="checkbox"/> Trash bags |
| <input type="checkbox"/> Powdered electrolyte drinks | <input type="checkbox"/> Other : _____ |
-

Medical Supplies :

- | | |
|--|--|
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Instant heat/ ice packs | <input type="checkbox"/> Other : _____ |
-

Equipment :

- | | |
|--|---|
| <input type="checkbox"/> Mobile telephone chargers | <input type="checkbox"/> Dust mask |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Plastic sheeting (ex: painters drop cloth) |
| <input type="checkbox"/> Battery-powered weather radio | <input type="checkbox"/> Duct tape |
| <input type="checkbox"/> Battery-powered fan | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Batteries (AA, AAA, D) | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Whistle | |

Clothing & Toiletries

- | | |
|---|--|
| <input type="checkbox"/> Easy on/off clothes | <input type="checkbox"/> Denture supplies |
| <input type="checkbox"/> Adult briefs/ incontinence pads | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Shoes/sneakers (velcro closures if possible) | <input type="checkbox"/> My own clothes |
| <input type="checkbox"/> Eyeglasses/ contact lenses | <input type="checkbox"/> Sleeping bags/ blankets |
| Manual can opener | |
| <input type="checkbox"/> Powdered electrolyte drinks | <input type="checkbox"/> Other : _____ |
-

Cleaning Supplies

- | | |
|---|---|
| <input type="checkbox"/> Hand sanitizer | <input type="checkbox"/> Toothette (toothbrush that looks like a cotton swab but has a foam head with "built in" toothpaste. |
| <input type="checkbox"/> Wet wipes | |
| <input type="checkbox"/> Body wipes | <input type="checkbox"/> Other : _____ |
-

Documents:

- ☐ Extra identification items
- ☐ Copies of legal documents
- ☐ Copies of medical documents
- ☐ Copies of insurance, SSN, Medicare/Medicaid
- ☐ Credit/ debit cards

Telephone Numbers of:

- ☐ Primary contact people
- ☐ Doctor
- ☐ Medic Alert + Alzheimer's Association Safe Return 1-800-625-3780
- ☐ Aging services Agency
- ☐ Other : _____

Loved One's Favorite Items

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

HANDOUT FOR SEARCH PARTY

Name of Missing Person : _____

Other names Missing Person goes by : _____

All language's spoken : _____

Lives at: _____

- Has dementia, is missing.
- May be in danger or put others in danger
- No one must argue or reason with Missing Person, otherwise situation may worsen.

Name and relationship of Caregiver : _____

Phone : _____

Home base : _____

This person will remain at (or return) to the house in case missing person returns
(name, relationship, phone) : _____

Missing Persons Registry :

Safe Return (MedicAlert + Alzheimer's Association) : 1-800-625-3780

Silver Alert (Phone) : _____

Other Registry (name, phone) : _____

What Missing Person Looks Like

Approximate date of most recent photo : _____

Type of photo and who has it:

Print : _____

Eye color : _____

Computer : _____

Beard/Mustache : _____

Flash drive : _____

Smartphone : _____

Hair (color & style) : _____

Tablet : _____

Social media : _____

Skin color : _____

Age: _____

Physical marks (where they are what they look like) : _____

Height : _____

Weight : _____

Missing Person was last seen wearing:

Medical Health :

☐ Blood type _____

☐ Hearing aids

☐ Allergies

☐ Eyeglasses

☐ Walking cane

☐ Medications

☐ Dentures/Dental work

☐ Walker

☐ Diabetic

Can think and make decisions :

☐ a lot ☐ sometimes ☐ very little

The car/truck/SUV is missing :

Color : _____

GPS : _____

Make/Model : _____

Things about the vehicle that would make it easier to find: _____

State/ License plate : _____

Good ways to approach the Missing Person:

1. _____
2. _____
3. _____

The best person to do it is (name, relationship, phone) :

Missing Person may panic if :

Good ways to encourage the Missing Person to go home :

1. _____
2. _____
3. _____

Places the Missing Person is likely to go if they want to be alone :

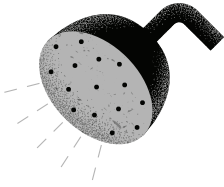
1. _____
2. _____
3. _____

Senior Home Safety Checklist



01

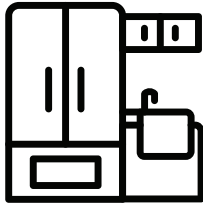
Bathroom Safety



- Install a shower bench for seniors who have trouble standing.
 - Non-skid mats or strips to prevent slipping.
 - Clearly marked lever handles for hard-to-turn faucets.
 - Install grab bars near toilets and showers.
 - Consider walk-in tub for seniors who have trouble getting in the bath.
 - Install a raised toilet seat to help with standing and bending.
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02

Kitchen Safety



- Install automatic shutoff timers for ovens and stoves.
 - Move curtains, paper towels, and fire hazards from range.
 - Add lever handles and temperature controls for faucets
 - Install finger-safe garbage disposal covers.
 - Consider pull-down shelves, or move most used products forward.
 - Keep knives and sharp items in blocks or holders, not loose.
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03

Bedroom Safety



- Install bed rails and adjust bed height for fall prevention.
- Remove trip hazards like area rugs and cords.
- Install accessible light sources near the bed and nightlights.
- Place medical alert device and charger near bed.
- Set up bedside toilet if needed.
- Add a sturdy chair for dressing and support.