



Nyumbani
Support Solutions

FAMILY CAREGIVER GUIDE

From Hospital Discharge to a Steady Home.

A practical, dignity-first guide for Kenyan families bringing a loved one home — what to expect, what to set up, what to watch for, and when to ask for help.

PREPARED BY

The Nyumbani Support Solutions care team

NCK-registered nurses · Trained caregivers · Kenya-wide

A NOTE FROM OUR CARE TEAM

Coming home is the beginning, not the end.

The hospital sends a discharge summary, a prescription, and a polite goodbye. Then the front door of home opens, and a different kind of work begins — the kind you cannot fully prepare for in a ten-minute conversation with a busy ward team.

We've put together this guide for one reason: families in Kenya deserve good information about what really happens in the first 72 hours, the first two weeks, and the months that follow. Some of what's in here you may already know. Some of it will save you a long night.

Use this guide however it serves you. Print it. Share it with the family WhatsApp group. Tick the checklists. And whenever it feels like more than your family can carry alone — reach out. We exist for exactly that.

— The Nyumbani Care Team

WHAT'S INSIDE

This guide covers six things

1. Before discharge — the questions to ask the ward team
2. The first 72 hours at home — checklist + what to monitor
3. Setting up a safe recovery room (and a safer house)
4. Medication management — the system that prevents errors
5. Warning signs — when to call, when to go back to hospital
6. When to bring in professional help — and how to choose it

CHAPTER 1

Before discharge: the questions to ask

Most home-recovery problems begin with a missed conversation in the hospital. Before your loved one is wheeled out of the ward, take fifteen minutes with the discharging nurse or doctor and get clear answers to the following.

Medications

- What is each medication for, and how long should we take it?
- What time of day should each one be taken, and with or without food?
- Which medications can be stopped, and which must continue indefinitely?
- Are there side effects we should expect — and side effects we should report?

Activity and recovery

- What movements are safe, what should be avoided, and for how long?
- When can normal activities resume — bathing, climbing stairs, driving, working?
- Are there exercises or physiotherapy we should be doing daily?

Wounds, equipment, and care

- How do we clean and dress any wound, drain, or surgical site?
- What equipment will we need at home — bed, oxygen, walker, commode?
- Do we need a nurse to check in, and how often?

Follow-up

- When is the next clinic visit, and with which doctor?
- Who do we call for non-emergency concerns — and what's the after-hours number?
- Which symptoms mean we should come back immediately?

A small tip that helps every family

Bring a notebook. Write the answers down word-for-word. Memory under stress is unreliable — the notebook is the family's most underrated medical instrument.

CHAPTER 2

The first 72 hours at home

The first three days at home are where most preventable complications happen — missed medications, falls, dehydration, and confusion. Use the checklist below as your scaffold.

Within the first hour home

- Help your loved one get comfortable — bed, recliner, or whichever chair supports them best.
- Place water, phone, eyeglasses, medications, and the call list within arm's reach.
- Re-read the discharge summary aloud. Mark anything you do not understand.
- Confirm the next medication time and write it down where everyone can see it.

During day one

- Establish a quiet hour for rest after each meal and after any movement.
- Track fluids in and out — dehydration is the single most common reason for re-admission.
- Watch the colour of the skin, the tone of speech, and the energy in the eyes.
- Keep visitors short and few — recovery is not a social occasion.

Days two and three

- Encourage gentle movement: short walks indoors, leg stretches, sitting upright.
- Watch for changes in pain — increasing pain is information; report it.
- Check wounds (if any) once a day for redness, swelling, or unusual discharge.
- Take note of sleep patterns; disrupted sleep often signals an underlying issue.

Build a 'shift' schedule

If two or more family members are caring, agree on shifts in writing — who is on from 6am to 2pm, 2pm to 10pm, and overnight. Care without a schedule becomes care without rest, and exhausted families miss things.

CHAPTER 3

Setting up a safe recovery room

The home does not need to look like a hospital. It does need to be safer than it was the day your loved one left for surgery or admission. Walk through every room and apply this lens.

| | |
|--------------------|---|
| Bedroom | Firm mattress · clear path to the door · bedside lamp within reach · phone and water on the bedside table · raised pillows if breathing is laboured |
| Bathroom | Non-slip mat in the shower · grab bar near the toilet · raised toilet seat if mobility is reduced · shower chair if standing is unsafe · nightlight for late-night visits |
| Living room | Chair with arms and firm cushion · clear walking paths · no loose rugs · remote and water nearby · charging cable in reach |
| Kitchen | Frequently-used items at counter height — not high shelves · easy-to-open containers · soft foods stocked · a clear sign reminding visitors of medication times |
| Whole house | Bright lighting in hallways and stairwells · emergency numbers printed and visible · tripping hazards removed · a stable chair within every 10 metres of walking |

Equipment you may need

Some recoveries call for clinical equipment at home. Rent rather than buy — most families need equipment for weeks, not years. Common items include:

- Hospital bed with electric controls — for prolonged bed rest or limited mobility.
- Wheelchair or walker — for short distances around the home and to the bathroom.
- Oxygen concentrator — for respiratory recovery, COPD, or post-pneumonia care.
- Commode chair — when the bathroom is too far or stairs are involved.
- Pressure-relief mattress — to prevent bedsores during long bed-rest recoveries.

Nyumbani delivers and sets up all of the above across Kenya — and our team walks the family through how to use each item safely. Learn more at nyumbanisupportsolutions.com.

CHAPTER 4

Medication management — the system that prevents errors

Medication mistakes at home are common and preventable. The fix is rarely vigilance — it is a simple, written system that anyone in the household can follow.

Step 1 — Build a single medication list

Write every medication on a single sheet: name, dose, why it's taken, what time, and with or without food. One sheet. Posted somewhere visible. Updated when anything changes.

Step 2 — Use a pill organiser

A weekly pill organiser (seven days, four compartments per day) eliminates the daily 'did I give the morning dose?' question. Fill it once a week, at the same time, ideally with two family members watching.

Step 3 — Set alarms, not reminders

Phone alarms with a clear label ('Mama — 8am tablets') are far more reliable than visual reminders. Set one alarm per dose, every day. Snooze means missed.

Step 4 — Track when something changes

If a doctor changes a dose, stops a drug, or adds a new one — update the master list the same day, ideally before leaving the clinic. Verbal changes get forgotten.

When to ask for clinical oversight

If your loved one is on five or more medications, has recently been discharged after a serious admission, or has dementia or memory issues — a weekly visit from a registered nurse to check medications, vitals, and progress is the single most cost-effective layer of safety you can add. We provide exactly this.

CHAPTER 5

Warning signs — when to call, when to go back to hospital

Most worrying moments at home turn out to be normal recovery. A few do not. Knowing the difference is half the work. Use the table below as your reference.

| Symptom | Call us / clinic | Go to hospital now |
|-----------|--|---|
| Pain | Increasing but controllable with prescribed medication | Sudden severe pain, especially chest, head, abdomen, or surgical site |
| Breathing | Mild shortness of breath after exertion that settles with rest | Difficulty breathing at rest, bluish lips, gasping, or choking |
| Confusion | Mild grogginess after medication that lifts within an hour | New confusion, slurred speech, weakness on one side — possible stroke |
| Fever | Mild fever (37.5–38°C) for under 24 hours | Fever above 38.5°C, chills, or fever with a wound that looks infected |
| Wound | Slight redness, dryness, or normal scabbing | Spreading redness, pus, foul smell, opening of the wound, or fever |
| Bleeding | Light spotting from a wound, controlled with pressure | Heavy bleeding, blood in stool/urine/vomit, or bleeding that won't stop |
| Falls | Minor stumble, no injury, no head impact | Any fall with head impact, loss of consciousness, or visible injury |

Save these numbers in every family phone — today

Family doctor · Pharmacy · Nearest hospital · Nyumbani care line: +254 707 110 347 · An emergency contact who lives nearby and can come within 30 minutes.

CHAPTER 6

When to bring in professional help — and how to choose it

Family caregiving is honourable work. It is also exhausting, isolating, and often unsustainable as the only source of care for a recovering or aging loved one. Bringing in trained help is not a failure — it is what allows the family to stay close without burning out.

Signs your family needs professional support

- Someone in the family is regularly losing sleep to provide care.
- Care has begun crowding out work, school, or other relationships.
- Your loved one has had a recent fall, hospitalisation, or rapid decline.
- Wound care, injections, medication management, or oxygen support exceeds family skill.
- Family members live far away and someone reliable needs to be present locally.
- Dementia, autism, or behavioural needs require trained patience and routine.

What to look for in a home-care provider

- Nursing credentials — NCK-registered nurses for any clinical oversight.
- Background-checked caregivers — references verified, identity confirmed, training documented.
- Clear care plan — written, shared with the family, updated as recovery progresses.
- Continuity — the same one or two caregivers, not a rotating cast of strangers.
- Communication — daily or weekly updates, with someone you can reach at any reasonable hour.
- Transparent pricing — itemised, not hidden in surprise fees.

A free care assessment from Nyumbani Support Solutions

We offer every family a complimentary care assessment — no pressure, no obligation. We visit your home (or speak by phone), understand the situation, and recommend the level of support that actually fits. Sometimes the right answer is one nurse visit a week. Sometimes it is more. We help you make that decision clearly.

WhatsApp +254 707 110 347 or visit nyumbanisupportsolutions.com to begin.

ABOUT US

Nyumbani Support Solutions

We are a Kenyan home-care company built around four pillars: compassionate care, support at home, empowering people, and trust & reliability. Our caregivers wear our signature forest-green uniform with golden-tan piping — calm, capable, and present in the home.

We provide elderly care, post-discharge recovery, skilled nursing oversight, dementia and frailty support, child and family autism support, palliative care, and medical equipment rental — delivered, set up, and explained in your home, across Kenya.

Reach out

Phone & WhatsApp +254 707 110 347

Email info@nyumbanisupportsolutions.com

Web nyumbanisupportsolutions.com

Hours Mon–Sat · 8am – 6pm · 24/7 on-call support for active clients

Headquartered Nairobi, Kenya · Serving families nationwide

Begin with a free care assessment

A clear conversation about what your family needs — no pressure, no commitment. We will listen, ask the right questions, and help you decide the safest next step for care at home.

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This guide is for general informational purposes. It does not replace the advice of your physician, nurse, or care team. Always follow the specific discharge instructions provided to your family by qualified medical professionals.

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