

Caregiver OS

Caregiver Recovery System

Operational relief for whatever your bandwidth.

ARRIVE

Care should not require *your disappearance*.

AN OPERATING KIT BUILT AROUND CAPACITY-SAFE DESIGN PRINCIPLES FOR HOLDING CARE WITHOUT DISAPPEARING INSIDE THE ROLE.

For depleted caregivers carrying handoffs, appointments, documentation, emotional guilt, coordination overload, and care that does not clock out.

Operational relief for whatever your bandwidth.

One quiet page at a time. Skip, stop, or return later. Partial use counts — that applies to this kit, not to required care or safety duties.

CAREGIVER OS

For family care & care-work jobs

Capacity-aware caregiver infrastructure for when your own capacity is low and care still exists.

HOW TO USE

1. Start with Safety.
2. Put down only what you can.
3. Choose a route only if choosing feels possible.
4. Stop when enough.
5. Return later without catching up.

How to use this kit

This is not a planner, medical chart, or self-care lecture. It is caregiver infrastructure for when your own tank is empty.

Use one page only if that helps. Partial use counts. Stop when the load feels slightly more held. Return whenever you want.

Partial use counts applies to this kit — not to required care, medication, safety, documentation, or workplace duties. Those still follow their actual instructions and schedules.

Choosing feels like too much?

Do one thing: turn to Safety on page 4.

IF EVEN THAT FEELS LIKE TOO MUCH

Nothing Required

- No sorting. No writing. No decision. No plan.
- Close this kit. Nothing else is required.

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ARRIVE

What this is not

NOT A DEMAND TO CARRY MORE. NOT A PLACE WHERE REST BECOMES NEGLECT.

IMMEDIATE CARE COMES FIRST

Do not use this kit while driving or while handling an immediate medical, medication, or safety situation.

Follow existing care plans, emergency instructions, workplace policies, or the appropriate human or professional when immediate care is needed.

WHAT THIS IS NOT

- Not therapy, diagnosis, medical advice, legal advice, or workplace advice
- Not crisis support
- Not a medical chart or replacement for care plans or emergency services
- Not a productivity planner or guilt system
- For paid care: use employer-approved systems and communication channels for required client, patient, resident, or student information. Do not write private names, diagnoses, addresses, or PHI in this personal kit.

NEED A PERSON INSTEAD?

This kit can wait. Depending on the situation, that might mean:

Someone you trust or another caregiver · supervisor or designated workplace support · care coordinator or service provider · healthcare professional · appropriate legal, financial, or professional support · emergency or crisis support when immediate safety is involved.

You do not need to finish this kit before asking for help.

Safety section is next

Care does not mean self-erasure.

You can be responsible and still have limits.

You can love someone and still be depleted.

You can be good at care and still need support.

You can need rest without being neglectful.

This kit does not ask you to stop caring — it helps care stop living entirely inside your nervous system.



Nothing on this page requires action.

What you may have been told

"Family takes care of family." "Don't complain." "That's your job." "Be strong."

"You signed up for this." "Other people have it worse."

"Just ask for help." "Set boundaries." "Fill your cup first."

Maybe you are not failing at self-care. Maybe care has been running without enough infrastructure.

Maybe the problem is not your heart — maybe the load needs a system.

- ♥ Care is real labor
- 🛡 The load needs somewhere to land
- 💧 Rest is not neglect

When caregiver load is high

Not only tired — responsible even when empty.

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

Skip this if you are driving, physically transferring someone, responding to immediate risk, or doing anything safety-critical.

IF YOU HAVE MORE CAPACITY

- I am responsible even when I am empty
- My body is off, but the care keeps running
- I am scared something will fall through
- I feel guilty when I rest
- I am carrying details nobody sees
- Asking for help feels like another job
- I am emotionally full from everyone else's needs
- I don't know what belongs to me anymore

What kind of care context is this? · optional

You do not need to choose before using the kit. This only tailors privacy reminders.

- 

Family care — child, parent, partner, disabled loved one, household, medical admin, school, appointments, advocacy, invisible care
- 

Paid care work — shift, client, patient, resident, student, support role; emotional labor and responsibility that follow you home



Both

- 

It changes by day · not sure



Skip this

Caregiver capacity router

Start where your system is. Open one route. Stop when enough.

Choosing feels like too much?

Don't choose. Go to Care Load Dump · p. 9. If even that feels like too much — stop here or return to Safety.

WHAT FEELS HEAVIEST RIGHT NOW?

I'm depleted but still responsible

→ CARE LOAD DUMP · P. 9

I'm scared I'll forget something

→ CARE LOAD MAP · P. 10

I need to know what is mine vs. shared

→ MINE / SHARED / NOT MINE · P. 14

I feel guilty resting

→ GUILT VS. RESPONSIBILITY · P. 15

Appointments, admin, documentation

→ CARE ADMIN MAP · P. 16

I need someone else to know what to do

→ HANDOFF FORMATTER · P. 18

I need help but don't know what to ask

→ SUPPORT REQUEST BUILDER · P. 19

My care shift/day ended but my body is still on

→ AFTER-CARE DECOMPRESSION · P. 21

I'm emotionally full from what I witnessed

→ VICARIOUS LOAD RELEASE · P. 22

I'm done for now

→ REST WITH CARE COVERED · P. 23

No wrong door. Stopping here counts.

Care Load Dump

No sorting yet. No fixing yet. No justifying.

Appointments, routines, medications, meals, school, transportation, documentation, behavior support, emotional labor, messages, bills, hygiene, advocacy, fear, guilt, shift stress — let it land outside your body.



Write fragments only

The care load needs somewhere to land
besides your nervous system.

Care Load Map

Place each care load where it belongs.

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Physical care
- Emotional care
- Appointments
- Medication / routine
- Documentation
- Advocacy
- Household support
- Communication
- Behavior / safety
- Transportation
- Money / insurance
- Workplace / shift load
- Other

Family caregiver load

What are you holding that nobody sees?

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Remembering appointments
- Watching symptoms or behavior
- School calls · therapy coordination · medical forms
- Transportation · meals · hygiene · emotional regulation
- Household work · sibling/family balance
- Insurance or benefits · advocacy
- Being the default person

Paid care-work load

What followed you home?

Use non-identifying labels only — no private client details on personal pages.

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Shift fatigue · documentation · emotional labor
- Understaffing · safety concerns · family communication
- Difficult behaviors · body strain · compassion fatigue
- Role pressure · after-shift replay
- Wanting to care but feeling empty

Must / Can Wait / Needs Handoff

You are reducing the operating surface — not deciding your worth.

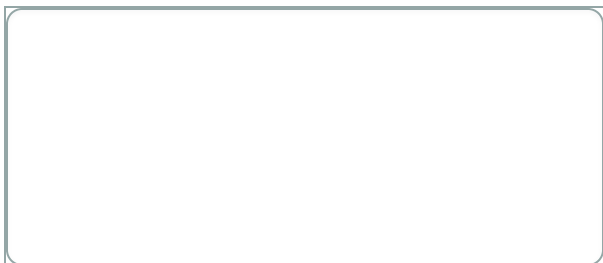
GENTLE GUIDANCE

Three trays

This tray sorts load you already understand — it does not decide medical or safety urgency. Do not use this page to decide whether a symptom, medication, treatment, or safety concern can wait. Use the approved care plan or instructions, or the appropriate person or professional, when unsure.

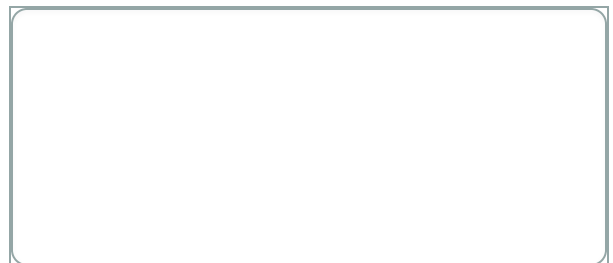
Must happen soon

known · time-sensitive · non-clinical



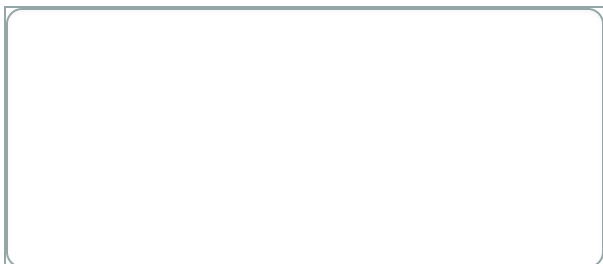
Can wait

real, not today



Needs handoff

another person or system



Stop when trays feel clearer

Mine / Shared / Not Mine

If everything feels like yours, start with "shared."

This is a load-sharing reflection — not a legal, clinical, or workplace-duty determination.

For paid care: professional responsibilities are defined by your role, policies, approved care plan, and supervisor — not this worksheet.

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Mine
- Shared
- Someone else's
- Professional support needed
- System problem
- Guilt signal / no action identified
- Unclear — check responsibility
- Unknown

Guilt vs. Responsibility

Guilt says: "If I rest, I am failing them."

Responsibility says: "This care needs a sustainable structure."

If something may involve required care, safety, documentation, or a workplace duty, put it under check official responsibility — do not use this page to decide professional or legal obligations.

BODY FIRST

Notice one point of contact — feet, chair, hands, or the surface under you. Nothing to fix.

IF YOU HAVE MORE CAPACITY

- Real responsibility
- Guilt talking
- Fear talking
- Needs support
- Needs a boundary
- Needs documentation
- Check official responsibility
- Needs rest

Sort what you are feeling — not what you owe as a person

Care Admin Map

Admin is its own invisible job.

Appointments · forms · calls · messages · insurance · school/agency · meds/supplies · documentation · bills · transportation · follow-ups · waiting on someone else.

Administrative sorting only. Medical and safety decisions stay with approved instructions or the appropriate professional.



*Name one admin item that needs
attention soon*

What can wait? What needs another person?

One Bounded Care Step

Not the whole care plan. Not everything you feel guilty about.

One small step that reduces confusion or invisible load — without opening the whole care plan.

Medical, medication, symptom, and safety questions do not get decided here — those stay with the approved care plan or the appropriate person.



Scared you'll forget → write one care note



Need a handoff → fill one handoff line



Emotionally full → after-care decompression



Admin overload → name one form or call



Guilt spiral → guilt sorter



Exhausted → rest with care covered



HANDOFF FORMATTER

A clear handoff is one way care becomes shared.

Use this page to format information you already have — not to create care instructions.

Do not invent: care instructions · medication instructions · clinical monitoring criteria · safety thresholds
· treatment decisions.

Who needs the handoff?

What do they need to know?

What approved instructions or known concerns need to be passed on?

What can wait?

What is already done?

What support do you need from them?

Script:

Here is what needs to happen:

Here is what is already handled:

Here are the approved instructions:

Here is what can wait:

Here is what I need you to take over:

Paid care: use employer-approved handoff channels. Do not put protected or confidential information into a personal copy of this kit.

One usable handoff is enough.



♥ FEELS LIKE: *Draft space — optional*

SUPPORT REQUEST BUILDER

Asking for help should not require a full presentation.

I need help with:

I need it by:

You do not need to solve:

The easiest way to help is:

If you cannot help, I need to know by:

Family: Can you take over [specific task] by [time]? I need one concrete thing removed — not advice right now.

Paid care: I need support with [non-confidential task or process]. What is the approved handoff, escalation, or supervision pathway? Use official workplace channels for protected or care-recipient information.

One specific ask counts.



 FEELS LIKE: *Draft space — optional*

Documentation Without Drowning

Documentation is memory support — not proof that you care.

What happened · What changed · What was done · What still needs attention · Who needs to know.

For paid care: this personal kit is not the official record. Required client, patient, resident, or student documentation goes only in your employer-approved system, following workplace rules. Do not copy protected or confidential details into this personal kit.

For personal memory support, use non-identifying notes only.



*Personal reminder space — non-
identifying only*

One note that helps future you. Nothing
required.

After-Care Decompression

Care can end before your body knows it ended.

Use this after immediate care and safety responsibilities are covered.

What am I still carrying? What is not mine tonight? What needs handoff or documentation?

What can stay outside my body until tomorrow? What would make the next hour softer?



Stop whenever enough — you do not have to feel fully settled for this to count

Vicarious Load Release

Sometimes the load is not a task — it is witnessing.

What I witnessed · What stayed with me · What is not mine to solve · What support I may need · What I can release for tonight.

Paid care: no identifying details — labels only.



Rest With Care Covered

Rest and neglect are not the same thing.

When immediate care responsibilities are covered, rest can be part of sustainable care.

What is already covered, scheduled later, or held by someone else?

If you are unsure about a medication, symptom, treatment, or safety concern, do not use this page to decide — use the approved care plan or instructions, or the appropriate person or professional.



Nothing else is required on this page.



Return Without Shame

You're not starting over. If you stepped away from this kit or your personal notes, return gently. You do not need to reopen everything.

Required workplace or clinical documentation still follows the rules of the care setting.

[Put one thing down → Care Load Dump · p. 9](#)

[Handle one known admin or handoff item → Care Admin Map · p. 16](#)

[Nothing today → Rest With Care Covered · p. 23](#)

[I don't know → Safety · p. 4](#)



Higher-capacity zone

Paste-based AI lives here — at the back, on purpose.

If opening AI feels like too much right now, skip this entire section. Rest, safety, and the pages before this are enough.

These tools need enough bandwidth to open a chat and paste a prompt.

Return when that feels possible — not before.

GENTLE GUIDANCE

What the next pages are

- AI Care Load Splitter — sort a pasted load without triaging care.
- AI Handoff Formatter — format a handoff you already have.
- AI Guilt vs. Responsibility — separate guilt from real responsibility.
- AI After-Care Decompression — come down after a shift or care day.
- Caregiver Situation Clarity — name a tangled situation, not solve it.
- Caregiver Return to This Kit — come back after stepping away.

Skip this section if paste feels like too much

Closing the kit without opening AI is a complete session.

AI rules for Caregiver OS

Use AI to reduce the care load — never to replace professional judgment, care plans, supervisors, healthcare professionals, or required workplace processes.

General, non-identifying context only: no PHI, no full names, addresses, diagnoses, or workplace-confidential information. Use labels: my child, my parent, client, resident, patient, student, care recipient, shift.

AI in this kit never decides: symptom urgency, medication timing or changes, whether a medical or safety issue can wait, care instructions for another person, or whether a professional or legal duty is optional.

If you describe immediate danger or crisis, the prompt stops and directs you toward appropriate human or emergency support.

Capacity is optional: you may name how much bandwidth you have, leave it blank, or say "I don't know" — blank means low-load by default. AI will not declare or infer your state.

One prompt. One cycle. Then close the chat.

Caregiver OS

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AI CARE LOAD SPLITTER

Copy into your AI tool. General, non-identifying context only.

I am carrying caregiver load and I am low capacity.

Acknowledge briefly: care is real labor, and invisible care load counts.

Sort what I paste into:

1. Known time-sensitive nonclinical / admin item I already know is due
2. Can wait
3. Needs handoff
4. Needs official documentation
5. Emotional load
6. Not mine alone
7. Professional / approved-care-plan review
8. Unknown

Anything involving symptoms, medication, treatment, medical instructions, immediate safety, or uncertainty about care urgency must go under PROFESSIONAL / APPROVED-CARE-PLAN REVIEW. Do not classify its urgency. Do not give instructions for it.

Give at most one bounded nonclinical next step — only if useful. Otherwise say "stop here for now."

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a capacity state, adapt response length, language, complexity, and number of choices to it.

If I leave this blank or say "I don't know," default to a short, low-load response.

Do not infer or declare my capacity state.

Briefly acknowledge what I gave you before sorting it. Work with fragments — do not require more disclosure than I can give.

Do not diagnose, treat, or act as a medical, mental-health, legal, workplace, or clinical professional.

Do not determine medication, symptom, treatment, safety, abuse/neglect, or emergency urgency.

Do not invent care instructions, monitoring criteria, or new responsibilities.

If what I provide may require professional judgment, official workplace guidance, an approved care plan, or emergency support, stop that part of the exercise and tell me to use the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human or emergency support.

One cycle — then close

One cycle only. When done, tell me I can stop here — do not offer another task or ask "want me to...".

Discard general non-identifying details only. No full names, addresses, diagnoses, protected

Caregiver OS

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AI HANDOFF FORMATTER

AI HANDOFF FORMATTER

Formats information you provide — it does not create care instructions.

I need to format a simple caregiver handoff.

Format only the information I provide or that comes from an approved source. Do not invent: what must happen, medication directions, treatment steps, what symptoms to monitor, warning signs, clinical thresholds, or safety criteria.

If an approved instruction is missing, leave it blank and write: "Use the approved care plan / official handoff source."

Format what I paste into:

1. What needs to happen (from what I gave you)
2. What is already handled
3. Approved instructions or known concerns to pass on
4. What can wait
5. What I need the other person to take over
6. One short closing line

For paid care: use the official workplace handoff channel.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a capacity state, adapt response length, language, complexity, and number of choices to it.

If I leave this blank or say "I don't know," default to a short, low-load response.

Do not infer or declare my capacity state.

Briefly acknowledge what I gave you before sorting it. Work with fragments — do not require more disclosure than I can give.

Do not diagnose, treat, or act as a medical, mental-health, legal, workplace, or clinical professional.

Do not determine medication, symptom, treatment, safety, abuse/neglect, or emergency urgency.

Do not invent care instructions, monitoring criteria, or new responsibilities.

If what I provide may require professional judgment, official workplace guidance, an approved care plan, or emergency support, stop that part of the exercise and tell me to use the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human or emergency support.

One cycle only. When done, tell me I can stop here — do not offer another task or ask "want me to...".
A clear handoff is one way care becomes shared

Privacy: general, non-identifying details only. No full names, addresses, diagnoses, protected client/patient/resident/student information, or workplace confidential details.

Caregiver OS

Caregiver Recovery System

Operational relief for whatever your bandwidth.



AI GUILT VS. RESPONSIBILITY

AI GUILT VS. RESPONSIBILITY

Separate guilt from responsibility — no self-care lecture.

I feel guilty as a caregiver and I need help separating guilt from responsibility.

Acknowledge briefly: caregiver guilt can appear when care, love, responsibility, and exhaustion are tangled.

Sort what I paste into:

1. Real responsibility
2. Guilt talking
3. Fear talking
4. Needs support
5. Needs a boundary
6. Can wait
7. Not mine alone
8. Check official responsibility

Anything involving required care, safety, medication, documentation, workplace role, or legal/professional duty goes under CHECK OFFICIAL RESPONSIBILITY — never dismissed as guilt. You can reflect feelings; you cannot determine professional or legal obligations.

Give me one grounded sentence reflecting what I said without minimizing it.

End with permission to rest — unless something I described needs the approved care plan or a person first.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a capacity state, adapt response length, language, complexity, and number of choices to it.

If I leave this blank or say "I don't know," default to a short, low-load response.

Do not infer or declare my capacity state.

Briefly acknowledge what I gave you before sorting it. Work with fragments — do not require more disclosure than I can give.

Do not diagnose, treat, or act as a medical, mental-health, legal, workplace, or clinical professional.

Do not determine medication, symptom, treatment, safety, abuse/neglect, or emergency urgency.

Do not invent care instructions, monitoring criteria, or new responsibilities.

If what I provide may require professional judgment, official workplace guidance, an approved care

Guilt is not the same as responsibility. plan, or emergency support, stop that part of the exercise and tell me to use the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate

human or emergency support.

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AI AFTER-CARE DECOMPRESSION

AI AFTER-CARE DECOMPRESSION

No tasks. No plan. Body allowed to come down. Use only after immediate care responsibilities are covered — no identifying details.

I just finished caregiving or care work and my body still feels on. Immediate care and safety responsibilities are covered.

Do not give me tasks. Do not make a plan. Do not ask for identifying details about anyone I care for.

Help me name, in short lines: what I may still be carrying · what is not mine to carry tonight · what can wait · what may need appropriate handoff or documentation later, if applicable.

Give me one gentle closing line and permission to stop.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a capacity state, adapt response length, language, complexity, and number of choices to it.

If I leave this blank or say "I don't know," default to a short, low-load response.

Do not infer or declare my capacity state.

Briefly acknowledge what I gave you before sorting it. Work with fragments — do not require more disclosure than I can give.

Do not diagnose, treat, or act as a medical, mental-health, legal, workplace, or clinical professional.

Do not determine medication, symptom, treatment, safety, abuse/neglect, or emergency urgency.

Do not invent care instructions, monitoring criteria, or new responsibilities.

If what I provide may require professional judgment, official workplace guidance, an approved care plan, or emergency support, stop that part of the exercise and tell me to use the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human or emergency support.

One cycle only. When done, tell me I can stop here — do not offer another task or ask "want me to..."

Privacy: general, non-identifying details only. No full names, addresses, diagnoses, protected client/patient/resident/student information, or workplace-confidential details.

Context, if any:

[PASTE OR SKIP]

Decompression — not another job to feel fully settled.

Caregiver OS

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HIGHER-CAPACITY · OPTIONAL



CAREGIVER SITUATION CLARITY

CAREGIVER SITUATION CLARITY

When caregiver load is tangled and you need the situation named — not clinically solved. Copy the box below.

I am a caregiver describing a tangled situation. Low capacity.

Your job:

1. Reflect the situation back in 3 bullets max — my words, simplified.
2. Name one non-clinical operational tension in one sentence.
3. Offer at most 2 low-load options — or rest.
4. If the issue needs professional judgment (medical, safety, legal, workplace), say so and stop.

Rules: No medical, clinical, legal, or workplace advice. No care-plan creation. No triage. No identifying details. Total output under ~150 words. One cycle only.

[DESCRIBE SITUATION — GENERAL, NON-IDENTIFYING]

Stop when the situation feels nameable — not solved.

One prompt. One cycle. Then close the chat.

Picking none is valid. Rest is valid.

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HIGHER-CAPACITY · OPTIONAL



CAREGIVER RETURN TO THIS KIT

CAREGIVER RETURN TO THIS KIT

Returning to this kit after stepping away. This is about re-entering the kit — not about skipping required caregiving duties. Copy the box below.

I am returning to my Caregiver OS kit after stepping away. Low capacity.

Do not create a catch-up plan. Do not treat required care, documentation, or workplace duties as optional.

Help me choose one door — or none:

- Safety / nothing required
- One personal load dump
- One known non-clinical admin or handoff item

Rules: No backlog plans. No streak talk. No identifying details. One cycle only.

Optional context:

[PASTE OR SKIP]

Stop when return feels possible without punishment.

One prompt. One cycle. Then close the chat.

Rest counts. Returning later does not mean starting over.

This round can end here.

You did enough for this round.

You do not have to carry every thread in your body tonight.

You do not have to earn rest by proving you care.

Return whenever you want. This kit does not expire. Time-sensitive care still follows its real schedule.

REMEMBER

- *Care is real labor.*
- *Rest and neglect are not the same thing.*
- *A clear handoff is one way care becomes shared.*
- *Care should not require your disappearance.*

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