

Helpful Hints for Caregivers

As a family caregiver it is likely that you and your loved one have seen, or will see, the inside of a hospital more than the average person. Needless to say, those are stressful times, but there are things that you can do to feel more confident, ease your stress, and be a more effective advocate, and respected member of the health-care team, when hospitalization occurs.



NATIONAL FAMILY CAREGIVERS ASSOCIATION

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www.thefamilycaregiver.org

NFCA is the nation's leading constituency organization for family caregivers. NFCA educates, supports, empowers, and speaks up for the more than 50 million Americans who care for loved ones with a chronic illness or disability, no matter what their age or diagnosis.

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*When Your Loved One
Is Hospitalized*

**Helpful Hints
For Family Caregivers
From NFCA**



Have Needed Legal Documents in Place

Advance Medical Directives inform physicians and family members what kind of medical treatment and care your loved one wishes to receive in the event of his/her inability to make those decisions. A Living Will and a Do-Not-Resuscitate (DNR) Order are examples of advance medical directives. A Living Will comes into effect during end-of-life situations. It records the specific kind of treatment and care your loved one wants at that time. A DNR order, which must be written by a physician, gives permission to the medical team not to begin resuscitative efforts if your loved one's heart stops or s/he stops breathing.

A Durable Power of Attorney for Health Care, also known as a health care agent or proxy, is the individual appointed to make decisions about medical care if your loved one can't. That person may well be you. A health care agent can be assigned as part of the advance directive form.

Signed copies of these documents should be given to your family physician, and incorporated into the patient chart each time your loved one is hospitalized.

Be Prepared to Provide Information

You can be proactive, feel more confident in your dealings with hospital personnel and facilitate your loved one's transition into the hospital setting by providing the following information immediately upon admission.

The patient's medical history, in writing including:

- A list of the patient's allergies;
- A list of current medications and dosages;
- A list of all physicians and consultants who are caring for your loved one, along with phone numbers;
- A clear and fairly detailed written description of your loved one's current physical and mental capabilities.

Be a Part of the Health Care Team

Think of yourself as a member of the health care team, which also includes the attending physician, the hospital nurses, and a hospital social worker or case manager. Immediately upon arrival at the hospital:

Find out the name of the attending physician of record for your loved one. This individual is the primary doctor on the case and will coordinate care in the hospital. The attending physician will be in communication with the other consulting physicians and often can summarize the entire treatment plan. Make sure you understand and agree with that plan. Don't hesitate to continue to ask questions until you feel comfortable with the answers.

Find out the best way to get in touch with the attending physician. Who will initiate the phone contact? At what number can the physician be reached and what times are best to call? Make sure the "face" sheet in your loved one's hospital chart contains your name and your correct phone numbers.

Get to know the nurses who are caring for your loved one. They can answer your day-to-day questions and are an excellent source of information and support. Don't be afraid to ask the nurses about any new procedures or changes in your loved one's course of treatment. The change of shifts is a very busy time for the nurses, so try to hold your questions

until the nurse coming on duty has received his/her report.

Speak to a hospital social worker or case manager. This individual will help you with discharge planning issues including who will provide home health care, what home health equipment your loved one might need, and who will be paying for these additional expenses. As crazy as it sounds, it is very important to start thinking about discharge planning when your loved one first enters the hospital. It is important that the discharge planner (and the nurses involved) fully understand your loved one's physical and mental capabilities, so the most appropriate help for you and your loved one can be ordered as part of the discharge plan. Physical and/or occupational therapists can play an important role at this time in providing a professional evaluation of your ability to transfer your loved one in the home setting during the recovery period and your loved one's ability to function independently.

Stand up for yourself as a caregiver and advocate. When a chronically ill or disabled patient is hospitalized, the focus in the hospital will be on palliation and management rather than cure. Your role as a caregiver and advocate for yourself and your loved one is especially important at this time. The other members of the health care team should know that you are speaking not only as a family member or dear friend, but in those additional capacities as well, and you want to feel comfortable, capable, and confident with what is expected of you before your loved one leaves the hospital.