



The Aging Parent Command Center

A Practical System for Meds, Appointments, Siblings, and Care Tasks
When You Are Already Stretched

The Aging Parent Command Center

© 2026 Pragma Vision LLC. All rights reserved.

Trademark Notice

Google, Google Pay, Google Cloud, and Android are trademarks of Google LLC. Stripe is a trademark of Stripe, Inc. Cloudflare and Cloudflare Workers are trademarks of Cloudflare, Inc. Supabase is a trademark of Supabase, Inc. OpenAI and ChatGPT are trademarks of OpenAI, Inc. Claude is a trademark of Anthropic, PBC. W3C is a trademark of the World Wide Web Consortium. Visa is a trademark of Visa International Service Association. OWASP is a trademark of the OWASP Foundation. Midjourney is a trademark of Midjourney, Inc. Canva is a trademark of Canva Pty Ltd. Etsy is a trademark of Etsy, Inc. Amazon is a trademark of Amazon.com, Inc. All other trademarks are the property of their respective owners.

No Affiliation

This book is an independent publication. It is not authorized, sponsored, or endorsed by any of the companies or organizations whose products or services are mentioned herein.

No Professional Advice

The information in this book is provided for educational purposes only. It does not constitute legal, financial, investment, tax, or other professional advice. Readers should consult qualified professionals for guidance specific to their situation.

Code Examples

Code examples in this book are provided for illustration only. They may not be suitable for production use without additional validation, error handling, and security review.

Published by Pragma Vision LLC

First edition, 2026.

Contents

1	The Coordination Tax	6
1.1	The Hours Nobody Counts	7
1.2	Why “I Will Just Remember” Breaks Down	8
1.3	The Three Categories of Cost	9
1.4	What Goes Wrong When One Person Holds It All	9
1.5	What This Book Builds	11
2	The 90-Minute Care Inventory	13
2.1	One Afternoon, Used Forever	14
2.2	The Four Domains	14
2.3	Domain 1: Medical	15
2.4	Domain 2: Financial	16
2.5	Domain 3: Social	17
2.6	Domain 4: Daily-Life	18
2.7	The Care Binder Format	19
3	Medication Lists Without Medical Advice	21
3.1	What This Chapter Is and Is Not	22
3.2	The Medication Log Format	22
3.3	The Change Log	24
3.4	What to Bring to Every Appointment	25
3.5	Over-the-Counter and Supplements	25
3.6	When to Push for a Medication Review	26
3.7	What NEVER to Do	27

4	Appointment Prep and Debrief Logs	29
4.1	Why the 15-Minute Visit Goes Sideways	30
4.2	The 5-Question Pre-Appointment Checklist	30
4.3	The 10-Minute Post-Appointment Debrief	31
4.4	Who Gets What Information	32
4.5	The Symptom Tracker	33
4.6	The Specialist Coordination Note	34
5	Sibling Handoff Rules	37
5.1	The Most Avoidable Source of Family Damage	38
5.2	The Shared Calendar	38
5.3	The Official Update	39
5.4	Equal but Different Responsibilities	40
5.5	Scripts for Common Sibling Conversations	41
5.6	The Sibling Who Will Not Engage	42
5.7	When the Family Cannot Agree	43
6	Emergency Contacts and Document Maps	44
6.1	One Sheet, Eighty Percent of Emergencies	45
6.2	The One-Page Emergency Sheet	45
6.3	Where the Documents Actually Live	46
6.4	The Document Inventory	47
6.5	Granting Access Without Giving Away Access	48
6.6	The Fall Protocol	49
6.7	Wandering and Dementia Safety	50
6.8	The Cousin From Out of Town	51
7	Weekly Wish Lists for Errands and Help	53
7.1	Why a Wish List Beats a To-Do List	54
7.2	The Recurring Wish Stack	54
7.3	The Three Types of Fulfillment	55
7.4	Setting Up the Weekly Wish List	56

7.5	The Grocery Wish	57
7.6	The Prescription Wish	58
7.7	The Transportation Wish	58
7.8	The Companion Visit Wish	59
7.9	The Wish-Now Agent Layer	60
8	When to Escalate to Paid Support	62
8.1	The Hardest Decision in Caregiving	63
8.2	The Four Signs the Family System Is Failing	63
8.3	Tier 1: A Few Hours of In-Home Aide Per Week	64
8.4	Tier 2: A Geriatric Care Manager (GCM)	65
8.5	Tier 3: Assisted Living or Memory Care	66
8.6	The Financial Conversation Nobody Wants to Have	67
8.7	The Conversation With Your Parent	68
8.8	Closing the Book	69
	What's Next	71
	About Pragma.Vision	73

1

The Coordination Tax



Figure 1. Invisible Hours become a Visible Bill: scattered weeknight and weekend tasks add up to 8–12 hours per week, 500 hours/year, 1/3 FTE, and \$100K–\$150K in imputed labor cost

1.1 The Hours Nobody Counts

There is a job you applied for without noticing. The day you started worrying about your mother's prescription refill, or your father's missed cardiology appointment, or the fact that nobody told you Dad had stopped opening his mail — that was the start of the job. There was no offer letter and no salary band. Just a slow accumulation of small tasks that used to be invisible and are now your problem.

This book is for the person doing that job while also holding down a full-time one. You are usually in your forties or fifties. One or both of your parents are losing some combination of memory, mobility, or executive function. You have at least one sibling who is involved less than you are. You have stopped sleeping as well as you used to, and the worst part is not the tasks themselves — it is the constant low-grade hum of *remembering them*.

8–12

hours per week of unbilled coordination work absorbed by the primary caregiver child — phone calls, scheduling, sibling updates, refills, paperwork — on top of any hands-on care¹

The clinical literature calls this caregiver-cognitive-load and treats it as a real condition with measurable health effects. The popular framing calls it “being a good daughter” or “being a good son.” Both are right. What they share is the assumption that you, the one already stretched, will absorb the cost without complaining. That assumption has burned out approximately every adult child caregiver I have ever met past the eighteen-month mark.

The rest of this book is a practical system. Not a philosophy of caregiving, not a meditation on aging, not a guilt-trip about whether you are doing enough. A system: a care

¹AARP, “Caregiving in the U.S.,” family-caregiver time-use survey, 2023.

inventory done once, a medication format that survives a hospital admission, an appointment debrief that protects your sanity, sibling handoff rules that work even with the brother who only shows up at Christmas, and a wish.now setup that turns the most recurring tasks into automated fulfillment so they stop living rent-free in your head.

1.2 Why “I Will Just Remember” Breaks Down

In the first few months, you can hold everything in your head. The pills are in the kitchen cabinet, the cardiologist is in March, the home aide comes Tuesdays and Thursdays. Easy. Then a medication changes. Then Mom falls and goes to the ER and the discharge paperwork lists three new prescriptions in the wrong order. Then the cardiologist refers to a neurologist and there is no record of the referral because the referral was verbal. Then your brother flies in for one weekend, helps with two things, leaves, and you realize you cannot remember which two things.

By month four, the cracks are constant. The memory model that worked for three pills, two doctors, and one weekly aide breaks at five pills, four doctors, two aides, three pharmacies, and the helper-of-the-month from the church group. You do not get more capacity; the system gets more complex, and the complexity exceeds what unaided human memory can carry.

Key Insight

Caregiver burnout is not a willpower failure. It is the predictable outcome of running a coordination job out of working memory for eighteen months. The fix is not to try harder. It is to externalize the system so that your brain stops being the single point of failure.

1.3 The Three Categories of Cost

The job is expensive across three different ledgers, and most caregivers only notice the first one.

The time ledger. 8–12 hours a week. About 500 hours a year. About a third of a working FTE. If you billed it, a paid care manager would charge \$200–\$300 an hour for the same work — so the unbilled labor is \$100K–\$150K of imputed cost per year per primary caregiver.

The career ledger. 60% of family caregivers report turning down a promotion, dropping to part-time, or leaving a job within three years². The career hit lands quietly — a missed travel assignment here, a left-early-from-the-offsite there — and shows up in the lifetime earnings spreadsheet five years later.

The cognitive ledger. The least measurable, most damaging. The constant background process of “did I refill the levothyroxine, did I call the cardiologist back, did I update my brother” eats the mental bandwidth that used to go to your own life. The hobbies dry up first. The friendships go second. By month eighteen, many primary caregivers describe a flat, gray version of themselves that they barely recognize.

1.4 What Goes Wrong When One Person Holds It All

Single-point-of-failure caregiving fails in three specific ways, every time.

Failure mode 1: The illness cascade. You catch the flu in February. Nothing about your mother’s medication schedule, your father’s transportation, or your sister’s once-a-month visit is documented anywhere except inside your head. The week you spend in bed is the week the system breaks. Pills get missed. An appointment goes unattended.

²National Alliance for Caregiving & AARP, “Caregiving in the U.S.,” workforce-impact module, 2023.

Your father falls because nobody noticed his blood pressure medication had run out three days earlier.

Failure mode 2: The sibling resentment compound. Without an explicit handoff structure, the involved sibling does “everything” and the absent sibling does “what was asked.” Two years in, the involved sibling is exhausted and bitter; the absent sibling is hurt and defensive; nobody has gained anything; and the parent’s care has not improved.

Failure mode 3: The clinical-disclosure gap. Doctors see a 15-minute slice of the patient. The slice they see is what is in the chart and what the patient (or accompanying caregiver) tells them in that 15 minutes. If the caregiver does not arrive with structured information — current med list, recent symptoms, what changed since last visit — the doctor is flying half-blind. Half-blind doctors miss things.

73%

of caregivers report at least one “significant” care-coordination failure — a missed dose, a wrong medication, a duplicated appointment, a misdirected referral — in their first twelve months³

Pro Tip

The earliest sign that you need a system is not a crisis — it is the moment you realize you are afraid to be unreachable for 24 hours. If a day on a plane terrifies you because “what if Dad falls and nobody knows what to do,” your system is currently your brain, and your brain is now a liability rather than an asset. The work in this book is the work of giving your brain a break.

³Caregiver Action Network, “State of Family Caregiving,” 2024 survey.

1.5 What This Book Builds

The remaining chapters assemble the operational system one piece at a time:

- A 90-minute care inventory that surfaces everything (Chapter 2)
- A medication log format that survives a hospital admission and protects you legally (Chapter 3)
- Appointment prep and debrief protocols that turn 15-minute visits into useful data (Chapter 4)
- Sibling handoff rules and scripts for the absent or difficult sibling (Chapter 5)
- A one-page emergency contact sheet that covers 80% of emergencies (Chapter 6)
- A weekly wish-list setup on wish.now that automates recurring caregiver tasks (Chapter 7)
- The signs that the family system is failing and the paid-support options at each tier (Chapter 8)

You will not get everything done in the next week. That is fine. Most caregivers I know read a book like this and implement two chapters in the first month, two more in the second, and leave the rest as the system matures. What matters is that the system exists outside your head before the next crisis.

Case Study

The Brother Who Could Finally Help

A 47-year-old marketing director in Boston had been the primary caregiver for her father (Parkinson's, moderate cognitive decline) for almost three years. Her brother in Denver wanted to help but never knew what was happening. She built the system in this book over a single Saturday afternoon: a care inventory, a med log, a one-page emergency sheet, and a sibling-update template she

sends every Sunday evening. Within two months her brother had taken over all of the insurance phone calls (a category that absorbed about three hours of her week), the bill audits, and one of the monthly appointment debriefs (he attended by video). Her own working hours stopped bleeding into weeknights. Her father's care got better, not worse, because two people now had context instead of one. The system did not create a new brother — it gave the existing brother a way in.

Get the complete book — <https://shop.pragma.vision>

DEMO

This is a free preview of the full edition.

Get the complete book at:

<https://shop.pragma.vision>