

SHARE THE CARE HOSPICE, INC.  
10880 Wilshire Blvd, Suite # 1140, Los Angeles, CA 90024  
TEL: (310) 231-8720 FAX: (424) 310-1370

# **HOSPICE PATIENT SERVICES HANDBOOK**

DEPARTMENT OF HEALTH SERVICES  
COMPLAINT HOTLINE  
**800.228.5234**

**Ms. Norma Bejamin**

DPCS

Tel: (310) 422-3805

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NOTE: SHARE THE CARE HOSPICE, INC. volunteers are not certified or authorized to perform CPR or to perform other medical interventions.

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## WHAT TO DO IN CASE OF EMERGENCY

~~~ CALL HOSPICE FIRST ~~~  
IF A FALL OR INJURY OCCURS, CALL IMMEDIATELY

In the event that you experience any situation that causes an increase in concern or distress, for you or the patient, please contact the hospice nurse at our office. Our office location and hours are:

Monday – Friday: 9:00 am to 5:00 pm

10880 Wilshire Blvd, Suite # 1140, Los Angeles, CA 90024  
TEL: (310) 231-8720 FAX: (424) 310-1370

In the event that you need to reach the hospice nurse after hours, there is always a nurse available 24 hours a day / 7 days a week through our answering service. Please contact the answering service and ask to have the nurse paged. You will be asked to give the name and phone number of the patient. A nurse should call within 15-20minutes. If you do not receive a call from the nurse during that time, call back immediately.

Note:

Contacting 911 or transporting a patient to the hospital may impact your hospice benefits and payments for services. The ambulance and/or hospital must receive authorization from hospice before providing transport of care. You will be responsible for any transport or emergency room bills incurred without prior authorization from the hospice. Notify us ASAP should anyone panic because of your loved one's symptoms and dial 911. We are here to help you through difficult and emotionally draining occurrences.

The number to reach SHARE THE CARE HOSPICE, INC. is:  
TEL: (310) 231-8720

Pursuant to the Health Insurance Portability Act of 1996 (HIPAA) you have a right to limit who is given information about you. Your privacy is one of our utmost concerns. Should you have any questions about the care you are receiving, or your confidentiality, please don't hesitate to contact us at any time.

## THE GOAL OF HOSPICE CARE

The goal of hospice care is to keep terminally ill patients physically comfortable, alert and capable of participating in life for as long as possible until natural death occurs. Also, to give the patient and family unit as much psychological, emotional, social and spiritual support as they may desire throughout the terminal illness. For the survivors, this follows death as well.

### The Hospice Benefit

Under the Medicare and Medicaid programs, coverage includes the following services as authorized by the Hospice Interdisciplinary Team:

- Physician Services
- Nursing Services
- Medical Supplies and Equipment
- Medication Management
- Social Services
- Hospice Aide Services
- PT, OT and ST Services
- Volunteer Services
- Spiritual Care
- Bereavement Counseling

Services are provided to the patient and family wherever the patient calls home. Many patients residing in a skilled nursing facility receives hospice services in conjunction with the services provided through the facilities.

In addition to the above referenced services, the hospice benefit through the Medicare and Medicaid program covers medical supplies, medical equipment, and the medications deemed relevant to the patient's terminal illness. The services and ancillary equipment, supplies and drugs are provided at no cost to the patient.

Because of the cost saving of hospice services, many private insurances and health maintenance organizations now provide for a hospice benefit. Benefits are frequently similar to the benefits offered to Medicare and Medicaid patients.

## Who is Eligible for Hospice Services?

Patients who have limited life expectancy of six months or less (as certified by his/her attending physician and the hospice medical director) and who are seeking palliative versus curative treatment.

## How Long Can a Patient Receive Hospice Care?

### Medicare Hospice:

Under the Medicare program, the patient has four benefit periods: the first two periods are for ninety days, the third benefit period is for 60 days followed by unlimited periods of 60-day increments. At the end of each benefit period, the physician must recertify that the patient continues to meet the criteria. At any point in time that the patient's terminal condition is not progressing, the patient may go off the benefit until their medical condition warrants resuming hospice care. The patient may revoke the hospice benefit at any time; however, they then forfeit any days remaining in that benefit period.

### MediCal Hospice Program:

MediCal Patients are accepted and provided hospice services as part of their MediCal hospice benefit. They have the same benefit period as per above, except that they can receive care for a 13-month period.

### Private insurance Hospice:

Many private insurances provide for hospice services or those services can be negotiated under specific individual policies.

## Providing Hospice Services In a Skilled Nursing Facility (SNF) or a Residential Care Facility (RCFE)

Providing care to patients in their homes is always the optimal. However, that is not always possible. There are several reasons which may necessitate the patient being cared for in a Skilled Nursing Facility (SNF) / Residential Care Facility (RCFE):

- The Patient's caregiver is unable to manage the medical needs or the patient has no caregiver.
- Effective pain and symptom management are not being achieved at home.
- The stress of the terminal illness becomes overwhelming for the patient or the family.

The hospice team provide supplemental services above and beyond the routine care and services provided by the skilled nursing facility/residential care facility. They remain in control of the patient's medical care, and they work closely with the facility's staff in providing optimal care.

## HOSPICE PATIENT RIGHTS AND RESPONSIBILITIES

As a Patient you have the Right to:

- Be carefully informed of your rights and receive this notice before the initiation of care.
- Be treated with dignity, consideration and respect by trained professional staff.
- Exercise your rights (or family or guardian may exercise your rights if you have been judged incompetent)
- Have your personal and property treated with the respect and privacy. Voice grievances regarding care or lack of respect for property without being subject to discrimination or reprisal.
- Be informed (orally and in writing) if you will be responsible for any costs and be notified of any changes as soon as possible but no later than 30 days.
- Be advised in advance of the discipline of the staff that will provide care and proposed frequency of visits, and be assured the personnel who provide the care are qualified through education and experience.
- Be assured of confidential treatment of personal and medical records and to approve or refuse their release to any individual outside the Agency, in accordance with HPPI regulations regarding disclosure of clinical records.
- Refuse treatment and be told the consequences of your action.
- Be informed within a reasonable time of anticipated termination of service.
- Have your family taught about your illness so that you can help yourself and the family understand and help you.
- Receive written information on completing advance directives including a description of the applicable state law.
- Make a confidential complaint to the State Department of Health Services:

Licensing and Certification Division without being subject to discrimination or reprisal. The hotline number in our own area is: (310) 231-8720 It may be reached between 8:00 am and 5:00 pm. Monday-Friday at 10880 Wilshire Blvd, Suite # 1140, Los Angeles, CA 90024.

- Be informed that your rights set forth in this section may be denied for good cause only by the attending physician, and that the denial of such rights must be documented by the physician in your medical record.

As a Patient you have the Responsibility to:

- Remain under a doctor's care while receiving hospice services.
- Participate in developing your plan of care and updating it as your condition changes.
- Accept the consequences of any refusal of treatment or choice of noncompliance.
- Provide a safe home environment in which your care can be given.
- Cooperate with your doctor, Agency staff and other caregivers.
- Treat Agency personnel with respect and consideration.
- Notify the Agency when unable to keep appointments.

## HOSPICE LEVELS OF CARE

There are four hospice levels of care. The level to be provided is based on the patient's need for care, the hospice team's recommendations and the orders from the Patient's physician. The levels of care are:

### Routine Home Care:

- Advise the Agency of any problems or dissatisfaction with our care, without being subject to discrimination or reprisal.
- Contact the Director of Patient Care Services of SHARE THE CARE HOSPICE, INC. at the phone number and address shown below:

SHARE THE CARE HOSPICE, INC.  
10880 Wilshire Blvd, Suite # 1140, Los Angeles, CA 90024  
TEL: (310) 231-8720    FAX: (424) 310-1370

“Hospice emphasizes quality rather than length of life. Hospice neither hastens nor postpones death; it affirms life and regards dying as a normal process.

Routine care is provided at your home on an average day. The hospice team and services are available at scheduled times, and on call to respond to emergencies 24 hours, 7 days a week.

### Services include:

- Interdisciplinary case management by a team comprised of:
  - ✓ Skilled Nurses
  - ✓ Hospice Medical Director
  - ✓ Medical Social Workers
  - ✓ Certified Hospice Aides
  - ✓ Spiritual Care Counselors
  - ✓ Volunteers
- On call services 24 hours / 7 days per week. (Home visits can prevent ER visits and hospitalizations.)
- Visits by nurses, Hospice aides, MSW's and spiritual care counselors.
- Family counseling and education regarding care.
- Hospice physician employed by hospice to provide clinical direction to the hospice team.

- Volunteer support.
- Bereavement Counselor evaluation and plan for caregiver & family support for up to 13 months.
- All durable medical equipment and medical supplies as required for treatment of the terminal diagnosis.
- Medications related to terminal illness.
- Dietary counseling and diversified therapies for comfort care.

#### Continues Care

Continues level of care is hourly care in the home for a brief period. This care is provided by skilled nurses and hospice aides / homemakers which may be necessary for acute pain and symptom management or during times of crisis. Continues care must be short term and available only as ordered by your physician and approved by the Hospice Interdisciplinary Team.

#### Respite Care

Respite level of care is provided in an institution setting: nursing facility or inpatient hospice, to support the in-home caregiver during times of fatigue, stress or illness. Respite care is available for 5 consecutive days and must be approved by you physician and the hospice Disciplinary Team.

#### In-Patient Care

In-patient level of care is a substitute for acute hospitalization in that palliative care, not curative care is the focus. Short periods of in-patient care may be appropriate for patients whose needs cannot be adequately met at home. The goal is symptom relief and a safe return to the home setting.

### YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT

This section explains your rights to make health care decisions and how you can plan what should be done when you can't speak for yourself.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

#### Who Decides About My Treatment?

Your doctor will give you information and advice about the treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to any treatment you don't want... even if the treatment might keep you alive longer.

How do you know What I want?

Your doctors must tell you about your medical condition and about what different treatments can do for you. Many treatments have “side effects”. Your doctor must offer you information about serious problems that medical treatment is likely to cause you.

Often, more than one treatment might help you, and people have different ideas about which is best. Your doctor can tell you which treatment are available to you but your doctor can't choose for you. That choice depends on what is important to you.

What if I'm too Sick to Decide?

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time, that works. But sometimes everyone doesn't agree about what to do. That is why it is helpful if you say in advance what you want to happen if you can't speak for yourself. There are several kinds of “advance directives” that you can use to say what you want and who you want to speak for you.

One kind of advance directive under California law lets you name someone to make health care decisions when you can't. This form is called a Durable Power of Attorney for Health Care.

Who Can Fill Out This Form?

You can, if you are 18 years old and of sound mind. You do not need a lawyer to fill it out.

Who Can Name to Make Medical Treatment Decisions When I'm Unable To Do So?

You can choose an adult relative or friend you trust as your “agent” to speak for you when you're too sick to make your own decisions.

How Does This Person Know What I Would Want?

After you choose someone, talk to that person about what you want. You can also write down in the Durable Power of Attorney when you when you would or wouldn't want the medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give another copy to the person named as your agent, and take a copy when you go into a hospital or other treatment facility.

Sometimes treatment decisions are hard to make and it truly helps your family and your doctors if they know what you want. The Durable Power of Attorney for Health Care also gives them legal protection when they follow your wishes.

What If I Don't Have Anybody to Make Decisions for Me?

You can use another kind of advance directive to write down your wishes about treatment. This is often called a “living will” because it takes effect while you are still alive, but have become unable to speak for yourself. The California Natural Act lets you sign a living will call a Declaration. Anyone 18 years old or older and of sound mind can sign one.

When you sign a Declaration, it tells your doctors that you don't want any treatment that would only prolong you dying. All life-sustaining treatment would be stopped if you were terminally ill and your death was expected soon, or if you were permanently unconscious. You would still receive

treatment to keep you comfortable, however, the doctors must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

#### Are There Other Living Will I can Use?

Instead of using the Declaration in the Natural Death Act, you can use any of the available living will forms. You can use a Durable Power of Attorney for Health Care form without naming an agent, or you can just write down your wishes on a piece of paper. Your doctors and family can use what you write in deciding about your treatment, but living wills that don't meet the requirements of the Natural Death Act do not give as much legal protection for your doctors if a disagreement arises about following your wishes.

#### What If I Change My Mind?

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

#### Do I Have To Fill Out One Of These Forms?

NO, YOU DON'T have to fill out any of these forms if you do not want to. You can just talk with your doctors and ask them to write down what you've said in your medical chart. And you can talk with your family, but people will be clearer about your wishes if you write them down. Your wishes are more likely to be followed if you write them down.

#### Will I Still Be Treated If I Don't File These Forms?

Absolutely! You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you.

#### Remember that:

- A Durable Power of Attorney for Health Care lets you name someone else to make treatment decisions for you. That person can make most medical decisions... not just those about life sustaining treatment when you can't speak for yourself.
- Besides naming an agent, you can also use the form to say when you would and wouldn't want particular kinds of treatment.
- If you don't have someone you want to name to make decisions when you can't, you can sign a Natural Death Act Declaration. This Declaration says you do not want life prolonging treatment if you are terminally ill or permanently unconscious.

#### How Can I Get More Information About Advance Directives?

Ask your doctor or social worker to get more information for you.

All of us at SHARE THE CARE HOSPICE, INC. want our patients to understand their rights to make medical treatment decisions. SHARE THE CARE HOSPICE, INC. complies with California laws and court decisions on advance directives. We do not condition the provision of care or otherwise

discriminate against anyone based on whether or not you have executed an advance directive. We have formal policies to ensure that your wishes about treatment will be followed.

It is your responsibility to provide a copy of your advance directive to the agency so that it can be kept with your records. If you have any questions about any of these forms, please call (310) 422-3805 and ask for a social worker to visit you and further explain these directives.

The California Consortium on Patient Self-Determination prepared the preceding text, which has been adopted by the California Department of Health Services to implement public law 101-508.

SHARE THE CARE HOSPICE, INC. does not discriminate against any person on the basis of race, color, national origin, disability, age or sexual orientation in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact the Director of Patient Care Services at (310) 422-3805

### THE ON-CALL SYSTEM

SHARE THE CARE HOSPICE, INC. office hours are 9:00 am – 5:00 pm. Monday through Friday.

During office hours, please call (310) 231-8720. However, a patient's condition may change and your family may have important care giving questions after our office has closed. Our On-Call system is designated to assist with your concerns that arise after office hours.

If you have a touch-tone phone and need to reach the SHARE THE CARE HOSPICE, INC. nurse, or other SHARE THE CARE HOSPICE, INC.'s staff person after hours, please call the On-Call.

Hospice Services nurse at (310) 231-8720. The On-Call Nurse will assist you or if appropriate connect you with the staff person you are calling. The On-Call Nurse receives a daily report of changes on all SHARE THE CARE HOSPICE, INC. patient's and directions to each patient's home. The nurse will help with your questions and come to the home when the patient's condition cannot be managed with phone contact.

Some examples of when you may need to call the On-Call Nurse include:

- Questions about medicines, especially if there have been recent changes in the medicines or the doses.
- If you have questions about symptoms. If the patient seems to have changes, for example, is having trouble swallowing, is becoming restless; has difficulty breathing, or you feel something is wrong, but you are not sure what is it.
- If you are feeling anxious and unsure. Is this something important?
- "Do we need to do something right away?"

Please do not hesitate to call if you have any questions or concerns. A reassured patient and caregiver are best support that we can provide to you and your family.

## INFORMATION REGARDING YOUR MEDICATION REGIMEN

Your doctor has prescribed medication to help you treat your condition. This medication will help you only if you take it correctly. Here's how;

### How To Fill Your Prescription

- Your hospice nurse will have your prescription filled at the SHARE THE CARE HOSPICE, INC. assigned pharmacy. That way, the pharmacist can keep a complete record of your medications.

### How To Take Your Medication

- Take your medication in a well-lit room. Double check the label to make sure you are taking the right medication at the right time. If you don't understand the directions, call the hospice nurse.
- If you forget to take a dose or several doses, do not take two or more doses together. Contact the hospice nurse for directions.
- Make sure you shake the liquid medicine bottles (if directed to do so) effectively before taking.
- If you have any questions regarding your medications, please contact the hospice nurse.

### How To Store Your Medication

- Keep your medication in its original container in a properly labeled prescription bottle. If you are taking more than one medication, do not store them together in a pill box or container.
- Store your medications in a cool, dry place or as directed by your pharmacist. Do not keep it in a bathroom medicine cabinet where heat and humidity may cause it to lose its effectiveness, some medications require refrigeration. Please read labels carefully.
- If you have children, make sure your medication containers have childproof caps. Always keep the containers beyond the reach of children.
- Wash your hands before taking your medications to avoid contamination.

## PAIN MANAGEMENT

Pain is an individual, subjective experience. Pain varies with type, site, kind, intensity, time, frequency, etc. The patient is the only person who can describe the pain he/she is having.

- What hurts: Where is the specific location? Head, neck, abdomen.
- Where does it hurt: Site? What area on the head, neck, abdomen?
- When does it hurt: morning, noon, night, occasional, frequent, constant.

- How does it hurt: Dull, radiating, squeezing, nauseous, etc.
- How much pain intensity according to this scale? You will be asked to rate your pain by a number scale. SHARE THE CARE HOSPICE, INC., Inc. use a 0-10 scale such as the one you see below.

|         |   |      |   |               |   |             |   |        |   |              |
|---------|---|------|---|---------------|---|-------------|---|--------|---|--------------|
| 0       | 1 | 2    | 3 | 4             | 5 | 6           | 7 | 8      | 9 | 10           |
|         |   |      |   |               |   |             |   |        |   |              |
| No pain |   | Mild |   | Discomforting |   | Distressing |   | Severe |   | Excruciating |

The pain must take pain medicine as directed. Pain medication may be ordered “around-the-clock” for pain that is rated at 5 or above. It may require different medications for different types of discomforts. Report all discomforts to your nurse, take medication as directed and report any side effects. Optimum pain control is every patient’s right. Treat your pain early, so your pain never gets “out of control”. Take pain medication when your pain reaches 3 on the scale above. Take medication at the first sign of pain if you’ve ever had pain above a 5 on the above scale. We at SHARE THE CARE HOSPICE, INC. are dedicated to pain control. Our goal is to provide you with “The Highest Quality of Pain Control with the Least Amount of Sedation” *Please note however, there are rare circumstances where sedation may be suggested to the patient and family for uncontrolled pain. Should pain this severe ever occur, our hospice team, the patient and family, and your doctor will consult together. Your privacy, rights and decisions will be respected all times.*

Opioid pain medication commonly causes constipation, nausea, vomiting and, drowsiness. Other medications are used to prevent and treat these annoying, usually controllable side effects. You may be prescribed anti-constipation and anti-nausea medications. (As you build a tolerance to the Opioids, most side effects usually resolve. This usually takes about 72 hours.) take these medications as prescribed. If they are not helping, report it to your nurse promptly. Your RN Case Manager will give you instructions and may need to contact you doctor for changes in medication.

When taken as prescribed by your doctor, risks from pain medication are rare. If a patient has a sensitivity or allergy to any pain medication, they may experience respiratory problems, irritating rash, flushing skin and difficulty arousing from sleep. Should these symptoms occur, call your nurse immediately.

Constipation can be a constant problem with all Opioids; however, if the patient follows the anti-constipation regimen prescribed, problems should be minimal. The patient should have a bowel movement every 2-3 days, regardless of food intake. BM may be small and should be soft, and the patient should not have to strain to pass it. Having bowel movement is independent of what one eats until very close to the time of death.

Occasionally, pain is not recognized as pain. The patient may state, “I just don’t feel well”, is “tired”, or “irritable”, or “out of sorts”. These types of statements and/or symptoms from your loved one may be an indication of pain. This “unrecognized” pain may be relieved by using pain medications in low doses, and by increasing amounts as needed for pain management.

## NUTRITIONAL INFORMATION FOR COMMUNITY HOSPICE FAMILIES

Nutrition is an important part of our lives. Our culture places great importance on social interactions around food and meal planning to ensure proper nutrition. Often, preparing meals and feeding a loved one is a way of communicating love and caring in a direct, non-verbal way.

Many of the people that SHARE THE CARE HOSPICE, INC. cares for are dealing with a decrease in appetite, nausea, vomiting, pain, and constipation. The most common problem many family members facing are finding the right kind of foods, and the difficulty they may have in getting the patient to eat them. Often this “food struggle” can develop into a friction that can interfere with open communication with each other. We believe that this struggle can be avoided by allowing the patients to not only choose what he or she wants to eat, but also when he or she wants to eat. Our staff encourage the patient to eat what he or she can tolerate. That is the best way to maintain comfort and give the patient a sense of control. This also provides the caregiver with an understanding that although their loved one is eating very little, he or she is content with the amount of food given. When faced with a terminal illness, it is more desirable to spend energy on activities and relationships rather than on food.

Symptoms, Conditions, and Treatments Which Decrease Appetite:

- Nausea and vomiting
- Medications, narcotic & non-narcotic
- Bowel tumors & for obstruction
- Bleeding gums and/or dental problems
- Weakness and fatigue
- Constipation
- Depression
- Pain

Because food and water are such basic human needs, people are appropriately alarmed by the idea of denying anyone food and water. It is always appropriate to offer food and fluids to a patient even when the patient is unable to accept amounts sufficient to sustain life. Forcing food and fluids by artificial means of a tube, either nasogastric or gastric is a different issue. Tube feeding and hydration are legally determined to constitute medical treatment. Patients, or their duly appointed agent for health care, have the right to accept a nutrition and hydration, to refuse to start, or to stop treatment once it has started. This is the legally accepted position of the American Medical Association and other associations of health care professionals.

With respect to patient comfort, some people believe that a patient who can no longer take food or fluids orally will suffer physical discomfort if tube feeding and hydration are not allowed.

However, research suggest that the natural process of dying includes a decrease in intake (cause by a decreased physical need). Lack of nutrition and hydration seem to cause no discomfort. In fact, dehydration and decreased nutritional intake produce anesthetized effects caused by metabolic changes taking place in the body. When effects of dehydration occur such as dry mouth or parched lips, these symptoms can be relieved simply keeping the mouth and lips moist with white petroleum jelly, and by giving your loved one ice chips.

Suggestions and Helpful Hints:

- Offer five to six small portioned meals and snacks through the day; they are more easily tolerated and not as overwhelming.
- Change meal time to when the patient is pain-free and feeling good.
- Avoid forcing food at any time. This can develop into a struggle where family may feel rejected and the patient feels guilty.
- Cooler foods are often tolerated better when a person is nauseated.
- Liquid meals are often best when the person is nauseated, in pain, gaseous, or has difficulty swallowing; for example, soups, shakes, yogurt, ice cream, cool drinks, etc.
- Baby foods sometimes satisfy the need for soft, bland foods which can be made appetizing with spices and seasoning.
- Over-the-counter calorie-protein supplements, such as Ensure and Sustacal can be used.
- Instant Breakfast mixes can easily serve as a full meal. If a person has difficulty tolerating milk products, mix the packet with fruit juice. Adding root beer to vanilla breakfast mix is a favorite.
- A heating dish for baby foods helps keep small amounts warm without much kitchen preparation.
- An infant's cup with a lid on the top allows the weak person to drink by himself without worry or spills.
- Ice chips, flavored and unflavored, relieve the feelings of dryness and discomfort when the person no longer wants to eat or drink.

## HELPING A LOVED ONE WHO IS APPROACHING DEATH

This period of time is one of the most difficult for families perhaps because of “fear of the unknown”. Because it is important to be honest and straight-forward in order to help families through this period, the following information is provided to help you prepare and anticipate symptoms which are indicative of approaching death. When you observe these symptoms, call the hospice nurse. The hospice nurse is available to help you clarify your concerns about this information. In addition to identifying the common symptoms, guidelines to manage the symptoms are included. The symptoms described are indicative of how the body prepares itself for the final stage of life. Not all of these symptoms will appear at the same time and some may never appear. The hospice nurse will be in attendance at the time of death if at all possible.

- ◆ The patient will have decreased need for food and drink because the body will naturally begin to conserve energy which is expended on these tasks. It is not appropriate to force the patient to eat or drink at this time.
- ◆ The patient will gradually spend more and more time sleeping and at times may be difficult to arouse. This is a result of a change in the body’s metabolism. Encourage family to spend more time with the patient during those times when he/she is most alert.
- ◆ Clarity of hearing vision may decrease. You may want to keep lights on in the room when vision decreases. Never assume that the patient cannot hear you, because hearing is the last of the five senses to be lost.
- ◆ The patient may become increasingly confused about time, place and identifying the people around him. This is also a result of metabolic changes speak to the patient, reminding him/her what day it is, what time it is, and who is in the room talking to him/her.
- ◆ The arms and legs of the body may become cool to the touch and the underside of the body may become much darker in color. These symptoms are a result of blood circulation slowing down. Keep warm blankets on the patient to prevent him/her from becoming overly cold or uncomfortable.
- ◆ Incontinence of urine and bowel movements may be a problem. Use pads, chux, or adult briefs to place under the patient for comfort and cleanliness.
- ◆ Oral secretion may become more profuse and collect in the back of the throat. This symptom is a result of a decrease in the body’s intake of fluids and inability to cough up normal saliva. Elevating the head of the bed will make breathing easier. Swabbing the mouth with diluted mouthwash or water can provide some comfort. Petroleum jelly will ease dry lips. Medications may be appropriate to decrease oral secretions.
- ◆ If the patient has a catheter in place, a decrease in the amount of urine may be noticed as death becomes closer. There may be a need to irrigate the catheter to prevent blockage.
- ◆ The patient may become restless, pulling at the bed linen, and having visions of people or things which others do not see. These symptoms are not uncommon as death is near. Talk calmly and assuredly with the confused person so as not to startle or cause them distress.

- ◆ There is often a change in breathing patterns. Breathing may become irregular with 10-30 second intervals of no breathing. This symptom is very common and indicative of a decrease in circulation and build-up in body waste products. Elevating the head of the bed often provides relief to someone who has difficulty breathing.

### HOW WOULD YOU KNOW DEATH HAS OCCURRED?

First and foremost, consult the hospice nurse if there is any suspicion that death has occurred. If it is after hours, call SHARE THE CARE HOSPICE, INC. services at (310) 422-3805 and inform the on-call nurse of the symptoms.

#### *Signs of death:*

- ◆ No breathing
- ◆ No Heartbeat
- ◆ Loss of control of bowel and/or bladder
- ◆ No response to verbal commands or shaking of shoulder
- ◆ Eyelids slightly open
- ◆ Pupils fixed & large
- ◆ Jaws relaxed and mouth slightly open

### AT HOME INFECTION CONTROL

Infections can be a major health hazard. An infection is a disease that results when germs invade and grow in the body. Some infections can cause a short illness while others can be very serious. The infections may involve a body part or the whole body.

Patients and care givers need to protect themselves from infections. You can help prevent infections by practicing the following guidelines:

- ◆ Hand washing is the one most important procedure to prevent the spread of infection
- ◆ Wash your hands before and after providing care
- ◆ Wash you and before eating
- ◆ Wash your hands after using the bathroom.
- ◆ Each family member should use his or her own towels, washcloths, toothbrush, drinking glass and other personal care items.
- ◆ Wash cooking and eating utensils with hot soapy water after they have been used.
- ◆ Clean cooking and eating utensils with hot soapy water after they have been used.
- ◆ Do not leave food sitting out and uncovered. Close all food containers. Refrigerate foods that will spoil. Keep hot food hot and cold food cold.
- ◆ Soiled linens should be changed immediately. So, linens should be washed in hot water using a detergent separate from other laundry.

- ◆ Soiled disposable products (dressing, adult briefs) should be placed in a heavy plastic bag, fastened securely and placed in the trash for pick-up.
- ◆ Used needles and syringes can be placed into a rigid walled container, (empty bleach or coffee can) seal securely and dispose of in the trash for pickup.
- ◆ Damp mop uncarpeted floors at least once a week.
- ◆ Bathroom surfaces; sink, toilet, toilet seat and floor should be cleaned routinely. A disinfectant, bathroom cleaner, or a solution of water and detergents may be used.
- ◆ Special precautions to prevent infection in your particular condition will be discussed, as necessary by the nurse during your visits.
- ◆ Notify the hospice nurse if the patient develops any of the following signs and symptoms fever, pain or tenderness, fatigue, loss of appetite, nausea, vomiting, diarrhea, rash, sore on mucous membranes, redness or swelling of a body part, and discharge or drainage from any area of the body.

|                                   |
|-----------------------------------|
| <b>Germs Hate Soap and Water!</b> |
|-----------------------------------|

### EQUIPMENT SAFETY TIPS

#### Hospital Bed

- ◆ Always keep wheels locked. Unlock only to move the bed.
- ◆ Always maintain side rails up and locked into position.
- ◆ Electric Bds may malfunction or a power failure may cause the bed to remain in one position. Always know how to use the manual hand crank.
- ◆ A bedridden person should always have a way to summon help. Provide patient with a call bell or other emergency response system.
- ◆ Unplug electric beds before washing the mattress or framework.

#### Wheelchair

- ◆ Always lock the wheelchair brakes before making a transfer to or from your chair or bed or car.
- ◆ If you are unable to place both feet flat on the floor, do not lean forward in the wheelchair. You may fall.
- ◆ Prolonged sitting in the wheelchair may cause pressure sores to develop. Establish a routine of shifting your weight from side to side, up and down, if possible. The armrest of the wheelchair may be padded to help cushion and relieve pressure to arms.

#### Walker

- ◆ When ready to walk, stand a few minutes with walker to steady your balance.
- ◆ If dizziness occurs and does not go away, sit down and call for assistance.
- ◆ Walking surface should be dry, clean and well lighted. Removing throw rugs will enhance safety.
- ◆ When walking do not look at your feet look straight ahead.

- ◆ Wear supportive, flat soled, non-skid shoes. Avoid high heels and slip on shoes.
- ◆ Attach a light weight bag or basket to your walker to safely carry small items.

#### Canes and Crutches

- ◆ Wear supportive, flat soled, non-skid shoes. Avoid high heels and slip shoes.
- ◆ Avoid walking on slippery, wet uneven surfaces. Removing throw rugs enhance safety.
- ◆ Make sure the rubber tip on the cane/crutch end is without cracks or tears and that it fits securely.
- ◆ Crutches should have padded underarms.
- ◆ When walking does not look at your feet.
- ◆ Always get up slowly from a sitting position and assess if you feel dizzy or off balance. While standing, breath slowly. If dizziness should persist, sit down and call for help.

### DISPOSAL TIPS FOR HOME SAFETY

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of sharp objects and contaminated materials you may use in your home.

You should place:

- ◆ Needles
- ◆ Syringes
- ◆ Lancets
- ◆ Any sharp objects

In hard-plastic or metal container with a screw-on or tightly secure lid

A coffee can will do, but you should be sure to reinforce the lid with heavy-duty tape. Do not put sharp objects in a container that will be recycled or returned to a store. Do not use glass or clear plastic containers. Finally, make sure that you keep containers with sharp objects out of reach of young children.

We also recommend that:

- ◆ Soiled bandages
- ◆ Disposable sheets
- ◆ Medical gloves

be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

#### Oxygen Therapy

- ◆ No Smoking in Your Home!
- ◆ Oxygen is not to be used around a space heater or stove!

- ◆ Keep an all-purpose fire extinguisher in your home.
- ◆ Electric blankets and electric heating pads may be a potential hazard.
- ◆ Use only soluble lubricating jelly around nasal passages if needed. Do not use products that contain oil or alcohol, as they are flammable.
- ◆ Clean your cannula or mask every eight hours with a wet cloth.
- ◆ Oxygen containers should never be put in the trunk of the car.
- ◆ Equipment may be wiped clean with household detergent and warm water

## SAFETY AND COMFORT IN YOUR HOME

Falls or other injuries could leave you unable to live on your own. Report all falls immediately. It is our hope that the following information will enable you to make your home safer and more comfortable. Removing potential hazards and making things easier to do can help you stay independent.

### FIRE SAFETY

Do you have an emergency exit plan? Once a fire starts, it can spread rapidly. Since you may not have much time to get out, and there may be a lot of confusion, it is important that everyone knows what to do.

### CHECK SMOKE DETECTORS

Do you have smoke detectors installed in your home? If the answer is no, we urge you to purchase smoke detectors for your own personal safety. Note: Some local fire departments or local government agency will provide assistance in acquiring or installing smoke detectors.

Many fire injuries and deaths are caused by smoke and toxic gases, rather than the fire itself. Smoke detectors provide early warning and can wake in the event of a fire.

You may want to consider Carbon Monoxide detectors, as well, for your home safety. At least one smoke detector should be placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from air vents.

Are your smoke detectors currently in proper working order? Check the batteries on a regular basis.

### **REMEMBER RACE**

**R**emove patient and family from immediate danger. Develop a fire escape plan for your home and determine one place for all family members to meet outside in a safe place away from fire.

**A**ctivate – Call 911. Remember to give your street address.

**C**ontain the fire, if possible, by closing all doors. Remember your own safety first and do not place yourself in danger.

**E**xtinguish the fire, if possible, if not, evacuate the area. Again, do not place yourself in

### GETTING RID OF HAZARDS

Hazards that can cause tires, falls and other injuries in the home are easy to overlook. And they are often easy to fix. Checking each room for safety hazards can help you prevent injuries.

### CHECK ALL RUGS, RUNNER AND MATS

Are all small and runners slip-resistant? Falls are the most common cause of injury for older people.

- ◆ Remove rugs and runners that tend to slide.
- ◆ Apply double-faced adhesive carpet tape or rubber matting to the backs of rugs and runners.
- ◆ Purchase rugs with slip-resistant backing.
- ◆ Check rugs and mats periodically to see if backing needs to be replaced.

Place rubber matting under rugs. Rubber matting can be cut to size of rug.

*Note:* Over time adhesive or tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically check rugs and mats to see if new tape or backing is needed.

### CHECK AREAS AROUND

Are lamps or light switches within easy reach of the bed?

Lamps located close to each bed will enable people getting up at night to see where they are going. Rearrange furniture closer to switches or move lamps close to beds. Install night lights.

Is there a telephone close to your bed?

In case of emergency, it is important to be able to reach the telephone without getting out of bed.

Are ash trays, smoking materials, or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?

Burns are a leading cause of accidental death among seniors. Smoking in bed is a major contributor to this problem. Do not smoke in bed or have hot liquids or other heat sources near the bed.

Is there anything covering your electric blanket when in use?

“Tucking in” electric blankets or placing additional coverings on top of them can cause excessive heat buildup which can start a fire. Do not set electric blankets so high that they can burn someone.

Do you ever sleep with a heating pad which is turned on?

Never go to sleep with a heating pad if it is turned on. It can cause serious burns, even at relatively low settings.

Are cords out from beneath furniture and rugs or carpeting?

Furniture resting on cords can damage them, creating fire and shock hazard.

Electric cords which run under carpeting may cause a fire, Remove cords from under furniture or carpeting. Replace damaged or frayed cords.

Are cords attached to the walls or baseboards with nails or staples?

Nails or staples can damage cords, presenting fire and shock hazards. Remove nails and staples.

#### CHECK BATHTUB AND SHOWER AREAS

Are bathtubs and showers equipped with nonskid mats, abrasive strips or surfaces that are not slippery?

Wet soapy tile or porcelain surfaces are especially slippery and may contribute to falls. Apply textured strips or appliques on the floors of tubs and showers. Use non-skid mats in the tub or showers and on the bathroom floor. If you are unsteady on your feet, use a stool with non-skid tips as a seat while showering or bathing.

Grab bars can help you get into and out of your tub or shower, and can help prevent falls. Check existing bars for strength and stability and repair if necessary.

Attach grab bars, through the tile, to structural support on the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

#### CHECK ALL CORDS

Are lamp, extension and telephone cords placed out of the flow of traffic?

Cords stretched across walkways may cause someone to trip. Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords, if possible. Place all cords out of the way to avoid injury.

Etc. Check wiring for damage. Use tape to attach cords to walls or floors.

Are electric cords in good condition, not frayed or cracked?

Replace any frayed or cracked cords, they can cause shock or fire.

Do extension cords carry more than their proper load than indicated by the ratings label on the cord and the appliance?

Overloading extension cords may cause fire. Standard 18-gauge extension cords can carry 1250 watts. If an extension cord is needed, use one having a sufficient amp or wattage rating. If the rating on the cord is exceeded because of the power requirements of one or more appliances being used on the cord, change the cord to a higher rated one or unplug some appliances.

Are heaters which come with a 3-prong plug being used in a 3-hole outlet or with a property attached adapter?

The grounding feature provided by a 3-hole receptacle or an adapter for a 2-hole receptacle is a safety feature designed to lessen the risk of shock. Never defeat the grounding feature. If you do not have the a 3-hole outlet, use an adapter to connect the heater's 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.

If your home has space heating equipment, such as a kerosine heater, a gas heater or an PL gas heater, do you understand the installation and operating instructions thoroughly?

Unvented heaters should be used with room doors open or window slightly open to provide ventilation. The correct fuel, as recommended by the manufacturer, should always be used.

Vented heaters should have proper venting and should be checked frequently. Improper venting you approach. Replace dim or homed out lights along pathways and halls. Oil or replace locks and handles that do not tum easily or are hard to grasp. Install deadbolt locks on outside doors. Mark key so they are easy to identify.

Are stairs and pathways clear?

Does not have a physical door that closes, as this could injure a person during an actual quake. Avoid stopping under anything that could fall. Do not dash for the exit. Choose your exit carefully.

Are small stoves and heaters placed where they cannot knock over, and away from furnishing and flammable materials, such as curtains or rugs?

Heaters can cause fires or serious burns if they cause you trip or if they are knocked over. Relocate heaters away from passageways and flammable materials.

#### DURING AN EARTHQUAKE

- ◆ If you are indoor, get under the table, a desk or bed. Or brace yourself in a strong doorway that does not have a physical door that closes, as this could injure a person during an actual quake. Watch for falling, flying and sliding objects. Stay away from windows.
- ◆ If you are outdoor, move to an open area away from buildings, trees, power poles, brick walls and other objects that could fall.
- ◆ If you are in an automobile, stop and stay in it until the shaking stops. Avoid stopping near trees and sewer lines, or under overpass.
- ◆ If you are in a high-rise building get under a desk until shaking stops. Do not use the elevator to evacuate. Use the stairs.

- ◆ If you are in a storage, get under a table, or any sturdy object, or in a doorway that does not have a door.

### CHECK ENTRANCES AND STAIRS

Are entrances safe?

Put bright lights over front and back doors or install motion sensor lights.

Put non-skid strips on the outer edge of steps, or paint the edges white. Repair handrails that do not run the full length of the stairs. Repair broken or loose steps and cracked or uneven paving. Keep pathways and steps free of hoses, newspaper and other clutter.

### IF YOU MUST EVACUATE

- ◆ Promotely post a message indicating where you can be found.
- ◆ Take with you:
  - ✓ Medicines and first aid kit
  - ✓ Flashlight, radio and batteries
  - ✓ Important papers and cash
  - ✓ Food, sleeping bags/blankets and extra clothing
  - ✓ Make arrangements for pets

### AFTER A DISASTER

- ◆ Put a heavy shoe immediately to avoid injury from stepping on glass or other debris.
- ◆ Check for injuries and give first aid.
- ◆ Check for fires and fire hazards.

⇒ Sniff for gas leaks, starting at the hot water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows and carefully leave the house. Do not turn lights on or off, or light matches or do anything that might make sparks.

*Note:*

Do not shut off gas unless an emergency exists. If time permits call the gas company or a qualified plumber. Do not turn gas back on until the gas company or plumber has checked it out.

If water leaks are suspected shut off water at main valve.

If damage to electrical system is suspected (frayed wires, sparks or the smell of hot insulation) turn off system at main circuit breaker or fuse box.

- ◆ Check neighbors for injury.
- ◆ Turn on radio and listen for advisories. Locate light source, if necessary.
- ◆ Do not touch downed power lines or objects touched by downed power lines.
- ◆ Check to see that sewage lines are intact before continued flushing of toilets.
- ◆ Check house, roof and chimney for damage. Check emergency supplies.
- ◆ Do not use the phone except for genuine emergencies.
- ◆ Do not go sightseeing.
- ◆ Be prepared for aftershocks.
- ◆ Open closets and cupboards carefully.
- ◆ Cooperate with public safety officials. Be prepared to evacuate when necessary.

If you need hospice care, our team knows that these are very difficult times. If you are the patient, allow you loved ones to care for you. If you are a family member, allow our team to assist you and your loved one. SHARE THE CARE HOSPICE, INC. has a highly trained and dedicated staff.

We, at SHARE THE CARE HOSPICE, INC., are well aware of what is to care for a patient and family at one of the most heart wrenching moments, days, weeks, and months this journey in life can be.

“The simple fact of the matter is that each of us attempts to do the very best we can under a given set of circumstances.

That fatigue, anxiety and responsibilities of the moment heavily influence what we say and do.

Be kind to yourself. Forgive your own imperfections.

***Marita Floyd***

SHARE THE CARE HOSPICE, INC.  
10880 Wilshire Blvd, Suite # 1140, Los Angeles, CA 90024  
TEL: (310) 231-8720 FAX: (424) 310-1370

WHEN TO CALL HOSPICE

1. CHANGE IN THE PATIENT'S CONDITION SUCH AS:
  - ◆ INCREASE PAIN
  - ◆ ANY NEW SYMPTOM / COMPLAINT
  - ◆ NAUSEA / VOMITING
  - ◆ INCREASE RESTLESSNESS
  - ◆ DECREASE IN LEVEL OF ALERTNESS
  - ◆ BREATHING BECOMES DIFFICULT
  
2. QUESTION'S ABOUT MEDICATIONS:
  
3. ANY QUESTIONS/CONCERNS:

|                                                  |
|--------------------------------------------------|
| <b>24 – HOUR PHONE NUMBER<br/>(310) 231-8720</b> |
|--------------------------------------------------|

**HOSPICE TEAM MEMBERS:**

RN CASE MANAGER: \_\_\_\_\_

SOCIAL WORKER: \_\_\_\_\_

HOSPICE AIDE: \_\_\_\_\_

CHAPLAIN / BEREAVEMENT: \_\_\_\_\_

OTHER: \_\_\_\_\_