

FREE COMPANION RESOURCE

Re-Born Family Support Starter Kit

Conversation and Planning Tools for Families Facing Kidney Disease

A practical collection of prompts and planning pages inspired by
Re-Born: My Journey Through Kidney Disease and Transplant

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Published by Lipstick Diva Publishing

Welcome to the Starter Kit

Kidney disease can bring new terms, appointments, decisions, and responsibilities into family life all at once. This kit gives families one place to collect questions, record instructions, divide practical tasks, and prepare for conversations with the people providing care.

Use it your way

- Start with the page that fits today. You do not need to complete the kit in order.
- Invite the person receiving care to decide what is recorded and who may see it.
- Bring selected pages to appointments and ask a member of the care team to confirm information that affects care.
- Date every update. Cross out outdated information or replace the page.
- Keep one working copy and share copies only with people who need them.

The role of Re-Born

Raymond Finn's story is the emotional and narrative entry point. These pages do not retell the memoir or prescribe a path. They help each family organize its own questions, choices, and support around its own circumstances.

This copy belongs to

Started on

Person who will keep this copy current

What This Resource Does and Does Not Do

This resource helps with organization and communication. It does not provide medical care.

It can help you:

- prepare questions
- record what you heard
- track who is helping with practical tasks
- carry clinician-provided contact and emergency instructions
- notice when the family needs more support

It cannot:

- diagnose kidney disease or explain what any result means for a particular person
- recommend medication, dosage, food, fluid, exercise, dialysis, transplant, or other treatment choices
- replace instructions from a physician, nurse, pharmacist, dietitian, social worker, transplant program, dialysis center, or emergency professional
- tell you whether a symptom is urgent or whether a treatment plan should change

Important: Do not start, stop, skip, or change a medicine or treatment because of anything in this kit. If you believe someone is in immediate danger, call 911 in the United States. For other concerns, use the contact and after-hours instructions supplied by the person's own care team.

Privacy

These pages may contain private health and contact information. Store them securely. Before emailing, uploading, or sharing a page, confirm that the recipient needs the information and that the method is appropriate.

A Ten Minute Quick Start

If today feels crowded, complete only these five steps. Return to the rest when you have more time.

1 Name the current situation

Write one sentence about what is happening now.

Write here

2 Choose three questions

Select the questions that matter most for the next appointment or call.

Write here

3 Identify the right contacts

Add the main clinician, pharmacy, and after-hours number.

Write here

4 Choose one primary helper and one backup

Make the next week's responsibilities explicit.

Write here

5 Confirm the next action

Record who will do what, and by when.

Write here

Pages to use first

Current situation: pages 5–7 | Appointment preparation: pages 8–11 | Contacts: pages 12–13 |
Support plan: pages 14–15 | Medicines: pages 20–23 | Emergency information: pages 24–25

Where Are We Now

Use plain language. The goal is not to agree on every detail; it is to see what each person understands and what still needs clarification.

What has the care team told us so far

What do we understand well

What feels unclear or incomplete

What is happening next

Date this conversation took place

What Matters to Us Right Now

What matters most to the person receiving care

What the family is most concerned about

What feels manageable this week

What feels too heavy or uncertain

One question we want answered before making the next decision

Family Meeting Notes

Date and people present

What we discussed

Agreements

Agreement	Person responsible	Due date

Topics to revisit

Next family check-in date

Next Appointment Priorities

Choose the three questions that must be addressed before time runs out. Keep the rest on the question parking lot.

Priority 1

Priority 2

Priority 3

What we need to bring

- ☐ Current medication list, including nonprescription products and supplements
- ☐ Recent instructions, test results, or logs the care team asked to review
- ☐ Insurance, identification, referral, or authorization information if requested
- ☐ A notebook or this kit
- ☐ A list of changes noticed since the last visit

Who will attend or join by phone

APPOINTMENT QUESTIONS

Questions About the Condition and Test Results

These prompts are adapted from questions suggested by the National Institute of Diabetes and Digestive and Kidney Diseases. Ask only what fits the current situation.

- ☐ What do the current test results mean for this person?
- ☐ Which numbers or changes should we pay attention to between visits?
- ☐ How will we know whether the current plan is working?
- ☐ What changes should be reported before the next scheduled visit?
- ☐ Which member of the care team should answer each type of question?
- ☐ When is the next test, visit, or decision point?

Our own questions

Source basis: NIDDK, Managing Chronic Kidney Disease, checked September 25, 2026. [Read the official NIDDK page](#)

Questions About Treatment and Daily Life

- ☐ What are the goals of the current plan?
- ☐ What choices are available now, and what decisions can wait?
- ☐ What should we ask the pharmacist about medicines and timing?
- ☐ Should we speak with a kidney dietitian, social worker, financial counselor, or another specialist?
- ☐ What activity, work, travel, food, or fluid questions should we discuss with the appropriate clinician?
- ☐ What written instructions or reliable resources should we take home?
- ☐ Who should we contact after hours, and for which concerns?

Our own questions

Do not use another family's treatment plan as a substitute for individualized instructions.

Question Parking Lot

Capture questions as they arise. Before each visit, mark the three that are most important and assign the rest to the right contact or a later visit.

Question	Ask whom	Priority or date

Questions answered outside an appointment

CONTACTS

Care Team Contact Sheet

Record only the contacts involved in this person’s care. Ask each office how routine, urgent, and after-hours questions should be handled.

Role or service	Name	Phone and preferred contact

Possible roles may include primary care, nephrology, dialysis, transplant, nursing, dietetics, social work, and financial coordination. Not every family will use every role.

After-hours process supplied by the care team

Pharmacy Insurance and Support Contacts

Organization or service	Contact or department	Phone or secure portal

Possible entries include the dispensing pharmacy, specialty pharmacy, insurer, transportation service, home-health agency, equipment supplier, benefits counselor, or employer leave contact.

Important account or reference information *Avoid recording passwords, full Social Security numbers, or full payment-card numbers.*

Family Roles for the Next Two Weeks

Divide only the work that is actually needed. The person receiving care should lead or approve the plan whenever possible.

Task	Primary person	Backup	When or how often

Possible tasks: transportation, note-taking, meals according to clinician instructions, pharmacy pickup, household duties, child or pet care, paperwork, or check-in calls.

Tasks we are intentionally postponing or declining

Backup Support Plan

A backup plan protects the family when the usual helper is unavailable. Confirm that each backup person is willing and knows only what they need to know.

If the primary care partner is unavailable, contact

Tasks the backup person has agreed to cover

Where current instructions and contact information are kept

Transportation backup

Child pet or household backup

What the backup person should not decide without the patient or care team

Date this plan was confirmed

Appointment Preparation Page

Appointment date time and location

Clinician or service

Reason for this appointment in our own words

Changes since the last visit

Three priority questions

Records or items requested by the office

Appointment Notes

Date clinician and people present

What we heard

Words or instructions we want explained

Written materials or portal messages provided

After the Appointment

Complete this before leaving the building or ending the call when possible. Ask the care team to clarify anything you cannot state in your own words.

Next action	Person responsible	Due date

What should happen before the next visit

Who to contact if we have questions

Next appointment test or decision date

What we will tell the rest of the family

Decision Record

Use this page to record a decision after discussing it with the appropriate professionals. It is not a substitute for a consent form or clinical record.

Decision or choice being considered

Why this decision is being discussed now

Options explained by the care team

Questions still open

Decision made and by whom

Date and next review point

How to Use the Medication Pages

The reader supplies the information on these pages. A physician, nurse, pharmacist, or other qualified member of the care team should confirm the list and answer questions.

Include every product the care team asks you to report

- ☐ prescription medicines
- ☐ over-the-counter medicines
- ☐ vitamins and minerals
- ☐ herbal products and dietary supplements
- ☐ as-needed medicines

Safe recordkeeping steps

- Copy information from the current label or official medication record; do not rely on memory when the label is available.
- Record the reason, dose, and schedule only as instructed. If they are unclear, ask the prescriber or pharmacist.
- Do not use this page to change a dose or decide whether to stop a medicine.
- Update the list after each confirmed change and carry a current copy to appointments.
- Ask how medication questions should be handled after hours.

Source basis: U.S. Food and Drug Administration, Create and Keep a Medication List for Your Health, checked September 25, 2026. [Read the FDA guidance](#)

Current Medication List

List information exactly as supplied or confirmed by the prescriber, pharmacist, or care team. Use page 22 if more space is needed.

Medicine or product	Strength and form	Instructions from care team	Prescriber

Known allergies or prior reactions recorded by the care team

Current Medication List Continued

Medicine or product	Strength and form	Instructions from care team	Prescriber

Questions for the prescriber or pharmacist

Medication Change and Confirmation Record

Use this page only to document a change already made or confirmed by an authorized clinician or pharmacist.

Date	Confirmed change	Confirmed by	List updated

Name and role of person who reviewed the complete list

Date reviewed

Next planned review

Preparing an Emergency Information Page

The next page should contain only instructions and contact information supplied or confirmed by the person's own clinicians. It does not create an emergency plan by itself.

Ask the care team to help complete these items

- ☐ Which symptoms or situations require calling 911?
- ☐ Which concerns should go to the office, dialysis center, transplant program, pharmacy, or after-hours line?
- ☐ What information should emergency professionals receive immediately?
- ☐ What current records should travel with the patient?
- ☐ Who should be contacted after emergency care begins?

Keep it current

- Review the page after hospitalization, major treatment changes, or a change in contacts.
- Write the confirmation date and the name or role of the person who confirmed the instructions.
- Keep a copy where the household can find it, while protecting private information.

Immediate danger: Call 911 in the United States. Do not delay emergency help while completing or searching for this kit.

Emergency Information Supplied by the Care Team

Patient name and date of birth

Call 911 when *Enter only clinician-confirmed instructions; do not leave this section open to guesswork.*

Call the care team or after-hours line when

Primary after-hours number and service

Dialysis center or transplant program number if applicable

Important information emergency professionals should receive

Instructions confirmed by and date

Care Partner Check In

A care partner can be committed and still need rest, help, or a change in responsibilities. Use this page privately or discuss it with someone you trust.

☐ Yes ☐ Sometimes ☐ Not right now I am getting enough sleep or recovery time.

☐ Yes ☐ Sometimes ☐ Not right now I can step away from care responsibilities when needed.

☐ Yes ☐ Sometimes ☐ Not right now I know which tasks belong to professionals rather than to me.

☐ Yes ☐ Sometimes ☐ Not right now I have someone I can call for practical help.

☐ Yes ☐ Sometimes ☐ Not right now I have someone I can talk with honestly.

☐ Yes ☐ Sometimes ☐ Not right now My own health appointments and essential needs are being addressed.

One responsibility I need help with

One person or service I will contact

One realistic period of rest or personal time I will protect

Respite and Relief Plan

Respite means a planned break from caregiving responsibilities. It can be informal help from family or friends or a service located through a community organization.

Tasks another person can safely cover

Tasks that require a trained professional or direct care-team guidance

People who have agreed to help

Local services to contact

First planned break date and length

Information the substitute helper needs and where it is stored

Resource basis: Administration for Community Living, Finding Help for Yourself or a Loved One, checked September 25, 2026.
[Find local caregiver and respite resources](#)

Reflections Along the Journey

Re-Born follows a lived journey from discovery through transplant and the beginning of life afterward. Your family's path may be different. These prompts invite reflection without assuming a particular diagnosis, treatment, or outcome.

What changed when kidney disease first entered our family conversation

What have we learned about asking for help

What role has been hardest to define or share

What does hope look like today without pretending uncertainty is gone

What do we want to remember about this part of the story

Authoritative Kidney and Transplant Resources

These organizations provide current patient information, program guidance, or support directories. They do not replace advice from the person's own care team. Links were checked September 25, 2026.

National Institute of Diabetes and Digestive and Kidney Diseases

Doctor-reviewed information about kidney disease, tests, treatment topics, and questions for clinicians.

[Explore NIDDK kidney information](#)

HRSA Organ Procurement and Transplantation Network

Federal patient information about the transplant process, transplant teams, allocation, and patient participation.

[Explore OPTN patient resources](#)

National Kidney Foundation

Kidney education, care-partner information, peer support, and the NKF Cares patient help line.

[Explore patient and family resources](#)

American Kidney Fund

Education and support for people living with kidney disease and for care partners, including financial-assistance information.

[Explore living with kidney disease](#)

Practical Support and Next Steps

U.S. Food and Drug Administration

Consumer guidance for creating and maintaining a medication list.

[Create and keep a medication list](#)

Medicare

Eligibility, coverage, and publications concerning End-Stage Renal Disease, dialysis, and kidney transplant.

[Review Medicare ESRD information](#)

Administration for Community Living

Local connections for meals, transportation, home care, caregiver education, and respite support.

[Find local support](#)

Re-Born companion resources

Updates, downloadable tools, and information from Lipstick Diva Publishing.

[Visit the Re-Born resource page](#)

Keep this kit useful

Date each update, replace outdated pages, and bring only the pages needed for the next conversation. The value of the kit comes from the family's own questions and the care team's confirmed information.

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