A FREE SAMPLE FROM THE HOSPICE GUIDE

The First 72 Hours on Hospice

The first few days are when families feel most lost. There is paperwork at the first visit, new people in the house, and medicines you have never heard of. This sample walks you through them.

What's inside this sample

- **Chapter 5: From Referral to the First 72 Hours.** What happens from the first phone call to the admission visit, what you'll be asked to sign, and what the first days usually look like.
- **The First 72 Hours Quick Reference.** A one-page sheet to fill in at admission: every phone number, your nurse's name, the comfort kit, and when to call. Print it and put it on the fridge.

Written by a hospice intake specialist, the person families talk to first. These are the answers to the questions that come up at the very start, when everything is new.

Educational information, not medical advice. Your hospice team is always the one to call about your person's care. © 2026 The Hospice Guide · yourhospiceguide.com

Chapter 5: From Referral to the First 72 Hours

Hospice often begins before anyone signs paperwork. It begins with a recommendation.

A hospital physician, specialist, or primary doctor may say, “It may be time to consider hospice.” Sometimes that conversation is clear and compassionate. Sometimes it feels rushed. Sometimes families leave the room unsure whether what just happened was a suggestion or a decision that’s already been made.

It’s a suggestion. You still have choices to make.

The Referral Process

Once a referral is placed, one or more hospice agencies may contact the family. This is normal. Hospitals often send referrals to multiple agencies unless someone specifies a preference.

The first person you speak with usually isn’t the nurse. It’s often an intake coordinator or hospice representative. Their job is to explain services, verify insurance, coordinate scheduling, and arrange for a nurse to evaluate the patient. They don’t determine eligibility on their own. That happens clinically, during the nurse’s visit.

The Nurse Evaluation

Before hospice officially starts, a nurse typically visits to assess the patient. This visit isn’t casual.

The nurse evaluates the patient’s overall decline, weight changes, functional ability, symptom burden, recent hospitalizations, cognitive changes, the safety of the environment, and what equipment might be needed.

The nurse is trying to answer two questions: Does this patient meet the eligibility criteria? And can this hospice safely meet the patient’s medical needs in the current setting?

If a patient requires complex IV medication management that the hospice can’t support at home, that has to be addressed before enrollment. If a patient is in severe respiratory distress, the hospice has to determine whether symptom control can realistically be managed outside the hospital.

This evaluation protects the patient. It’s not just paperwork.

Signing the Paperwork

If eligibility is confirmed and the family agrees to proceed, enrollment forms are signed. These typically include election of the hospice benefit (which is just the formal term for choosing to use hospice under Medicare), acknowledgment of comfort-focused care, consent for treatment, and insurance verification.

This part can feel formal and overwhelming. Pause if you need to. Ask questions. Signing hospice paperwork doesn't mean death is immediate. It means the benefit is now active.

Day One

The admission visit is often longer than families expect. The nurse reviews all medications, and some may be discontinued if they no longer align with comfort-focused care. This can feel alarming, especially when long-term preventive medications like cholesterol drugs get dropped.

Comfort medications are prioritized. A comfort kit is usually ordered and delivered, containing medications for pain, breathing distress, anxiety, agitation, and nausea. These medications aren't automatically administered. They're available if needed. The nurse should explain clearly when to use them and when to call first. If that explanation is rushed, ask again.

Equipment may also arrive quickly, sometimes the same day: a hospital bed, oxygen, bedside commode, walker, or wheelchair. The physical environment of the home may start to change, and that can be emotionally difficult. When your living room starts to look medical, something shifts. That's a normal reaction. The equipment is there to increase safety and comfort.

Days Two and Three

Within the first 72 hours, you should know the answers to these questions: Who is your case manager nurse? How do you reach hospice 24/7? What symptoms require immediate calls? What's the medication plan? And where would inpatient care happen if it were ever needed?

If you don't have those answers by day three, ask for them. That's not being pushy. That's making sure the system is working the way it should.

What Families Are Often Unprepared For

The first few days can feel both calm and surreal. Sometimes nothing dramatic happens immediately. Families may expect rapid decline once hospice starts, but hospice doesn't cause decline. The illness continues on its own course.

Sometimes the first few days are actually quieter than expected. Sometimes symptoms stabilize because medications are finally being adjusted with comfort as the priority. If someone appears more comfortable after hospice begins, that's not a sign that hospice was premature. It's a sign that symptoms are being managed.

The first 72 hours set the tone. If something feels unclear, say so. If you feel rushed, slow things down. If you don't understand what's happening, ask until you do.

Appendix B: First 72 Hours Quick Reference

Fill this out at admission. Keep it somewhere easy to find.

Key Contacts

Case Manager Nurse (name): _____

Case Manager Nurse (phone): _____

Hospice 24/7 On-Call Number: _____

Hospice Agency Name: _____

Social Worker (name and phone): _____

Hospice Medical Director: _____

Primary Physician: _____

Comfort Kit

Where is the comfort kit stored? _____

What's in it (list each medication and what it's for):

1. _____
2. _____
3. _____
4. _____

When to Call Hospice

- ☐ Sudden increase in pain
- ☐ New or worsening breathing distress
- ☐ Severe anxiety or agitation
- ☐ Repeated vomiting
- ☐ A fall
- ☐ Signs of infection (fever, new redness, swelling)
- ☐ Any change that feels significant or frightening

You do not need to decide if something is "serious enough." Call. The nurse helps you decide.

Equipment Delivered

- ☐ Hospital bed
- ☐ Oxygen
- ☐ Bedside commode
- ☐ Walker / Wheelchair
- ☐ Other: _____

Inpatient Care

If inpatient care is ever needed, it would happen at: _____

Phone number for that facility: _____

Funeral Home (if selected)

Funeral Home Name: _____

Phone Number: _____

THAT WAS CHAPTER 5 OF 12

Want the whole map, start to finish?

The full Hospice Guide covers everything from the first conversation to the final days, in the same plain words:

- What Medicare actually pays for, and the bills families don't expect
- How to choose a hospice, with a side-by-side comparison worksheet
- Who to call at 2am, and what counts as an emergency
- Comfort at the bedside: pain medicine, breathing, mouth care, rest
- The final weeks and days, and what happens at the time of death
- 5 printable worksheets, a glossary, and the Caregiver Comfort Corner

"Straight language that's clear and concise. Very valuable information in deciding to use hospice. It answered so many questions we had."

Amazon review · rated 4.8 out of 5

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