



## Reverse Your Thinking® Mortgage

This Reverse Your Thinking® Mortgage Elder Home Care Guide provides you and your loved one's important information designed to simplify your life in a comprehensive yet easy to understand guide. Our added helpful forms are provided to standardize the process of managing the activities of daily living and comfort.

With this guide you will be better able to prepare for the care recipient's needs while improving their quality of life and to make caring for your loved ones easier.

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## Advance Directive Health Care

An Advance Health Care Directive combines the features of a Living Will and a Health Care Power of Attorney along with some other options. Some States have a specific advance directive form. While it is impossible to anticipate all your medical decisions, you can make your preferences clear by stating your wishes for medical treatment. What do you want the treatment to accomplish? Do you want it to prolong your life? If life-sustaining treatment could not restore consciousness or your ability to communicate, would you prefer to be kept comfortable rather than receive life prolonging treatment?

In forming your treatment wishes, it is helpful to consider your thoughts and wishes about different end of life treatments. With these wishes in mind, would you want to be kept alive with a feeding tube, intravenous fluids, or antibiotics? The answer to these questions will help you shape your wishes for treatment.

Knowing your wishes for treatment will make it easier for your family and physicians to make medical decisions on your behalf should you ever become unable to make your own decisions. If a given treatment would help achieve your wishes, it would likely be provided. If not, the treatment most likely would not be provided.

How do you feel about your current health?

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How important are independence and self-sufficiency in your life?

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How do you imagine handling illness, disability, dying and death?

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How might your personal relationships affect medical decision making, especially near the end of life?

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What involvement should doctors and other health professionals have in such decisions?

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What kind of living environment would be acceptable to you if you become seriously ill or disabled?

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Would you want to live in a nursing home, assisted living facility, or receive in-home care?

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How much should the cost to your family be a part of the decision making process?

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How important are religious or spiritual beliefs in the decisions about your health care?

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What are your thoughts about living life's final stages? What are your hopes and fears?

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## Who Can Have An Advance Directive For Health Care?

Anyone over the age of 18 can benefit from completing an Advance Directive for Health Care. Being too weak or confused to make medical decisions can happen at any age. There are periods in life when people are more likely to consider or have the opportunity to complete an Advance Directive for Health Care such as prior to a hospital stay, after the death of a loved one, when creating or revising a will, after retirement or when entering a long-term care facility.

Because life's goals and values often evolve as we age, the Advance Directive for Health Care is meant to be a changing and evolving document. People who complete an Advance Directive for Health Care often review and alter them as their wishes, health and life changes. Therefore, it is suggested to review your Advance Directive for Health Care annually to make sure it continues to reflect your wishes.

## What Does An Advance Directive For Health Care Do For You?

An Advance Directive for Health Care allows you to give instructions to your healthcare providers and your family on these topics. You can give them instructions about the types of treatments you want or don't want to receive if you become incapacitated. Usually directives will only go into effect in the event that you can't make and or communicate your own healthcare decisions. Up until then you can continue to give directions to your healthcare provider even though you have an Advance Directive.

Hospitals and other healthcare providers are required under the Federal Patient Self Determination Act to give patients information about their rights to make their own healthcare decisions. This includes the right to accept or refuse medical treatment. If you have executed a Living Will, Health Care Power of Attorney, or Advance Health Care Directive, your health care provider may ask you for a copy that has the same legal effect as the original.

It is imperative that you give a copy of your completed Advance Directive for Health Care to your family as well as your healthcare representative, primary care physician and others who are important to you. Sharing the Directive helps ensure your wishes will be honored. It also relieves the stress placed on family members having to make those decisions for you.

## What Are The Types Of Advance Directives?

The term Advance Directive can describe a variety of documents such as Living Wills and Health Care Power of Attorney. Some States also have a document specifically called an Advance Health Care Directive. So the term advance directive may be used to refer to any of these specific documents or all of them in general. States differ widely on what types of Advance Directives they officially recognize. Some States also require that you use a specific form for the format and content of your Advance Directive. If you have specific questions, contact an attorney who is familiar with your State's statutes regarding Advance Directives.

## Living Wills

A Living Will allows you to state whether you want your life prolonged if you will soon die from a terminal illness or if you are permanently unconscious. In general a Living Will states whether you want certain treatments withheld or withdrawn if they are only prolonging the process of dying or if there is no expectation of recovery.

As a general rule, a Living Will only goes into effect if you are no longer able to make your own health care decisions. For example; if you suffer serious brain damage from a car accident or have an incapacitating stroke, you may be permanently unconscious and unable to communicate with your doctor. In this case a Living Will lets your physician know your wishes concerning certain medical procedures.

## Health Care Power of Attorney

A Health Care Power of Attorney (HCPOA) allows you to name someone (an Agent) to make health care decisions for you if you are unable to do so. The HCPOA is more flexible than a Living Will and can cover any healthcare decisions, even if you are not terminally ill or permanently unconscious. A HCPOA can apply in cases of temporary unconsciousness or in case of diseases like Alzheimer's. Like a Living Will, HCPOA's often allow you to state your wishes about certain medical procedures.

## Choosing Your Representative

Choosing your representative is the most important part of this process. They will have great power over your health and personal care if you cannot make your own decisions.

Questions you should ask when choosing a representative:

- Is this person willing to be your representative?
- Do they understand your end of life wishes?
- Are they willing to and capable of following your instructions?
- Can this person make difficult decisions when under stress?

Choose one person to serve as your representative to avoid disagreements. If you appoint two or more representatives to serve together and they disagree, your health care providers will have no clear direction. If possible, appoint at least one alternative representative in case your representative is not available. Take the time to have heart to heart conversations with your representative and each alternate. Let other close family members know who you have chosen and why. If you can think of no one you trust to carry out this responsibility do not name a representative. Make sure however that you provide instructions that will guide your doctor or a court appointed decision maker.

## Understanding and Completing the Advance Health Care Directive Form

Understand that these directions apply only in situations when you are not able to make or communicate your healthcare choices directly.

### I. Power Of Attorney for Health Care (Health Care Representative)

A Power of Attorney for Health Care lets you name someone (including several alternatives) to make decisions about your medical care including decisions about life support if you can no longer speak for yourself. The Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you cannot or do not choose to make your own medical decisions. Your agent can be a family member or a close friend that you trust to make serious decisions to fulfill your wishes. Also the person you name should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

### II. Terminal Conditions (Living Will)

A Living Will lets you state your wishes about medical care in the event that you can no longer speak for yourself under these conditions:

1. You have an incurable and or an irreversible condition that will result in death within a relatively short time.
2. You become unconscious, and to a reasonable degree of medical certainty, will not regain consciousness.
3. The likely risks and burden of treatment outweighs the expected benefits.

### III. Chronic Illness or Serious Disability (optional)

Identify any chronic or serious disability that you have so that it will not be misinterpreted as a terminal disease. Write out the basic diagnoses and what physician they need to contact if there are questions regarding your condition and any special instructions regarding the care and treatment of your condition.

## IV. Special Directions (optional)

This can be anything, but you will list the most common things regarding end of life treatment. Let them know your spiritual preferences and who you want to provide them. You can tell them where you want to die but beware that what you decide has legal consequences so check with an attorney or specialist in this area to see what is best for you. Explain how you want your body handled after death. For example, whether or not you would like to donate your organs, your preference for burial or cremation and who is responsible for carrying out these wishes.

## V. Signing and Witnessing the Advance Directive

In order to make the document legally binding, you have two standard options:

Option 1: Sign the document in the presence of two witnesses who also sign the document to show that they personally know you and believe you to be of sound mind and under no duress, fraud, or undue influence. Neither of your witnesses can:

- Be the person you appointed as your agent.
- Be your healthcare provider or an employee of your healthcare provider.
- Be the operator or employee of a community facility.
- Be the operator or employee of a residential care facility for the elderly.

In addition one of your witnesses cannot be:

- Related to you by blood, marriage or adoption.
- Entitled to any part of your estate, either under your last will and testament or by operation of law.

Option 2: Sign the document in the presence of a Notary Public. If you are a resident in a skilled nursing facility, one of the witness must be a patient advocate or Ombudsman (an official appointed to investigate individuals' complaints against maladministration, especially that of public authorities) designated by the State Department of Aging. (Forms are at the back of this guide for your use.)

## Long Term Health Insurance

Here are some important facts to take into consideration. Over 50% of people over the age of 65 will need some form custodial care at home, in an adult day care center, or in a residential facility or nursing home. What will it cost? Currently it costs \$52,000 on average a year or more, possibly for many years. What will it cost in the future? Who will pay for it?

Consider these sobering facts: Medicare, Medicare supplements and HMO's won't cover long term "Custodial" care at all! Only "Skilled" care is covered for a very limited period of time. To qualify for Medi-Cal you must first spend down most of your lifetime savings. Also, new laws will levy criminal penalties for certain asset transfers designed to create or hasten medical eligibility for MediCal. Will your spouse, children or other loved ones be able to help out with years of protracted day to day care giving?

Long term care insurance can help you reduce the financial burden and maintain your freedom to select the provider of the facility of your choice. Wouldn't it be nice to have the insurance company pay for the home care? Long term care insurance could be the answer. The Health Insurance Portability and Accountability Act of 1996 gives tax advantages for the purchase of long term care insurance. Premiums will be deductible as a medical expense and benefits will be paid tax free to the recipient.

## Types of Long Term Insurance Policies

Most long term care insurance policies are based on a concept that gives an individual access to a pool of money in exchange for the payment of monthly premiums over the years. Insurers use complex actuarial formulas to predict how many people will need to use the money and how much interest they will earn on the premiums. In the future, insurers may develop different types of policies based on their experiences with this type of product or the government may change current tax laws.

Policies generally have four key areas that the individual should consider and compare:

- The benefit period: the length of time after a claim is filed that the insurer will pay for the care provided.
- A daily benefit: the maximum dollar or percentage amount the insurer will pay for care each day.
- The elimination period or deductible: the length of time and the amount of money that must be paid out of pocket before the insurer starts to pay.
- The level of inflation protection: the amount your benefits will increase over time to keep up with inflation.

The individual buying the policy can choose virtually any combination of benefits, deductibles or inflation protection options. The amount of coverage under any of these areas will affect the cost of your policy. Consult with your advisor(s) about which areas are most critical to you and what costs you are willing or able to afford. There is no standard long term care insurance policy so be sure to read the fine print.

## Asset Planning

Trusts can be an important element in your asset planning. Trusts can be divided into two variations, irrevocable and revocable. Irrevocable trusts cannot be changed (with a few exceptions) after they are put in place. They are important in tax planning for those with larger estates. They sometimes take the form of an insurance trust or charitable trust and each have many variations.

### Revocable Trusts

Revocable trusts are the most common estate plan used for individuals today. They can be amended and changed at any time before the person making the trust becomes incapacitated or dies. The most commonly used revocable trust is an *intervivos* or living trust. In this instrument the creator of the trust places their assets into the trust immediately and then the successor trustee may manage those assets if the creator of the trust becomes incapacitated or dies. The successor trustee acts as the fiduciary and has a legal duty to follow the terms of the trust as set out by the creator of the trust.

The *intervivos* trust allows you to avoid probate at death. It can be part of an estate plan in which the children will have a sub-trust built into the main trust and not receive their money until they become a particular age that the creator deems appropriate. In the case of a married couple it can be used to minimize estate taxes. The revocable *intervivos* trust is a complicated document and should be completed by a professional. The trust itself is an independent entity and unless you properly put the assets into the trust it is totally ineffective. Even though the trust owns the assets the one who created the trust has the ability to control the assets either as trustee or by an amendment to the trust. In most cases to avoid a conservatorship proceedings in the event of incapacity you need a trust, a power of attorney, and an advance health care directive.

The testamentary trust is a trust that takes effect after the death of the Trustor. It is probated but does allow for one to designate sub-trusts for the children and for marital estate planning. It's disadvantage is that it is subject to probate court jurisdiction at all times; but, probate court jurisdiction does give greater security to the beneficiaries should the successor trustee not fulfill their proper fiduciary duties.

### Irrevocable Trusts

There are a number of types of irrevocable trusts that can be used to make gifts to other persons with the assets under the control and management of a trustee.

Gifts to an irrevocable trust are sometimes motivated by a desire to minimize federal transfer taxes or to shelter assets from the claims of future creditors and other claimants.

To be effective for estate reduction purposes the trust must be irrevocable and the trust's settlor should not be a beneficiary of the trust.

In order to qualify for the maximum annual exclusion for gift tax purposes irrevocable trusts usually contain a provision giving the trust's beneficiaries a temporary right to withdraw annual contributions. This withdrawal right is often called a "Crummey power" in reference to a Ninth Circuit Federal Court Case involving a family with the "Crummey" surname.

## Evaluating the Need for Care

If a person cannot effectively do these activities of daily living then they need care and assistance:

- Eating: difficulty in eating or consuming nourishment.
- Dressing: putting on and taking off all necessary items of clothing including medically necessary braces or artificial limbs.
- Bathing: washing on a routine basis in the tub, shower or by sponge bath.
- Toileting: getting to and from or on and off the toilet and maintaining a reasonable level of personal hygiene.
- Ambulating: difficulty in walking with or without the assistance of a wheelchair, braces, a walker, a cane or other walking aid devices.
- Transferring: the ability to move in and out of a bed, chair or wheelchair with or without the use of equipment such as a cane, walker, crutches, grab bars or other supportive devices.
- Continence: the ability to control bowel or bladder function or in the event of the inability to control bowel or bladder functions (i.e. Incontinence), the ability to maintain a reasonable level of personal hygiene with or without the use of medical supplies, equipment or devices such as protective undergarments or catheters.

Who are some of the prime candidates for home care?

- Patients being discharged from the hospital who have not fully recovered or have a condition that needs further monitoring such as surgery, stroke, heart attack or accident.
- Someone who has a chronic condition that needs monitoring until stable. This can include such diagnoses as diabetes, high blood pressure, heart or lung disease, arthritis and stroke.
- A patient with fractures requiring therapy.
- Someone experiencing repeated hospitalizations or prolonged hospital stays.
- Someone in the latter stages of an incurable illness.
- Someone with limited mobility who needs assistance with the activities of daily living such as bathing, personal care, housekeeping or grocery shopping.

## Introduction to Eldercare

Our elders are faced with ever increasing medical care costs with limited resources in social services and insurance providers. When people reach the point in life where they become dependent on someone to assist in their activities of daily living (custodial care), the type of caregivers the majority of elders will usually be able to afford are generally low skilled, uneducated and in many cases somewhat transient caregivers (people who are willing to live around someone else's schedule). Many will not even be able afford any outside professional help whatsoever. This can lead to abuse and neglect. That is why using a competent agency is something you should strongly consider.

This guide is focused on making an important difference in helping to better understand and improve the quality of care given to our elders. Have your caregiver read through this guide to increase their level of education and understanding on how to properly care for our elders and ultimately produce a better caregiver.

This Elder Home Care Guide gives an overall view of the aging process and of elder care in general. It addresses issues such as how to prepare a home, maintenance, health building and which type of health care service is most appropriate for any one particular situation. It covers many of the common tools available to health providers and helps in choosing the most effective and beneficial program for the elder and their family.

Most importantly of all, whether you are a loving and concerned family member or a participating health professional, you will welcome the peace of mind that comes with the knowledge that the care recipient is receiving proper care!

Remember that illness could at one time or another strike any of us without warning, sympathy or compassion. It affects each of us differently: physically, mentally and or emotionally. Along with physical limitations and degrees of pain, illness often diminishes the quality of life through feelings of frustration, helplessness, anger, fear, sadness and guilt.

The purpose of proper elder care is to enhance the quality of life! This is achieved by helping and teaching the person to actively participate in life and especially in their own health that helps to provide a safe and healthy environment and helps to keep them as pain free as conditions allow.

## Understanding the Aging Process

Generally speaking, as elders reach their later years everyday events become gradually more difficult both psychologically and physically. Dependency causes a loss of autonomy and gives control to others. This can result in anger and depression.

Our elders would do well to retain as much autonomy and self-sufficiency as possible, even though some of their activities take longer to accomplish. Encouraging the elderly person to strive for independence and to be more actively involved in their health is very important.

Being productive will make a big difference in their outlook and enhance enjoyment of life. Remember these are the same people they always were, with the same hopes, dreams, loves, likes and dislikes; it is their bodies that have gone through major changes. These changes could have a major impact on their personalities and abilities, but this doesn't change the fact that they are people.

Laughter is a healing function, both mentally and physically. Music is also an effective way to stimulate pleasant memories and good feelings. This is especially helpful for those with dementia and Alzheimer's disease.

## Mental Changes in Aging

If certain areas of the mind are not exercised or stimulated the use of those parts deteriorate. Some mental changes are related to dementia, Alzheimer's and Parkinson's disease. Others are ill health or lack of usage.

People who have difficulty in thinking become frustrated about themselves and usually express it in some form of anger or depression. Identifying the problems and learning how to best respond is important so as not to exacerbate the condition.

### Dementia

A chronic or persistent disorder of the mental processes marked by memory disorders, personality changes, impaired reasoning, etc., due to brain disease or injury.

As the progression of dementia occurs, the person's ability to use and understand language may become increasingly worse. It is important to note that there is a difference between being able to speak and being able to understand. Although spoken words of a person with dementia may be recognizable to you, this does not mean that the individual understands what he or she has said. As the disease progresses, your service will need to change.

### Alzheimer's disease

A degenerative disease of the brain cells producing loss of memory and general intellectual impairment. It usually affects people over the age 65, although it can appear earlier, especially in some familial forms of the disease. As the disease progresses, a variety of symptoms may become apparent, including confusion, irritability, and restlessness, as well as disorientation and impaired judgment and concentration. The cause is unknown, although there appears to be a genetic component; the excessive beta amyloid proteins and the traces of aluminum found in the brains of victims are being studied as possible contributors. There is no cure.

### Parkinson's disease

Parkinson's disease is named for the English surgeon James Parkinson, who first described it in 1817. It is a degenerative brain disorder initially characterized by trembling lips and hands and muscular rigidity, later producing body tremors, a shuffling gait, and eventually possible incapacity. Emotions may be affected and mental capacity impaired, but assessment of these is difficult because depression often accompanies the disease. The disease occurs when the brain cells that produce dopamine die which can be caused by influenza, encephalitis, carbon monoxide poisoning, or drugs, but in most cases the cause is unknown.

## Physical Changes in Aging

Understanding the physical changes that take place during the aging process will make it easier for you to deal with them. Generally speaking the body begins to shut down starting with the areas that are the weakest. Typically these are the parts that have been given the least care. The statement “if you don’t use it you’ll lose it!” applies here. Daily mental exercises are as important as physical exercises. The onset of physical limitations can be gradual or sudden. If limitations come quickly the person’s whole life seems dramatically turned upside down from independence and self-sufficiency to unwanted and often degrading dependence on others.

### **Stages of deteriorating ability to walk**

**Stage one:** when balance becomes unstable it is recommended to take small steps and make sure (whenever possible) there is something sturdy to grab.

**Stage two:** when a person tires quickly and or has a hard time standing for long periods of time a cane should be utilized. Canes that have at least 1-1/2 inch diameter rubber tip with an easy grip handle are recommended. There are now quad canes available with four rubber tips for better stability. It is important that the cane is at the proper height. Do not use someone else’s cane unless it can be adjusted.

**Stage three:** if the person feels faint when standing or tires after several steps and or can no longer stand more than a minute or two it is time to use a walker. The newer ones called Rollators with four wheels with either the spring-loaded stoppers on the back wheels (they roll more easily but stop when any pressure is put on them) or hand brakes are recommended. Both types have a chair in the middle to sit on if the person feels tired along with a basket to carry things. When using a walker stand inside the walker using it as a guide to walk upright. (Many elders put it out too far in front of them adding pressure to the lower back).

**Stage four:** for those who cannot walk and need to use a wheelchair. Wheelchairs with light plastic spokes and removable foot and leg supports are recommended. Ask us about the many types of wheelchairs available.

### **Stages of deteriorating ability to see**

The eyes can deteriorate in many ways from blurred vision, cataracts, peripheral vision loss and tunneling to actual blindness. There are many new treatments for these problems that should be explored. Remember that if you are caring for someone with vision problems you should avoid appearing before the person suddenly. By slowly approaching the person from the front you will avoid startling or disorienting them. (See the section about preparing the home.)

## **Stages of deteriorating ability to hear**

The ears can deteriorate in many ways. Words can be perceived as muffled sounds or indistinguishable tones. The problem can be in the ear itself or resulting from brain damage that obstructs the ability to process sounds.

At the first sign of a hearing problem have the ears checked by an ear specialist. In certain situations hearing can be saved if the hearing loss is treated early enough. If the hearing problem is chronic the person needs to consider quality hearing aids. Advanced technology has made hearing aids comfortable and barely visible.

## **Home Supplies and Equipment**

Having the proper equipment and supplies is critical to providing proper care. It allows them to be more independent and have a better quality of life, in addition to making the caregiver's job safer and easier.

## Handling typical behavioral changes

As a result of the conditions of aging quite understandably a change in demeanor and a wide range of behaviors can be expected. To better handle common behavioral problems and in order to avoid and prevent potential abuse to the caregiver we offer the following suggestions when dealing with behavioral problems:

### 1. Disposition appears to have changed

Helpful responses:

- Take steps to identify and rule out any kind of brain impairment or neurological damage.
- Does the behavior stem from an unsatisfied need? Could it be a need for security, self-esteem, dignity, love?
- Once identified do your best to satisfy the need.

### 2. Attitude changes for no apparent reason

Helpful responses:

- If significant mood swings occur without apparent reason or if they increase in intensity consult a physician. There may be a chemical imbalance especially with diabetics that is causing the changes in attitude. If the cause is identified as a chemical imbalance there is a good chance balance can be restored and the problem solved.
- Reduce the level of stimulation.
- Avoid expressing anger and frustration.
- Avoid arguing.

### 3. Does not remember so they repeat the same questions over and over

Helpful responses:

- Respond clearly, slowly and concisely to the questions.
- Ask them to repeat what you have said.
- Could it be that an answer you provided first had a disturbing effect on them? A little reassurance and or factual information will set the mind to rest.
- Redirect the person into another activity or other topics of conversation. Moving to a new location in the room or simply changing sitting positions usually changes one's mood.
- Avoid arguing or responding with anger. Do not reprimand the person for the memory problem as that will usually only escalate the situation.
- If the person can still read can be helpful to write down the requested information.
- Use a calendar to write down scheduled events like the ones we provide.

## 5. Has difficulty in recognizing familiar things

Helpful responses:

- Avoid arguing as conflict will increase a person's confusion and fear.
- Explain that things may appear differently and calmly remind them who you are and clarify anything unfamiliar.
- Bring the person's attention to specific and recognizable things.
- Avoid rushing the person or making any sudden movements.

## 6. Roaming around at night or seems to be looking for something

Helpful responses:

- If the person is roaming in the household then provide orientation in a gentle manner.
- Reassure the person they can look for whatever they want, in the morning.
- Keep a light on.
- If sleeping difficulties persist consult a physician.
- Increase the person's level of activity during the day.

## 7. Wandering

Helpful responses:

- First determine the type of wandering. Is it aimless or goal directed?
- Then determine if the wandering is an attempt to gain something (stimulation, food, drink, security), or physical activity because of restlessness.
- Restlessness and pacing are common during certain phases of Alzheimer's disease. Supervise this activity constructively. Walk with the person in a safe and stimulating area. (Be aware that too much stimulation can be overwhelming and confusing.)
- Determine if the wandering behavior is in response to a stressful environment. Too much noise or demands placed on the person too quickly and forcefully may contribute to behavior resulting in wandering and getting lost.
- If the person's apparent wandering is a reaction to fear was there a misinterpreted sight or sound?
- Is the person experiencing delusions or hallucinations? If so wandering may be an attempt to seek security and safety. Identify the need and try to reassure them.

## 8. Refuses to bathe and groom or claims to have already done so.

Helpful responses:

- Maintain bathing and grooming at regularly scheduled times.
- Try to make bathing and grooming comfortable and a relaxing experience as much as possible.
- Be aware and sensitive to potential fears such as anxiety about falling, drowning or getting scalded by bath water.

## 10. Refuses to eat, eats very little.

Helpful responses:

- Minimize in between meal snacks.
- Maintain as high a level of physical activity as possible.
- Provide regular meals that follow a routine.
- Eat with the person.
- Prepare familiar and favorite foods.
- Be sure food can be easily chewed and swallowed. Rule out any physical obstruction.
- If coordination deteriorates offer direct assistance.
- Consider using food supplements.
- Give the person more time to eat.

## 11. Wants things done immediately or wants caregiver to do everything!

Helpful responses:

- Remind yourself that it is not helpful to the care recipient to be frustrated and angry.
- Respond calmly.
- Clearly inform them what is going on and what is being done.
- Stress the importance of independence and the need to do as many things as possible on their own.

## 12. When the care recipient becomes combative.

Helpful responses:

- Determine the cause of the anger
- Do not argue.
- Try changing the subject and or have the person do some physical movement to soften their mood.
- Be polite but firm.
- Give them a moment alone if possible to gather their thoughts.

## Elder Care Basics

A wise elder friend of mine once told me (Richard Weatherman), “It’s not whether or not you get a disease, it’s hoping that the one you get is the least debilitating!”

### Daily Routine

In order to maintain one’s health, one should have acquired some important daily habits. Daily habits of personal hygiene and self-grooming along with some form of physical and mental exercise keeps care recipient learning and growing. Without a routine a person usually deteriorates faster, physically and mentally.

### Nutrition

It is of utmost importance to stick to a balanced diet of healthy food and to eliminate the rest. Almost always one of the contributing factors to a deteriorated condition is either lack of proper exercise, lack of proper nutrition or usually both. When it comes to healthy nutrition you simply need to ask yourself, “Is this food good for the human body?” If the answer is no, leave it off the menu. Of equal importance is the amount of food we eat. As a rule avoid ionized salts, sugars, animal fats, alcohol and unnecessary drugs. Typically the elderly do not drink enough fluids. Keeping a record of what is consumed will give greater insight as to the health of the care recipient. If reduced intake of fluids is of concern here is another reason our consult a care advisor.

### Eating

Many elders have a hard time swallowing. Those who do may find themselves coughing and spitting up food. Should these things occur it is time to consider a bib. The bib is less embarrassing than the accidents that frequently occur. Cutting foods in small pieces also makes eating easier. Avoid messy foods like spaghetti and lasagna. A person may also need to relearn how to use eating utensils. Their hand movements aren’t as graceful as they once were and they may tend to knock things over. Drinks should be only poured half way to make it easier to handle. The use of a straw comes in handy.

### Physical Effort

To keep the body healthy a person must consistently put forth physical effort. This will help the cardiovascular, respiratory and circulatory systems. It will also help in cell stimulation, digestive and all other functions. It’s best to have a daily routine. Keeping a activity journal is an excellent way of recording and monitoring the routine. Exercise routines work best when combined with some fun activity.

Remember that elderly fatigue much faster than younger people. Be very sensitive not to over exercise. Even the slightest over-exertion could wear the care recipient down significantly. Learn to recognize that point of exertion. Exercising will vary depending on the care recipient and their particular condition at a particular time.

What must not change is exercising all of their joints and muscles to whatever degree the care recipient’s circumstance will allow. Especially those movements they depend on to fulfill everyday functions and simple comfort, basic functions such as standing, sitting, getting up from a chair, walking, grasping, etc.

## Mental Exercise

Mental exercise is one of the most over looked areas in proper elder care. It is this writer's belief that other than specific brain diseases, one of the primary reasons for short-term memory loss is due to lack of purposeful mental activity.

Without purposeful mental activity the ability to think constructively and indeed the ability to remember erodes. We recommend reading concentration games (dominoes, puzzles, scrabble, chess, etc.) and conceptualization activities (arts & crafts, theater, music, etc.). Socializing encourages the development and use of communication skills, the utilization of language, emotions and rewards the elder with a sense of self-worth and high self-esteem.

Having family members and or close friends communicate with them regularly is an excellent way to help them keep in touch with the world and feel loved and valued. It also allows the family to continuously monitor the level of care the loved one is receiving. Since mental activity has a tendency to be neglected by most using a mental exercise form will be a hard copy reflection of progress and benefits. Try to get the care recipient to participate in filling out the form. This would be a good mental exercise and will give them a better understanding of their health and their options.

## Grooming, Hygiene and Skin Care

Grooming is a reflection of self-worth. Maintaining and or improving one's physical appearance provides a sense of self-respect. Proper and consistent grooming helps the overall psychological well-being of the individual.

We provide a form for grooming, hygiene and skin care. Space is allowed for hair brushing and combing, shaving, lotion application and oral hygiene. Always avoid harsh soaps & shampoos.

## Methods of Dressing

Many daily functions that at one time were easy and natural have to be relearned. Ordinarily, dressing is like second nature to us. It is a function we execute with remarkably little thought. Movement and flexibility becomes an issue when that seemingly simple function becomes incredibly difficult.

There are different ways to dress depending on the individual's set of circumstances. A caregiver may be able to show you a way of dressing that will make life a lot easier for all. You will be surprised at the difference a simple change can make.

## Circulation

As the heart rate slows down so does a person's blood circulation. When that happens they may become very sensitive to drafts, cold weather and hot sun. Feel the care recipient's hands and feet to help monitor their circulation. Massaging arms and legs is a good idea.

A good time for an invigorating rub is when you are putting on lotion. Being touched by another human is very soothing and physiologically beneficial to most care recipients (as long as it is done in a proper manner). Be especially careful when helping them out of a bath. Chills and drafts can have serious consequences.

## Elimination

The human organism excretes waste by several means such as sweating, urination and bowel movements. It is important there is a bowel movement at least every other day. Anything less may lead to complications and a variety of problems. Many elderly adults experience elimination problems and have to use stool softeners. Bowel movement is critical to good health. The tracking form will help you keep records of the nature and frequency of these movements.

A malfunctioning colon is the source of many body dysfunctions and diseases. Learning about and using natural colon cleansers and detoxifiers will do much for maintaining good health. Exercising the waist area may allow the body to function on its own and may help lessen or negate the need for stool softeners.

## Suppositories

There may also come a time when exercise or stool softeners are not enough and suppositories are needed. We recommend having some on hand for that purpose. Sanitary conditions are important. You will need latex rubber gloves and some form of lubricant. Keep in mind that this could be an uncomfortable and sometimes humiliating experience.

A casual matter of fact attitude will go a long way in making the care recipient feel at ease. They realize what is going on and will be putting themselves through all sorts of emotional discomfort without any negative expressions from the caregiver. This is just part of life!

## Enema

The elimination process may pose a serious enough problem to where an enema is indicated. Water enemas work well.

## Diapers

Upon getting older many may lose full or partial ability to control urination and bowel movements. This condition is known as incontinence. The diaper industry has developed adult sized diapers to help deal with incontinence. Relatively easy to use and discard and they are an absolute life saver for all. Trust me when I say that you will not want to be without this item when the time demands it!

I cannot end this section without emphasizing that some incontinence can be prevented to varying degrees by exercising the pubococcygeus (pc) muscles. Regular attention to this muscle group will allow maximum control of urination and bowel movement and for men it has been known to help greatly in preventing prostate cancer and other prostate related diseases; a simple exercise that most do not do.

## Medications

The more one's health deteriorates the more variety of pharmaceutical drugs is usually prescribed. All of the pharmaceutical drugs come with their own particular set of instructions and side effects. Instructions of when, how much, how to administer the drug, what precautions must be taken and what side effects are known to be associated with it.

By using an easy to follow prescription medicine tracking form and a medicine consumption tracking, any caregiver can see what, when and how much of a particular medication is needed at a glance. Writing out the forms will help focus on the order and frequency. These simple to use tracking forms can help eliminate errors and may help prevent potential life threatening situations.

## Doctors

As the medical profession continues to specialize, a person will have more and more doctors that they will use. We include a form that provides an overview of care recipient's complete medical history by keeping accurate records of all doctors and nurses including their names, specialty, and reason for visit, diagnosis and recommended treatment. We are grateful to the thousands of honest and caring doctors, nurses and other value producing individuals in the medical industry.

We are also aware of the great and many contributions offered by medical science and the pharmaceutical industry. These are the people we trust our lives to. As in any field, however, there are those who for a profit would abuse their care recipients' and in some cases, their own health. Trust is earned by actions and results, not by someone's title.

You must protect yourself from these types of individuals. Know your doctor's history. Talk to others who have used their services and find out if they are current in world medical findings and discoveries. Above all, use your intelligence and intuition and always keep an open and inquisitive mind.

You need to continually keep yourself abreast of the latest developments relating to your own illness including information from other countries. As a high paying medical consumer you deserve to be informed and treated with dignity!

## Emergency numbers

An elderly person will need to have these numbers available and available at all times. Since many of our elders have poor eyesight and are sometimes confused with numbers they need to have a phone that has a large button face and several speed dial push buttons for easy access.

## Preparing the home

Accidents are the fifth leading cause of death for elders, not to mention all the additional injuries and complications arising from accidents. Half the deaths are due to falls, and over 75% of those falls are due to causes that could have been prevented! With that in mind, remember to do the following safety and aids check list form:

1. Are the outside grounds clean and hazard free? Look for objects that can easily trip someone such as; cords, curbs, cracks, rugs, mats, ice, rocks, steps, etc. If a wheelchair is used or anticipated, make sure the entrances are wide enough to accommodate the wheelchair. In some cases ramps will also be needed for easier access.
2. Are inside floors clean and hazard free? Remove loose rugs, clutter, raised ridges and any cords crossing a walkway. Stairways should be easily seen. Consider putting brightly colored non-skid adhesive strips on the edge of each step. Have sturdy hand railing and something extra to mark the top and bottom step. Most step related accidents happen on the first or bottom step.
3. Is there adequate lighting? Make sure there is proper lighting throughout the house. Make sure dark spaces can be easily illuminated when entering. Switches should be marked for easy recognition.
4. How safe is the bedroom? Beds should be at a proper height; a height that is low enough to sit on comfortably while getting into the bed yet high enough for easy standing. For care recipients with mobility issues there are bedside commodes or bedpans. Consider a solid table next to the bed to hold and store necessary items close by and to provide leverage if there is difficulty getting out of bed. Eliminate any sharp corners on the table by padding or covering them. For the person who has difficulty getting out of bed there are a variety of aids such as an overhanging grab bar, an electric hospital bed and there are stands that slide over the bed. A phone next to the bed is highly recommended in case of emergency preferably with large speed buttons. Also have a sanitary trash can nearby.
5. How safe is the bathroom? The bathroom is a danger zone! This is where most precautions have to be taken. The tub should have non-skid adhesive strips on the bottom and a non-skid mat or adhesive strips on the floor next to it. For those who still shower there are a variety of tub chairs, aids and grab bars that assist them getting in and out? For the toilet there may be a need for grab bars to sit and stand and you might consider getting a toilet raiser. Also there are accessories such as a bathroom tray that goes across the tub and bath pillows to support head and upper back.
6. How safe is the dining room? As all other areas the dining room should be uncluttered. Select chairs that are light, sturdy and not too low.

8. How safe is the living room? This is an area that (if conditions allow) the person spends most of their waking hours. Most people have a favorite chair they sit in. Make sure the chair is stable and easy to get in and out of. It should provide proper posture support. Many health problems are attributable to poor posture. There are a variety of chairs that have a lift for those who have a difficult time getting out of a chair. Consider a solid table next to the chair to hold and store necessary items close by and to provide leverage if there is difficulty getting out of the chair. A phone next to the chair is highly recommended in case of emergency, preferably with large speed buttons.
  
9. How safe is the kitchen? Keep the kitchen clean and uncluttered. Make it as roomy as possible. Arrange things to limit bending, reaching and standing for long periods. Keep items in low easily reachable shelves or cabinets. Transporting food can be difficult. A cart in which to wheel dishes, utensils and food is very helpful. Devices for extended reach with a firm grip should be considered. Consider leaving a short sleeve shirt next to an apron to be worn when cooking to avoid burning clothing.
  
10. Are all following systems and equipment in good working condition? Electrical systems, heating systems, cooling systems, plumbing systems, water heater temperature (110 degrees Fahrenheit or less is recommended to help prevent scalding!)

## Safety and Aids Check List

Are the outside grounds clean and hazard free? Look for objects that can easily trip someone such as: cords, curbs, cracks, rugs, mats, ice, rocks, steps, etc. In the case where a wheelchair is used or may be anticipated make sure the entrances are wide enough for a wheelchair to pass through. In some cases ramps will also be needed for easier access.

Sidewalks ☞ Curbs ☞ Driveway ☞ Walkways ☞ Drainage ☞ Entrances

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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Are inside floors clean and hazard free? Remove loose rugs, clutter, raised ridges and any cords crossing a walkway. Stairways should be easily seen. Consider putting brightly colored non-skid adhesive strips on the edge of each step. Have sturdy hand railing, and something extra to mark the top and bottom step. (Most step related accidents happen on the first or bottom step)

Rugs ☞ Cords ☞ Mats ☞ Stairways ☞ Floor surfaces

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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Is there adequate lighting? Make sure there is proper lighting throughout the house. Make sure dark areas can be easily illuminated upon entering. Switches should be marked for easy recognition.

Summary of overall conditions, concerns and recommendations:

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How safe is the bathroom? The bathroom is a danger zone! This is where most precautions have to be taken. The tub should have non-skid adhesive strips on the bottom and a non-skid mat or adhesive strips on the floor next to it. For those who still shower there are a variety of tub chairs, aids and grab bars to get in and out of the tub. For the toilet there may be a need for grab bars to sit and stand, also you might consider getting a toilet raiser so not to have to sit down as far. Also there are accessories such as a bathroom tray that goes across the tub and bath pillows to support head and upper back.

Non-skid Tub and Floor ☞ Easy Access ☞ Hand Supports ☞ Toilet ☞ Sink ☞ Proper Aids

Summary of overall conditions, concerns and recommendations:

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How safe is the bedroom? Beds should be at a proper height. A height that is low enough to sit on comfortably while getting into the bed, yet high enough as to allow for easy standing. For patients with mobility issues there are bedside commodes or bedpans. Consider a solid table next to the bed to hold and store necessary items close by and to provide leverage if there is difficulty getting out of bed. Eliminate any sharp corners on the table by padding or covering them. For the person that has difficulty getting out of bed there are a variety of aids such as an overhanging grab bar, an electric hospital bed and additionally there are stands that slide over the bed. A phone next to the bed is highly recommended in case of emergency, preferably with large speed buttons.

Bed ☒ Floor ☒ Lighting ☒ Proper Aids ☒ Phone or call button

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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How safe is the living room? This is an area that the person spends most of their waking hours. Most people have a favorite chair they sit in. Make sure that the chair is stable and easy to get in and out of. It should provide proper posture support. Many health problems are attributed to poor posture. There are a variety of chairs that are suitable including those that have a lift for the care recipients who have a difficult time getting out of a chair. Consider a solid table next to the chair to hold and store necessary items close by and to provide leverage if there is difficulty getting out of the chair. A phone next to the chair is highly recommended in case of emergency preferably with large speed buttons.

Chair ☒ Floor ☒ Lighting ☒ Proper Aids ☒ Phone or Call Button

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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How safe is the dining room? As all other spaces the dining room should be uncluttered. Select chairs that are light, sturdy, and not too low.

Chair ☒ Floor ☒ Lighting ☒ Proper Aids

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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How safe is the kitchen? Keep the kitchen clean and uncluttered and roomy as possible and place items in low easy to reach shelves or cabinets to avoid bending, reaching and standing for long periods. Transporting food can be difficult and having a cart to wheel dishes, utensils and food is very helpful. Devices for extended reach with a firmer grip should be considered.

Stove ☞ Oven ☞ Refrigerator ☞ Non-skid Floors ☞ Proper Aids

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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Make sure the following systems and equipment is all in good working condition.

Electrical ☞ Heating ☞ Air Conditioning ☞ Plumbing ☞ Water Heater Temp. \_\_\_\_ (110)

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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Make sure there are no health hazards.

Asbestos ☞ Natural Gas ☞ Polluted Water ☞ Toxic Chemicals ☞ Loose Wiring

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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What aids are needed to better assist with their activities of daily living?

Mobility ☞ Eating Aids ☞ Bathing ☞ Bed ☞ Health ☞ Medical Equipment

Date inspected: \_\_\_\_\_

Summary of overall conditions, concerns and recommendations:

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Choosing your health care service can be overwhelming. There are so many variables to think about; this is why we've put this care guide together for you and why some health care services provide you a free home consultation to help you get a good idea of what you really need for your care requirements.

The caregiver industry works like an undefined pool of caregivers that are on-call to work for the agency that pays them the best and gives them the best hours. On the custodial level where the pay is low and the hours are long and having to work around someone else's schedule, the caregivers willing to do this type of work are usually either somewhat transient or uneducated.

To reduce risks and attract a higher level of caregivers there needs to be a good process to thoroughly screen them out. Many turn out to be great caring compassionate caregivers if good direction is given. And some move on to be CNA's, LVN's and RN'S)

When interviewing agencies you need to know how the agency qualifies and screens their caregivers so you can get a caregiver that is as reliable, qualified and trustworthy as possible. When interviewing an agency make sure that the agency:

- Shows you their worker's compensation insurance, liability insurance and license.
- Mandates that their caregivers have current CPR certification, First Aid training and current Tuberculosis tests (and can immediately provide you with the actual verified documentation).
- Follows up with all their caregiver's documents and certifications so that they stay current.
- Does background checks on their caregivers.
- Has a 24-hour on call care coordinator to handle your emergencies.
- Provides all required forms for the caregivers to fill out for insurance purposes.
- Can give you the benefit of handling all the caregiver's payroll issues for you.
- Allows you to change caregivers that you feel aren't working out for you.

Many elders are forgetful and may unjustly accuse the caregiver of stealing. Unfortunately, there are rare occasions when caregivers will take advantage and steal. We recommend before hiring or moving to a place where a caregiver is provided, it is important to take a complete personal inventory of all property to prevent temptation and to protect everyone involved in the caring for the care recipient. Also that is why a background check is always recommended.

When assistance is needed it's important to choose a competent, compassionate and caring individual. Someone who listens, is sensitive to needs of the care recipient, is trustworthy and makes the care recipient feel comfortable. Choosing the right caregiver is based on a complexity of issues. Living and health conditions, special situations and sometimes a limited budget of the care recipient must be considered. Personality, formal education and culture may also play a role in choosing the right person. Quite understandably when the budget is an issue it can be much harder to find quality people who would work for low compensation.

Look for a caregiving service company that can provide the type of caregivers described above on an ongoing basis. Even with the due diligence and effort you put into screening and checking out the caregiver, you will not be certain whether or not it's the right person until the caregiver's actual performance on the job. One bad experience does not necessarily mean that a company is a bad one. Understand that it may take a few people to get a good match. Use common sense and caution.

## Home Care Agency versus Hiring Direct

Determining what type of home care worker to hire depends on your needs, preferences and financial resources. It is important to assess your needs and your loved one's level of care. Once this has been established you will want to consider whether to hire someone from a home care agency or direct. This decision will have implications in terms of training, cost, type of the individual you employ and other factors.

### Home Care Agency

Home care agencies offer consumers convenience. Some are more medically oriented, while others provide exclusively non-medical care. Some offer to be the employer of record and other just a registry. An agency has the ability to be more flexible to adjust the type of caregiver when your needs change.

An agency such as a home health service can also offer supporting information, resources and products to help support the caregiver and care recipient.

#### **Pros**

- Trained and licensed caregivers are available.
- A back up system in case the usual home caregiver has to call out
- Supervises the caregivers; if you don't like the person, the agency will make the necessary assurances of the caregiver's competency.
- Generally, easier to find help on short notice.
- Responsible for the caregiver's benefits, etc.
- Assumes full liability for all care

#### **Cons**

- Cost is typically higher.
- Higher costs may mean using fewer hours of care overall. Care worker can't be there.
- Shifts are usually limited to a minimum
- There may be less flexibility in the type of tasks each category of home care worker is permitted to do.
- You may not be able to choose the replacement.

## Hiring Direct

When you hire individually to provide home care services some caregivers are listed in attendant registries at local community based programs, others are located through advertising or word of mouth. Hiring someone independently maximizes consumer choice and control. Training, skill and fees for independent caregivers vary greatly. You may wish to contact a local independent living center to ask about average rates in your community.

### Pros

- Choose whom to hire according to your best judgment (even friends, neighbors or relatives).
- Consumer control to direct the care
- Expand care and defer some costs by offering room and board as partial payment for live in care
- Cost is typically lower than an agency.
- More hours can be purchased for fewer dollars.
- Flexibility to use just a few hours at a time or split a 4-hour shift into morning and evening (as long as the worker also agrees).

### Cons

- Additional work and time to locate and interview applicants and check references.
- No guarantee of a nursing credential or related tasks to meet your own needs (no restrictions for driving or other duties mutually agreed upon).
- Background checks are up to you.
- Usually no back up should your independent provider be unable to work.
- Liability for care is not covered by an agency.
- Additional responsibilities as the employer (e.g., paperwork for social security, taxes, employee benefits). It is advisable to consult with a tax specialist regarding employer and employee withholdings. Or, check out the IRS household employers tax guide.

## Making Your Choice

Whether you choose an agency or hire direct you can increase your confidence by asking about your caregivers prior experience, training, credentials and by checking references. When hiring someone independently you can also conduct a personal background check by getting written authorization from a prospective caregiver for criminal background, medical records, driving record, and credit score. For a fee, some companies will conduct a background check for you.

When deciding on your care giving needs think of the cost and conveniences. Perhaps paperwork and employer responsibilities seem overwhelming. Assessing your preferences will help you choose the right caregiver to make caring easier for your loved one and provide you, the caregiver with both practical support and peace of mind.

## Home Care Services Guide

Health care services come in various forms providing different professional levels. The following is some of the terminology used by home care services. These may or may not be the same terms that all service company's use. It is offered only to provide the reader with a clearer understanding of the classifications of caregivers that are available.

### Professional Companion/Home Attendant

Job summary: provides assistance with personal care, housekeeping, meal preparation, laundering and routine linen changes and errands.

General duties and responsibilities: (What a Companion/Attendant may do)

1. Personal care assistance: active range of motion exercises and assistance with self-administered baths or showers, general grooming and hygiene.
2. Meal preparation: assist care recipient in grocery shopping, prepare meals for care recipients using nutritional guidelines and care recipient's personal preferences
3. Assist with feeding as needed and monitor meal intake. Wash dishes utilized in preparation and serving of care recipient's meals.
4. Assist with medication reminders that are ordinarily self-administered.
5. Perform light housekeeping duties directly associated with care recipient's care: dust and vacuum care recipient's living area. Tidy up the bathroom and kitchen regularly. Make care recipient's bed and provide linen changes regularly. Wash care recipient's personal and essential laundry as needed.
6. General assistance: provide transportation for errands. Accompany or transport care recipient to doctor, clinic or hospital. Escort on short walks if recommended.
7. Participates in the assessed care plan. Participates in education programs as appropriate.
8. Always maintains a professional image.

(What a Companion/Attendant may not do)

- May not perform skilled nursing functions: administer injections or directly dispense medications, perform sterile dressing changes, perform decubitus care, irrigate catheters, ostomies or colostomies, or offer advice on medical problems.
- May not perform heavy housework or cleaning such as: scrubbing walls, floors and woodwork, wash windows or move heavy objects or furniture, or launder rugs.
- May not perform outside tasks: yard work or gardening, sweeping walkways or porches.
- Caregivers are never expected or allowed to: sleep while on an assignment (except while on live-in assignment), expect the client to provide meals on an assignment less than 5 hours.
- Borrow or loan money: Accept gifts without written consent and family approval. Sell goods or services to clients. Make personal phone calls while at clients home. (Except in the case of an emergency or to the agency.)

## Professional Certified Nursing Assistant (CNA)/Certified Home Health Aid (CHHA) job description

Job summary: provides care and assistance with activities of daily living as well as meal preparation, routine linen changes, laundry, light housekeeping chores and errands.

General duties and responsibilities (What a CNA/CHHA may do)

1. Personal care assistance: assist with bed or tub bath, shower and personal hygiene. Provide personal grooming; hair, nails, skin and oral care. Assist with bedpan, bedside commode or toilet as needed. Assist with transferring from bed to chair or wheelchair. Assist with ambulating, range of motion and daily exercising. Assist with dressing. Encourage activity. Repositioning in bed. Performs other duties as assigned by the care manager. Maintains a professional image and demonstrates commitment to professional standards.
2. Health care: monitor temperature, pulse and respiration. Monitor and record intake and output as requested. Document the care recipient's care on appropriate forms. Assist with prescribed exercises, prosthetic devices, compresses, drainage bags, support hose, urine testing and finger sticks for sugar and acetone levels. Perform other prescribed activities for a care recipient that has been taught by the appropriate health professional. Provide good skin care regularly. Report changes in

the care recipient's conditions and needs. Provide medication reminders that are ordinarily self-administered.

3. Household management: dust and vacuum care recipient's living area regularly. Tidy up bathroom and kitchen regularly. Make care recipient's bed and provide linen changes regularly. Wash dishes utilized in preparation and serving of care recipient's meals. Do personal and essential laundry of care recipient as needed. Prepare and serve care recipient's meals and assist with feeding as needed. Accompany or transport care recipient to doctor, clinic or hospital. Provide transportation for errands. Arrange for household maintenance, heavy cleaning or other services as needed.

(What a CNA/CHHA may not do)

- May not perform skilled nursing functions: administer injections or directly dispense medications, perform sterile dressing changes, perform decubitus care, irrigate catheters, ostomies or colostomies, or offer advice on medical problems.
- May not perform heavy housework or cleaning such as: scrubbing walls, floors and woodwork, wash windows or move heavy objects or furniture, or launder rugs.
- May not perform outside tasks: yard work or gardening, sweeping walkways or porches.
- Caregivers are never expected to: sleep while on an assignment (except while on live-in assignment). Expect the client to provide meals on an assignment less than 5 hours duration. Borrow or loan money. Accept gifts without written consent and family approval. Sell goods or services to clients. Make personal phone calls while at clients home. (Except in the case of an emergency or to the agency.)

## Licensed Vocational Nurse (LVN) or Licensed Practical Nurse (LPN)

LVN's are utilized when the care recipient needs acute care or skilled care but is in a stable, manageable condition. A licensed nurse is able to give injections, administer medication, tube feed, change IV bottles, clean wounds as well as perform the services of a CNA/CHHA. LVN's have practical nurse licenses and are under the supervision of one of our registered nurses or a physician. An LVN maintains the medical plan of treatment created by the registered nurse and approved by the physician.

## Registered Nurse (RN)

A registered nurse is necessary when the care recipient needs constant medical attention. If clients are unstable or in a life threatening condition (other than hospice care recipients) they need an RN who, as directed by a doctor, administers IV, catheters, narcotics, etc.

Registered nurses (RNs) work to promote health, prevent disease and help patients cope with illness. They are advocates and health educators for patients, families, and communities. When providing direct patient care they observe, assess and record symptoms, reactions and progress in patients, assist physicians during surgeries, treatments and examinations, administer medications, and assist in convalescence and rehabilitation. RN's also develop and manage nursing care plans, instruct patients and their families in proper care and help individuals and groups take steps to improve or maintain their health. While State laws govern the tasks that RN's may perform, it is usually the work setting that determines their daily job duties.

RN's are licensed and maintain clinical records for clients receiving nursing care. An RN develops the medical plan for treatment and continues to monitor and supervise the patient. RN's supervise LVN's and HHA's and CNA's and manage client medications. They are available on an hourly or shift basis.

Home health nurses provide nursing services to patients at home. RN's assess patient's home environments and instruct patients and their families. Home health nurses care for a broad range of patients such as those recovering from illnesses and accidents, cancer and childbirth. Home nurses are often called in during the acute phase of an illness or after a hospitalization. Nurse's duties vary depending upon their training. Registered Nurses (RN's) receive more training than Licensed Practical Nurses (LPN's), also known as Licensed Vocational Nurses (LVN's), but licensing requirements and skill levels for both categories vary from State to State. RN's work under the supervision of a physician and can coordinate the work of LPN's, home health aides and other in-home care providers. They perform such tasks as inserting and monitoring IV's, measuring out medications, giving injections, dressing wounds and monitoring vital signs. To reduce the need for costly professional help in the home RN's may train caregivers in certain medical activities.

## Hospice and Palliative Care

A key objective in hospice and home care is to obtain high quality palliative care to control pain and preserve the highest possible quality of life for as long as life remains. For elderly people, the decision to begin hospice or home care is often linked to more general issues regarding basic living arrangements, finances and aging.

These are the more common classifications of care providers available for a person in need of assistance. In-home care companies usually offer other types of home services for those who may not need medical assistance, but just an extra hand around the house to help make life a little easier or to assist the family members involved.

Advance Directive for Health Care Form

\_\_\_\_\_
Print your full legal name, \_\_\_\_\_ Date of birth, \_\_\_\_\_ Social Security number:

These directions apply only in situations when I am not able to make or communicate my health care choices directly. [Put an X through any sections you are not completing at this time.]

I. Power Of Attorney for Health Care (Health Care Representative)

My Representative may make ALL health care decisions for me as authorized in this document and shall be given access to all my medical records. This appointment applies whether I am expected to recover or not.

I wish to appoint a Representative: [X] Yes [ ] No

My primary physician is: \_\_\_\_\_

A. Primary Representative:

I appoint \_\_\_\_\_ as my representative.
Print Representative's Full Legal Name

Representative's Address

\_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

My Representative's authority is effective when I cannot make healthcare decisions or communicate my wishes. I may revoke this authority at any time I regain these abilities, unless my attending physician and any necessary experts determine I am not capable of making decisions in my own best interest.

If for any reason, I should need a guardian of my person designated by a court, I nominate my Representative, or Alternate Representative(s), named below.

B. Alternate Representatives

- If: 1) I revoke my Representative’s authority; or
- 2) My Representative becomes unwilling or unable to act for me; or
- 3) My Representative is my spouse and I become legally separated or divorced,

I name the following person(s) as alternates to my Representative in the order listed.

1. \_\_\_\_\_  
 Print Alternate Representative’s Full  
 Legal Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_  
 Print Alternate Representative’s Full  
 Legal Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

II. Terminal Conditions

I provide these directions in accordance with the Uniform Rights of the Terminally Ill Act (1989). These are my wishes for the kind of treatment I want if I cannot communicate or make my own decisions. These directions are only valid if all the following conditions exist, if:

- 1) I have a terminal condition:
- 2) In the opinion of my attending physician, I will die in a relatively short time without life sustaining treatment that only prolongs the dying process.
- 3) The likely risks and burden of treatment would outweigh the expected benefits.

I authorize my Representative, if I have appointed one, to make the decision to provide, withhold, or withdraw any health care treatment.

General Treatment Directions [Check boxes that express your wishes.]

I provide no directions at this time.  I direct my attending physician to withdraw or withhold treatment that merely prolongs the dying process under the above conditions.

I further direct that: [Check all boxes that apply.]

Treatment be given to maintains my dignity, keep me comfortable, and relieve pain even if it shortens my life.

If I cannot drink, I do not want to receive fluids through a needle or catheter placed in my body unless for comfort.

If I cannot eat, I do not want a tube inserted in my nose, mouth, or surgically placed in my stomach to give me food.

If I have a serious infection, I do not want antibiotic to prolong my life. Antibiotics may be used to treat a painful infection.

I have attached additional directions regarding medical treatment to this form.

I have not attached additional directions to this form at this time.

III. I have a Chronic Illness or Serious Disability (optional)  Yes  No

My chronic illness or disability can complicate an acute illness, but should not be misinterpreted as a terminal condition.

A. Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

B. Consult my physician. \_\_\_\_\_  
(Full Name) (Phone)

Special Directions. (Use additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IV. Special Directions (optional) A. Spiritual Preferences:

My religion: \_\_\_\_\_

My faith community: \_\_\_\_\_

Contact person: \_\_\_\_\_

I would like spiritual support.  Yes  No

B. Where I would like to be when I die:  My Home  Hospital  Nursing Home

Other: \_\_\_\_\_

C. Donation of Organs at My Death:

I do not wish to donate any of my body, organs, or tissue.

I wish to donate my entire body.

I wish to donate only the following: [Check all boxes that apply.]

Any organs, tissue, or body parts  Heart  Kidneys  Lungs

Bone Marrow  Eyes  Skin  Liver  Other(s)

\_\_\_\_\_

D. After Death Care: (Care of my body, burial, cremations, funeral home preference)

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E. Additional Directions: (Use additional pages if necessary)

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F. Distributing This Advance Directive:

I plan to send copies of this document to the following people or locations:

Physician  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State Zip  
\_\_\_\_\_  
Phone (\_\_\_\_)\_\_\_\_\_

Family Member  
Name  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State Zip  
\_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_

Work (\_\_\_\_)\_\_\_\_\_  
Hospital  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State Zip  
\_\_\_\_\_  
Phone (\_\_\_\_)\_\_\_\_\_

Clergy  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State Zip  
\_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_  
Work (\_\_\_\_)\_\_\_\_\_

## V. Signing, Witnessing This Advance Directive

A. Your Signature (If you cannot have a Notary Public, ask two people to watch you sign and have them sign below)

- 1) I revoke any prior healthcare advance directive or direction.
- 2) This document is intended to be valid in any jurisdiction in which it is presented.
- 3) A copy of this document is intended to have the same effect as the original.
- 4) If my attending physician is unwilling to comply with my wishes as stated in this document, I direct my care be transferred to a physician who will.

I sign this document on the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_

Print Representative's Full Legal Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_,

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_, Work Phone

\_\_\_\_\_

## B. Ask Your Witness to Read and Sign

I declare that the person who signed this document is personally known to me, and has signed these health care advance directives in my presence, and appears to be of sound mind and under no duress, fraud, or undue influence.

As a witness, I am not:

- 1) The person appointed as Representative by this document;
- 2) Financially responsible for this person's health care;
- 3) Related to the person by blood, marriage, or adoption; and
- 4) To the best of my knowledge, entitled to inherit any part of this person's estate under a will now existing or by operation of law.

1. Signature

\_\_\_\_\_  
Date

Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

2. Signature

\_\_\_\_\_  
Date

Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

C. Notarizing This Document (Optional)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, the said known to me (or satisfactorily proven) to be the person named in the forgoing instrument, personally appeared before me, a Notary Public within and for the State and County aforesaid, and acknowledge that he or she freely and voluntarily executed the same for the purpose stated herein.

\_\_\_\_\_  
\_\_\_\_\_

[ Notary Seal Here]

Notary Public for the State of

\_\_\_\_\_  
Residing at

\_\_\_\_\_  
My commission expires:  
\_\_\_\_\_