



# HOSPITAL PACKING LIST

## for a *PLANNED HOSPITALIZATION*



**CLOTHING / FOOTWEAR:**

<input type="checkbox"/> Comfortable Clothing	<input type="checkbox"/> Sweatshirt (zippered)	<input type="checkbox"/> Slippers (w/ rubber soles)
<input type="checkbox"/> Pajamas (button-down for patient)	<input type="checkbox"/> Socks & Underwear	<input type="checkbox"/> Flip Flops (for shower)
<input type="checkbox"/> Shorts	<input type="checkbox"/> Bras / Sleep Bra	<input type="checkbox"/> Shoes (slip-on)
	<input type="checkbox"/> Hat	<input type="checkbox"/>

**TOILETRIES:**

<input type="checkbox"/> Toothbrush / Toothpaste	<input type="checkbox"/> Dry Shampoo	<input type="checkbox"/> Contact Solution (w/ case)
<input type="checkbox"/> Hairbrush / Hair products	<input type="checkbox"/> Body Wash	<input type="checkbox"/> Lotion (O'Keefe's for dry hands)
<input type="checkbox"/> Shampoo / Conditioner	<input type="checkbox"/> Deodorant / Lip Balm	<input type="checkbox"/> Feminine Products
	<input type="checkbox"/> Glasses	<input type="checkbox"/>

**REST ITEMS:**

<input type="checkbox"/> Sleep Mask	<input type="checkbox"/> Warm Sheets	<input type="checkbox"/> Memory Foam (for comfort)
<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Warm Blanket	<input type="checkbox"/> Air Mattress
<input type="checkbox"/> Pillow	<input type="checkbox"/> Melatonin	<input type="checkbox"/>
	<input type="checkbox"/> White Noise Device	<input type="checkbox"/>

**KIDS & BABIES:**

<input type="checkbox"/> Teddy Bear / "Lovey"	<input type="checkbox"/> Favorite Books	<input type="checkbox"/> Slippers (w/ rubber soles)
<input type="checkbox"/> Tablet	<input type="checkbox"/> Favorite Toys	<input type="checkbox"/> Pull-ups & Diapers
<input type="checkbox"/> Plastic Lap Desk / Tray	<input type="checkbox"/> Pacifiers	<input type="checkbox"/>
	<input type="checkbox"/> Personal Blanket	<input type="checkbox"/>

**PERSONAL ITEMS:**

<input type="checkbox"/> Mobile Phone / Charger	<input type="checkbox"/> Insurance Cards	<input type="checkbox"/> Water Bottle (refillable)
<input type="checkbox"/> Headphones / Earbuds	<input type="checkbox"/> List of Medications	<input type="checkbox"/> Snacks
<input type="checkbox"/> Driver's License / ID	<input type="checkbox"/> Medical Supplies (home)	<input type="checkbox"/> Books / Magazines
	<input type="checkbox"/> Notebook / Pen	<input type="checkbox"/>

**NOTES:**



# PRESSING»ON

Visit [PressingOn.org](http://PressingOn.org) for more helpful resources

**YOU ARE NOT ALONE!**

