



Caregiver Guide



San Antonio Office
8240 Greenbrier Drive
San Antonio, Texas 78209

Phone (210) 908-9774

Hummingbird Hospice LLC (210) 908-9774

Patient Code Status is: Full Code DNR

PLEASE call Hospice first

With Falls, Changes in Condition or
Concerns with Equipment, Medications, Medical Supplies

-OR-

Please call Hospice to notify of actions taken

(Whether by Physician order or Patient/Caregiver request/decision)
i.e. Called 911 or Taken/Sent to hospital

The Hospice Team:

Medical Director: _____

RN Case Manager: _____

Medical Social Worker: _____

Spiritual Counseling Coordinator: _____

Hospice Aide: _____

Homemaker: _____

*Please DO NOT contact hospice personnel on their personal phone.
Response is only guaranteed by contacting the number provided above.*

Thank You



Thank you for inviting Hummingbird Hospice into your life. It is a privilege to serve you. This Caregivers Guide is designed to make it as easy as possible for you to keep important information organized and readily accessible. It can serve as a convenient guide and reference tool as questions arise.

Hummingbird Hospice (HBH) and our non-profit sister organization, Wings of Hope (WOH), support patients and their families in San Antonio and surrounding counties with a mission of care and compassion. We are dedicated to the people we serve. HBH and WOH support patients and their loved ones throughout this most difficult time, providing professional home care that meets both medical and emotional needs, promoting as full and comfortable a life as possible.

In Hummingbird Hospice, our patients and their families always come first. We know that comfort begins by staying in familiar surroundings, being cared for by caregivers who become like family. We are here to assist with guiding the patient's smooth transition from hospital to home, provide comfort care with respect and compassion, and support family and friends through their bereavement following death.

Hummingbird Hospice emphasizes quality of life, rather than length of life. HBH neither hastens nor postpones death; it affirms life and regards dying as a normal process. The hospice program stresses human values that go beyond the physical needs of the patient.

Wings of Hope will be with patients and family members each step of the way, offering supportive patient services and community resources.

Your questions are extremely important to us. Please never hesitate to ask about any aspect of your care. We want to be responsive to your needs and concerns, and we will be available to you around the clock.

Again, thank you for the privilege of caring for you—you are an important member of our hospice family.

Sincerely,

Your Hummingbird and Wings of Hope Team

The Hummingbird Hospice Pledge to our Patients and Families

- We will treat you and your family members with courtesy and respect.
- We will call you before we visit to let you know when we will be coming to see you. On the first visit we will explain to you the care and services we will be providing.
- We will talk with you about all of the prescription and over-the-counter medications you take, and fully answer any questions you have.
- As we care for you, we will stay up-to-date on changes in your medications, making sure you understand what they are for, when to take them, and any side effects you may experience while taking the medications.
- We will talk to you about your pain, and work to make you comfortable.
- We will talk with you about how you can make your home environment safer for you to move around in. We will stay informed and up-to-date about your home care needs and treatments. We will explain details about your illness so that you can understand it.
- We will listen carefully to what you have to say so that we can meet your needs.
- If you contact the hospice office for help or advice, we will get you in touch with the proper person to answer your questions.

Let us know immediately if we are not living up to our pledge.

Patient & Family Centered Care Plan

We care about you! Please consider completing this information summary to improve our understanding of your needs so we can provide the highest quality person-centered care. This summary will help our healthcare providers and volunteer staff consider your personal preferences in addition to clinical care needs. Please ask if you need help completing this form and share this information with your primary caregiver for posting in a central location in your home. Clinical information and goals will be documented by healthcare provider(s) in the plan of care.

Name: _____ **Today's Date:** _____

Address me as: _____ **Date of Birth:** _____
Mr./Mrs./MS, last and/or first name or other Day/Month

Family and/or Care Partner Name: _____

Emergency Contact: _____

Additional Contact: _____

Personal goals and notes: Anything we can do to help make our time together most meaningful

Personal care preferences: Specific likes or dislikes (e.g., music, TV, noise level, lighting etc.)

Communication: Preferences or special needs with communication (e.g., hard of hearing etc.)

Mobility & safety notes: Preferences or special needs related to moving around (e.g., walking)

Nutrition: Dietary needs and preferences (e.g., temperature, texture, flavor, likes or dislikes etc.)

Spirituality: Observances, courtesy requests or other considerations

Social history: General work/life or other information that you'd like the care team to know

Please do not hesitate to ask for assistance from your care provider to complete this form.

Thank you for sharing!

The Hummingbird Hospice Team Members

Hummingbird Hospice services are brought to you by a group of people referred to as a team. You, your doctor, and your caregivers are part of this team too. This team decides your plan of care, which is reviewed regularly.

Attending Physician

The attending physician remains the patient's primary care physician and participates in the hospice plan of care; working closely with the hospice team.

Medical Director

Oversees the hospice plan of care and advises the hospice team. The medical director is a resource of information regarding hospice medical care and reviews each case at regular intervals.

Registered Hospice Nurse

Assesses and manages the plan of care, including pain and symptom management. Makes regular visits, based on patient and family need. Will teach caregivers how to care for a family member and provide comfort care.

Social Worker

Deals with the psychosocial needs of the patient and family facing terminal illness. Available to assist with legal, financial, and social resources.

Home Health Aide

Provides personal care and assistance with activities of daily living, feeding, bathing and hands-on care.

Chaplain

Provides spiritual support and comfort directly or contacts local clergy at the request of patient/ family.

Bereavement Counselor

Provides support during hospice care and up to one year after death. Exact services are based on family need, but can include support groups or private counseling.

Volunteer

Trained to provide respite, emotional support, companionship, and assist with day-to-day activities.

In addition, hospice may provide physical therapists, occupational therapists, speech therapists and dietary services.

Quick Reference

Reaching the hospice team members when you have a need or question is important. Your team members are listed below.

Attending Physician: _____

Hospice Medical Director: _____

Hospice Nurse: _____

Hospice Social Worker: _____

Hospice Chaplain: _____

Hospice Aide: _____

Hospice Volunteer Coordinator: _____

Hospice Bereavement Coordinator: _____

The team members are available Monday through Friday, 9:00 am to 5:00 pm. If you have a question or concern after office hours, a hospice nurse is on call and will address your concerns appropriately. Please be assured that a Hospice Administrator is also on call and can assist as needed.

For help when you need it, call our San Antonio office at **210-908-9774** during normal business hours (Monday through Friday, 9:00 am to 5:00 pm) and our on-call service at the same number, **210-908-9774** outside of normal business hours. When using the on-call service, you will be directed to a Hospice On-Call Nurse. Please contact the after hours hotline for emergencies only, and reserve general inquiries for normal business hours.

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Patient Bill of Rights and Responsibilities

1. The patient has the right:
 - a. To exercise his or her rights as a patient of the hospice;
 - b. To have his or her property and person treated with respect;
 - c. To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice; and respect for property by anyone who is furnishing services on behalf of the hospice; and
 - d. To not be subjected to discrimination or reprisal for exercising his or her rights.
2. If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf.
3. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
4. Hummingbird Hospice must:
 - a. Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator;
 - b. Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;
 - c. Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State Survey Agency or local law enforcement agency; and
 - d. Ensure that verified violations are reported to state and local bodies having jurisdiction (including to the State Survey and Certification Agency) within five working days of becoming aware of the violation.

Information and Choices Regarding Care

1. Hummingbird Hospice respects the rights of the patient in making decisions and choices affecting his/her present and future health status. The patient has the right to be informed of all treatment prescribed, when and how services will be provided, and the name and functions of any person and affiliated agency providing care and services.
2. The patient has the right and responsibility to participate in planning care and treatment or changes in care and treatment.
3. The patient has a right to:
 - a. Refuse treatment within the confines of the law after being fully informed of and understanding the consequences of such actions.
 - b. Information regarding his/her care before the start of service, including 3rd party coverage for services and any changes for services not covered.

- c. Receive a written copy of the Patient Bill of Rights upon admission.
- d. Receive effective pain and symptom management for conditions related to terminal illness;
- e. Choose his or her attending physician;
- f. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;
- g. Receive information about the services covered under the hospice benefit;
- h. Receive information about the scope of services that the hospice will provide and specific limitations on those services.

Grievances and Complaints

The patient has the right to:

1. Voice grievances and suggest changes in hospice policies and services to any representative of the patient's choice without restraint, interference, coercion, discrimination or reprisal.
2. Be informed of the policies for submitting complaints or suggestions. These are as follows:
 - a. The patient is encouraged to discuss problems or suggestions with the caregiver and/or the caregiver's immediate supervisor.
 - b. The patient may submit written complaints at any time to:

Hummingbird Hospice
Att: Compliance Department 8420
Greenbrier Drive
San Antonio, Texas 78209
 - c. Complaints or suggestions may also be made over the telephone, Monday through Friday, 9:00 am to 5:00 pm by calling the office at 210-908-9774 and asking for the Compliance Director. Complaints can be sent by email to orma_isneros@ncisneros@hbhsa-tx.com.

Patient's Responsibilities

1. Patient and/or family must be willing to accept service and be willing to participate and cooperate in carrying out the plan of care.
2. Patient must be able to self-direct his/her care, be able to summon help in an emergency if unattended, or have a backup plan if not able to self-direct care.
3. Patient and/or family will promptly notify hospice in the event that a visit must be cancelled.
4. Patient and/or family will treat hospice employees with respect and will not discriminate based on race, national origin, marital status, creed, age, sex, disability or sexual orientation.
5. Patient and/or family understand that documents containing confidential information about the patient may be left in the home for use of assigned caregivers. Patient and/or family assumes responsibility for protecting the privacy of such information.
6. Patient and/or family agree to comply with the fee related policies of the agency.
7. Patient is responsible for his/her own actions when prescribed medical treatments or agency instructions are refused.
8. If the patient does not comply with responsibilities, hospice may initiate the discharge process.

A Message From the Foundation

Donating to Wings of Hope

Wings of Hope gives patients and loved ones the opportunity to openly embrace the end of life. Generous community support through Wings of Hope allows Hummingbird Hospice to continue its tradition of providing a team approach to caring for patients and their families. It also allows us to make decisions based on what is best for patients, knowing that a caring community supports the work we do, and that we are not limited by the financial restraints of Medicare and hospice coverage. Wings of Hope and Hummingbird Hospice are responsible for providing care in a variety of settings, whether in your home or a hospital, nursing home, or assisted living facility. Gifts to Wings of Hope assist with services that are not covered by insurance, such as additional medical supplies, nutritional supplement, extended grief and bereavement support, caregiver education, financial assistance for living placements or personal care needs, and specialized care for dying veterans. They also help defray costs for the care of patients who are uninsured, allowing Hummingbird Hospice to never have to deny care to a patient in need, regardless of their ability to pay.

You Make the Difference

Your generous gift, regardless of size, will make a difference in someone's life and in the quality of care available to those that hospice serves. Wings of Hope gives donors the opportunity to remember special individuals with a memorial or tribute gift. A commemorative gift honors a loved one's life and serves to reflect upon the memories that live forever. A gift made in honor of an individual recognizes a person who has had a special impact on your life.

We welcome the opportunity to be your preferred non-profit to receive donations in lieu of flowers, in memory of your loved one following passing. All memorial donations will receive a hand written thank you note and the honorarium will be displayed on our wall of remembrance located at the Hummingbird Hospice and Wings of Hope headquarter office in San Antonio.

Thank you for helping us provide quality end-of-life care for the patients and families we serve.

For more information, contact:

Wings of Hope

tt: Donations Department

8420 Greenbrier

San Antonio, Texas 78209

Wings of Hope is a non-profit charitable organizations and your contributions are tax-deductible. EIN 86-2970680

HBH Medicare Program & Other Insurance Coverage

The Medicare Hospice Benefit

Medicare provides a special program for persons needing hospice care. This program covers services, medications, supplies, and equipment needed for the comfort of patients. The services and items provided must be needed to treat the terminal illness. Hospice is a program of care delivered in the patient's place of residence by a Medicare-certified hospice.

Pre-Authorization

All services, medications, supplies, or equipment related to the terminal diagnosis must be pre-authorized by the HBH. Medicare pays the hospice directly at a specified daily rate for all care and supplies provided. HBH delivers care based on the plan of care related to the patient's terminal diagnosis and is not responsible for care obtained for the patient outside of this plan of care. *Remember, these restrictions apply only to the terminal diagnosis and related diagnosis. Unrelated medical problems may be treated in your usual fashion.

Hummingbird Hospice will need to approve any treatments, medications, tests, or emergency room visits in advance. If the patient receives any of the above without approval, HBH is not responsible to cover the cost incurred.

What is a benefit period?

The Medicare Hospice Benefit consists of two 90 day periods followed by an indefinite number of 60 day periods.

At the end of each certification period, the hospice team must agree that the patient is terminal. If the patient is improving or the illness has stabilized, the hospice team will discuss alternatives to hospice care with the patient and family.

Do I keep my own doctor?

Yes, our medical director works directly with the patient's doctor.

What happens if I move out of my hospice service area?

A transfer to another Medicare certified hospice would be arranged by your hospice team.

How does the Medicare hospice benefit cover hospitalizations?

If a patient has symptoms that are proving to be difficult to manage at home, a few days in a hospital may be necessary. The need for this care must be assessed by a hospice nurse. The types of problems that may warrant a trip to the hospital are increased pain, acute nausea, vomiting, or shortness of breath. If such a trip out of the home is needed, the hospice nurse or social worker will help you arrange transportation. The Medicare Hospice Benefit requires the pre-authorization of any hospital stay related to the terminal illness, including the emergency room. **Remember, call hospice day or night!**

How can the caregiver get a break?

Short breaks of an hour or two can be arranged with the help of a volunteer. For those

willing to pay privately for four hours per week or more, HBH can provide references to licensed home health agencies qualified to provide additional aide services. If a longer break is necessary, a period of up to five days of care can be arranged by the nurse or social worker at a skilled nursing facility. This break is referred to as a respite.

How does the patient pay for hospice care?

Medicare pays HBH directly for each day hospice is responsible for care. During hospice care, you should not receive a bill for services covered by Medicare. If any questions come up regarding billing, ask your hospice nurse or social worker for help.

What if I no longer want hospice care?

Receiving hospice care is a choice, and the patient and family have the right to change their minds at any time. If you have any questions or concerns about continuing on hospice, please discuss them with your hospice nurse or social worker. If you do choose to discontinue hospice care, you can be referred again at any time.

Medicaid Hospice Benefit

The Medicaid hospice benefit generally provides the same coverage as Medicare. Your Medicaid card will be used to confirm your eligibility for this benefit.

HMO Managed Medicaid Plans

Each HMO may have a different hospice benefit. The hospice nurse or social worker will verify what your plan covers and discuss that with you.

HMO Hospice Benefits

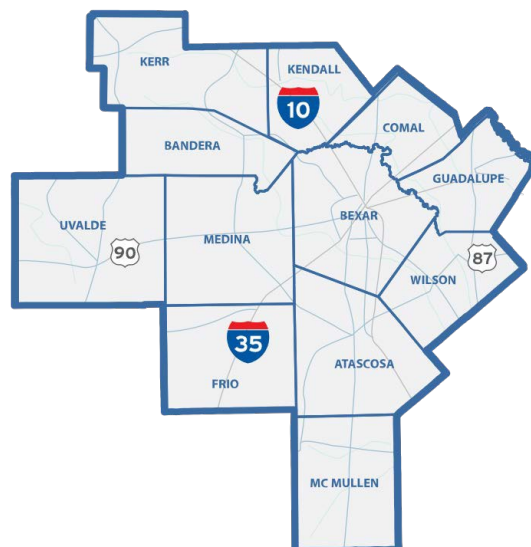
If you have a senior HMO plan such as Blue Choice Senior or Preferred Care Gold, your hospice services will be covered by your Medicare benefit and not by your HMO plan.

In addition to those services provided by your Medicare benefit, Wings of Hope, through donations in memory of patients, is able to provide additional services including our Grief Support Program, Financial Assistance Program, Patient Specialties Program, annual Remembrance Ceremonies, and individualized family support.

Hospice Care Locations

Where can you receive hospice care?

- At home
- Nursing Home
- Hospital
- Inpatient hospice
- Respite care
- Comfort care homes



Personal Affairs

Preparing for the challenge of declining health

When a health crisis occurs, it may be too difficult or too late to let people know what you want. Planning ahead will ease family decision-making because they will know your wishes. Patients and caregivers can prepare by discussing the following topics.

Advanced Directives (See Appendix, page 53)

In a medical crisis, most of us would like to have a say in what happens to us. However, if unconscious, we will not be able to do so. It is a good idea to let everyone know **in advance** what we want done in a medical crisis.

An advanced directive makes it possible for us to inform our families, our doctors, and our hospitals what we want done when we can no longer speak for ourselves. The documents that are available may be confusing, so feel free to discuss them with your nurse or social worker.

Medical Power of Attorney (See Appendix page 58)

A medical power of attorney allows you to appoint someone you trust, for example a family member or close friend—to decide about treatment if you lose the ability to decide for yourself. You can give the person you select as little or as much authority as you want. You can allow your medical power of attorney to decide all health care or only certain treatments. You may also give instructions that he or she has to follow. Your agent can then make sure that health care professionals follow your wishes and can decide how they apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your medical power of attorney's decisions as if they were your own.

What decisions can my medical power of attorney make?

Unless you limit your medical power of attorney's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your medical power of attorney can agree that you should receive treatment, choose different treatments, and decide what treatments should not be provided in accord with your wishes and interests. If your medical power of attorney is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not legally be able to make decisions about these measures. Artificial nutritional and hydration are often used to continue the life of patients who are in a permanent coma. Be sure that once you complete your health care form that you give a copy to your health care providers

Living Will or Directive to Physicians (See Appendix, page 62)

A "directive to physicians" is a legal document that allows a person to outline their preferences for medical care, especially for end-of-life treatment. Commonly referred to as a "living will", a directive to physicians can be created at any time by a competent adult or their designated agent. A person uses a directive to physicians to detail specific instructions on what type of medical treatment they do and do not want to be performed if they are not able to communicate their wishes directly and will give your caregivers the authority to make those decisions for you.

Is a living will the same as a medical power of attorney?

No. This document differs from a medical power of attorney in that it allows the person to speak for themselves, rather than have a designated person make medical decisions on their behalf. A living will provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the medical power of attorney allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a medical power of attorney does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would need to be made.

Durable Power of Attorney

This is a more general legal document. It is more comprehensive and is usually used by one person to grant another the ability to function on their behalf in a specific capacity. For example, a person may grant to another the ability to pay their bills and to handle their finances, if they are too sick to write their name or to go to the bank themselves. As long as the person who grants the Durable Power of Attorney is competent, they stay in control. No one can take over your finances without your permission.

Do Not Resuscitate (DNR) Order (See Appendix, page 66)

Do not resuscitate means that in the event that your heart and breathing stops, you would not receive emergency treatment in the form of cardiopulmonary resuscitation (CPR). The do not resuscitate order must be signed by your physician to be activated. A copy of the signed order will be given to you to keep in your home and hospice will also keep a copy.

Please Note:

A DNR order is required for any transfer or admission from home to an inpatient facility or comfort care home.

Funeral Planning

If you need assistance in planning for your funeral, please let us know. Your hospice nurse, social worker, or bereavement coordinator will be able to help you.

Memorial Donations and Endowments

Memorial Donations can be directed to:

Wings of Hope
8420 Greenbrier Drive
San Antonio, TX 78209

If you would like more information about directing gifts, or setting up a permanent endowment, please call Wings of Hope at 210-727-3 13.

Basic Home Safety

Pets

To help us provide you and your family with the best possible care, we ask that you please keep your pets confined when the members of the hospice team visit. Although your pet may be very gentle and loving to you and your family, the hospice nurses, social workers, chaplain, home health aides and volunteers are strangers to your pets. Your pet may not react in a predictable way and may feel that our staff is threatening to you or your family.

Electrical Safety

- Extension cords should be placed away from walkways.
- Replace frayed or broken cords.
- Never overload electrical outlets.
- Keep electrical appliances away from sinks, tub, and shower areas.
- Power bars or outlet adapters are a safe choice.

Fire Safety

- Smoke detectors should be present on each level of the home.
- Change the batteries in your smoke detector every six months.
- Develop a family escape plan.
- Have your furnace, fireplace and woodstove cleaned and inspected every year.
- Clear all pathways, never block an exit.
- Instruct all household members not to smoke in bed. Patients often need supervision for smoking due to increased weakness and sleepiness.
- No smoking or open flames in the home where oxygen is used.
- Keep fire extinguishers within reach.

Kitchen

- Do not use the stove or oven for heat.
- Do not wear loose clothing around the stove.

Bathroom

- Tubs and showers need non-skid mats or strips to avoid falls.
- Install grab bars in showers and tub areas to assist with patient transfers.
- Install a raised toilet seat.
- Always check water temperature before entering tub or shower.
- Consider installing a night light in the bathroom.

Outdoors

- Entrance ways should be well lit and clear of debris, ice, leaves and snow.
- The house numbers need to be clearly visible from the street, day and night.

Weapons

We respect your right to own weapons. We require, however that all weapons and ammunition be out of sight and reach while the hospice caregivers are in your home.

Emergency Preparedness

- Every family should have a Family Emergency Plan. (www.Ready.gov is a great resource)

- If you relocate during an emergency, (shelter, other family members) it is very important that you notify your home care agency of your new location.
- Consider creating a “Go Box” that contains copies of important papers, identification, extra medication, wind up flashlights and radios. This would be taken with you should you have to evacuate.

Infection Control

Protecting the patient and caregivers from infection can be done using some basic rules. The nurse will be glad to review these with you.

- **Wash hands**

Caregivers hands, as well as the patient’s, should be washed, particularly before food preparation and eating.

- **Use liquid soap**

Be sure to wash between fingers, count to 20 as you scrub, rinse well using warm water, and dry completely. If the sink area has many users, keep a roll of paper towels nearby instead of a cloth towel.

- **Use Gloves**

Disposable gloves need to be used when the caregiver may be in contact with blood, bowel movements, urine, or other bodily fluids. As soon as the task is done, throw the gloves away and wash hands well.

- **Cleanup patient area**

Trash that has blood or other body fluids should be placed in a plastic, leakproof bag for regular trash disposal. Clean spills of bodily fluids immediately with a 10% bleach and water solution (one part bleach to 10 parts water). Air out the room when possible.

- **Dispose of needles, syringes, and other sharp objects**

If the patient uses these items, dispose of them in a hard plastic jug (bleach or detergent bottle). Another option is a metal coffee can with a secure lid that has been reinforced with heavy duty tape. Keep out of reach of children.

- **Visitors**

If a visitor states that they are not feeling well, encourage them to come back another day when they are feeling better. Household members should be relieved of direct patient care duties if they are not well. If this is not possible, good hand washing, gloves, and a mask that covers the nose and mouth will provide protection.

Remember: The most important infection control measure is to wash your hands.

Caring for a patient in bed

A patient in a bed needs help with the following:

- Keeping clean and dry
- Moving from side to side
- Eating and drinking
- Getting comfortable
- Protecting the skin from breakdown

Useful items to have on hand:

- Moist, disposable wipes
- Adult briefs
- Gloves
- Pads that protect the bed
- Extra sheets, extra pillows
- Bedpan/urinal
- Lotion
- Serving tray or bed table
- Cups with covers, straws
- A hospital bed is often more comfortable for the patient. Ask the hospice nurse to help obtain a bed

Turning a patient from side to side in bed

1. If the patient is in a hospital bed, raise the side rail on the side the patient is going to be turned towards.
2. Move the patient closer to you as you stand at the side of the bed.
3. Move the pillow towards the raised side rail, providing support for the head.
4. Bend the knee that is on top.
5. With your hand on the closest shoulder and hip, turn the patient towards the side rail.
6. Firmly place a pillow behind the back for support.
7. Place another small pillow or folded towels between knees and ankles.
8. Adjust the shoulders, pulling the bottom shoulder slightly out. Add a pillow under the arm.
9. Adjust the head pillow for comfort. Ask if the patient feels comfortable. Put up both side rails, cover the patient for warmth.

Placing a lift sheet

A lift sheet is useful when a patient can no longer help move themselves. It is a flat sheet or extra large bath towel placed under the patient and can move the patient without directly pulling on the patient.

1. With the patient lying on their side, place a lengthwise folded flat sheet along the back from the shoulders to the thighs. Tuck at least half of this under the patient.
2. Put the side rail up on the side you have been working on, move to the other side (put this side rail down) and assist patient to roll over the folds of the lift sheet.
3. Straighten out the sheet, smoothing out the wrinkles. Position the patient as desired.

To lift a patient to the top of a bed

There needs to be two people to accomplish this, one person on each side of the patient. Each person should grab an edge of the lift sheet around the shoulder and an edge by the hips. Use a count of three, lift and move up to the head of the bed.

Changing sheets with a patient in the bed

The side rail opposite the caregiver should be kept up. Turn the patient to that side and move as close to the rail as is comfortable for the patient. Pad the rail with an extra blanket.

1. Working from one side, loosen the bottom sheet and tuck as much as possible under the patient.
2. Attach the top and bottom corners of the clean sheet on the side you are working on.
3. Smooth the clean sheet over to the patient, then fold and tuck the sheet under the patient. It is best if you tuck the clean sheet under the dirty sheet.
4. Put up the side rail and move over to the other side of the bed. Lower that rail.
5. Help the patient roll over the lump of dirty and clean sheets. Pull out the dirty sheet.
6. Pull the clean sheet tight and attach to corners. (A lift sheet may also be added to this procedure)
7. Keep the head of the bed as flat as the patient can tolerate.

Putting a patient on the bedpan

1. Put on gloves. Powder the bedpan to decrease friction.
2. With the opposite side bed rail up, roll the patient to that side.
3. Place the bedpan squarely on the buttocks.
4. Roll the patient back over on top of the pan. Check between the legs to make sure the patient is positioned properly.
5. Raise the head of the bed.
6. Put up the other side rail. Stay within calling range or leave a bell nearby.
7. When the patient is done, lower the head of the bed. While holding onto the pan, roll them off the pan. Be careful not to let the pan tip.
8. Help cleanse the patient and pat dry.
9. Dispose of the waste in the toilet, clean out the bedpan
10. Remove gloves and wash your hands.
11. Always be sure to check the comfort of the patient and make sure the bed rails are up.

Helping the patient move from a bed to a chair

Before starting, remember to bend your knees, keep your back straight, and reach as little as possible. This will help prevent you from injuring your back.

1. Explain to the patient what you are planning to do. Move slowly.
2. Put the head of the bed up and have the patient turn towards the edge of the bed.
3. Swing the patient's legs down to the floor as you bring them to a sitting position. Wait a few moments to allow the patient to adjust to sitting up.
4. Have the chair placed at the head of the bed, facing the foot of the bed.
5. Face the patient and place your right foot between the patient's feet. Keep your back straight, reach under the patient's arms as they place their arms on your shoulder.
6. Hug the patient gently while raising them off the bed, and pivot the patient towards your left (to the chair).
7. Lower the patient to the chair, remember to bend your knees and keep your back straight.
8. Reverse these steps to return the patient to bed.

Assisting the patient from sitting to standing

1. Assist patient in moving to the edge of the bed or chair. Be sure the patient has something on their feet so they do not slip on the floor.
2. Stand directly in front of the sitting patient, with your feet shoulder width apart.
3. Tell the patient to place their hands on your shoulders.
4. Place your hands under the patient's arms. Brace yourself by bending knees and keeping your back straight.
5. Straighten yourself, gently raising the patient. Allow the patient to pull on your shoulders.
6. Do not let go unless you are sure the patient is stable.

Assisting the patient to walk

1. Before walking with the patient, permit them to stand for a few seconds to assess balance and avoid dizziness.
2. Support the patient by placing one arm around their waist or holding their clothes at the waist.
3. If the patient is using oxygen, tubing should be held to the side, away from the feet.
4. Allow the patient to set the pace. Observe the patient for the need to rest.

Helping the patient from the bed to a wheelchair or bedside commode

1. Place the wheelchair or bedside commode next to the bed (the head of the bed, facing the foot of the bed). LOCK THE BRAKES!
2. Refer to the directions for transferring the patient from sitting to standing.
3. Place your right foot in between the patient's feet.

If you are helping the patient get up or walk, and find you can no longer manage the patient, ease them to the floor slowly. Make the patient as comfortable as possible before going to get help.

Fall Prevention

How to create a safer environment, reduce risk of falls and injury

- Address environment hazards such as removing throw rugs, increase lighting, relocate electrical cords and other clutter.
- Implement alarm systems when appropriate, such as personal alarms/monitors, bed sensors, emergency alert pendants or wrist bands, and call bells.
- Consider sleeping in same room and/or close by for closer supervision at night.
- Address use of walkers, canes, wheelchairs, hospital beds, bedside commodes.
- Consider physical therapy or occupational therapy evaluation for instruction on safety techniques and recommendations regarding assistive devices.

Because hospice patients are particularly vulnerable to falling, the hospice team will address risk factors on an ongoing basis, and stress the importance of maintaining a safe environment whenever possible.

Skin Care

Skin care is important during illness. Patients find they must spend more time resting in bed or lying in one spot for a long time. It is best to try and prevent any skin breakdown, which can cause the patient additional discomfort.

There are several basic ideas to keep in mind when caring for the skin.

- Keep the skin clean
- Keep the skin well moisturized
- Relieve pressure by changing the patient's position

How often should the patient be bathed?

Usually 2-3 times a week is enough. Some patients with very dry skin may not need a full bath more than once a week. If the patient is incontinent, then bathing of the private area may be necessary on a daily basis.

What products are best to use?

Soaps with a high fat content, such as Tone or Dove are the best choices. It is important that the patient be rinsed very well. There are "no rinse" products available for skin and hair.

You will also need several wash clothes and towels. If the patient requires a bed bath, you will find that two basins (from past hospital stays or plastic dishpans) will make things easier. Use one for washing and one for rinsing.

Is lotion necessary?

Most patients have dry skin and this will increase the likelihood of a bed sore developing. Applying lotion after the bath and several times each day keeps the skin in better condition. This is also a good time to notice changes in the patient's skin. If you do notice changes, alert the hospice nurse.

How do I give the patient a bedbath?

1. Prepare the room. Check for drafts and consider turning up the heat.
2. Assemble the supplies needed on a table: basins, lotion, washcloths, towels, soap, and clean clothes.
3. Fill basins with warm water, changing frequently to keep it warm. Add a capful of body oil, if desired.
4. Apply very little soap. A little goes a long way.
5. Wash, rinse well, and dry each area before moving on. Remember to keep the patient covered, except for the area being washed.
6. Wash the patient in this order: face, ears, neck, shoulders, upper chest, arms, back and buttocks. Change water and washcloths.
7. Continue with each leg and foot region. Finish with the lower abdomen and private parts. Remember to rinse well.
8. Wash and dry between skin folds and toes.
9. Apply lotion when the bath is complete. Pay special attention to the back, heels, elbows and hip areas.
10. If you see a red spot that does not go away, tell the hospice nurse and try to keep the patient from lying on the area. Do not rub this area.

Mouth Care

Regular mouth care helps the patient feel better. It also prevents mouth sores and infections. A patient's appetite may also be better with a fresh mouth. A patient who is unable to do their own care will need help. If you have any questions regarding mouth care, speak with the hospice nurse.

Regular mouth care

- Clean the mouth and teeth at least two times a day using a “toothette” or soft toothbrush. This needs to be done even if the patient is not eating or drinking. Use a small amount of toothpaste.
- Do not use mouthwashes that contain alcohol. Use hydrogen peroxide only on advice from the nurse.
- Keep the lips moist with small amounts of Vaseline[®] or other lubricants.
- Check the patient's mouth for red areas or white patches. Ask the patient if there are any sore areas.
- Use the toothbrush gently, moving from the gums down to the teeth. Be careful about how far back the toothbrush is going. If the brush is placed too far back, the patient may gag.
- If the gums bleed easily, use a “toothette” or cloth instead of a toothbrush.

Dentures

- Loss of weight and aging may change how dentures fit.
- Speak with a dentist regarding measures that will help the dentures fit better.
- Ask the patient, and look every day for sore areas. Report any problems to the hospice nurse.
- Dentures may be removed at night, if this is the patient's habit. Clean the mouth and dentures.
- Rinse the mouth and dentures with water after every meal.

Mouth infections

In addition to poor mouth care, some drugs and treatments can cause mouth infections. The patient will have sore areas in the mouth, redness, or white patches on the gums or tongue. The patient may also have bleeding gums or a sore throat. Report any of these concerns to the hospice nurse.

- Avoid spice or highly seasoned food.
- Use a bland diet.
- Limit use of dentures until the infection is gone.
- Avoid foods and liquids that are very hot or very cold.
- Do careful mouth care after meals and at bedtime.

Dry mouth

- Have the patient sip on liquids frequently during waking hours. Use of ice chips or Popsicles may be helpful.
- To stimulate saliva, use sugarless gum or candy, chewable vitamin C, or pineapple chunks.
- Continue to rinse with baking soda mouthwash or non-alcoholic mouthwash like Biotene[®]. Do not use mouthwash containing alcohol or hydrogen peroxide.

Pain and Symptom Management

Our goal is to make sure you are as comfortable as possible while on our hospice program. When any new symptoms arise during your care, we will strive to achieve the best symptom management, as quickly as possible.

Comfort Care Kit

A Comfort Care Kit may be ordered for the hospice patient.

This kit is to help get you the medications you need as soon as you need them. The Comfort Care Kit is a sealed unit (a bag or a box) that you keep in your home. It remains sealed until you are instructed to open it by your hospice nurse. The kit contains starter doses of the most common medications you might need as your condition changes. The Comfort Care Kit is approved by your doctor at the time it is first brought into your home.

Using the Comfort Care Kit allows you and your family to avoid the inconvenience and anxiety of waiting for your doctor to call in a medication, and also avoids an emergency trip to the pharmacy to pick it up. It allows you almost immediate access to important medications at a time when you need them most.

Please ask your hospice nurse about our Comfort Care Kit, and if it is right for you.

Managing Anxiety/Uneasy Feelings

What is Anxiety?

Anxiety is a feeling or deep sense that things are not right. It is OK to experience anxiety sometimes. Anxiety can help people to focus on completing a task or to deal with a stressful situation. But it is not alright for people to have strong, extreme and lasting worry and fear about everyday life. People who have trouble with activities of daily living because of these feelings should ask for help to manage their anxiety.

What are the Symptoms of Anxiety?

- Fear
- Worry
- Sleeplessness, disturbing dreams or nightmares
- Confusion
- Rapid breathing
- Racing heartbeat
- Tension
- Shaking
- Inability to relax or get comfortable
- Sweating
- Problems paying attention or concentrating

What to Report to the Hospice Team?

- Feelings that may be causing anxiety (like a fear of dying or worrying about money)
- Concerns about illness
- Relationship problems with family or friends
- Spiritual concerns
- Signs and symptoms that anxiety is changing or getting worse

What Can be Done to Help Relieve Anxiety?

The hospice team will try to find the cause for your anxiety.

They will talk with you and your primary care provider about treatment options.

Things you can do:

- Activities that have helped your anxiety in the past.
- Write down your thoughts and feelings.
- Treat physical problems, such as pain
- Try deep breathing or yoga.
- Play soothing music.
- Keep your surroundings calm.
- Limit visitors
- Massage your arms, back, hands or feet.
- Count backward slowly from 100 to 0.
- Avoid caffeine and alcohol
- Exercise.
- Provide reassurance and support.
- Ask for help from family, friends and other members of your care team.
- Live life one minute at a time.
- Use ordered medications as prescribed.

Managing Restlessness

What is restlessness?

- An inability to rest, relax or concentrate
- Extreme restlessness is sometimes called agitation
- A condition that occurs in nearly half of all patients during the last 48 hours of life

What are signs of restlessness?

- Muscle twitching
- Moving around without a known reason
- Pulling at sheets, covers or clothing
- Trying to get out of bed for no known reason
- Fidgeting
- Sleeplessness
- Inability to get comfortable

- Grimacing

What to report to the hospice care team?

- Any of the signs or behaviors listed above
- Inability to administer medications by prescribed method
- Things that make the restlessness worse, for example: loud music
- Things that make the restlessness better, for example: soft music
- Concerns that you may have as a caregiver to cope
- Need for spiritual support
- Situations that might be unsafe

What can be done for restlessness?

The team will try to find the reason for the restlessness and talk with you about treatments.

Things you can do:

- Administer prescribed medications as ordered
- Offer frequent reassurance
- Offer relaxation activities, for example: play soothing music
- Keep things calm, for example: decrease numbers of visitors
- Read favorite stories, poems, etc. in a calm voice
- Hold the person's hand, give them a gentle massage
- Keep the person safe, for example: do not leave the person alone while restless and check frequently when calm
- Understand that restlessness may be a sign that the patient is close to death - let other family members know what is happening

Managing Delirium

What is delirium?

- A sudden change in a person's mental status over a period of hours to days
- Mental clouding with less awareness of one's environment
- Confusion about time, place and person

What are the signs and symptoms of delirium?

- Reversal of sleep and awake cycles
- "Sundowning" or confusion that is worse at night
- Mood swings that may change over the course of a day
- Difficulty focusing attention or shifting attention
- Hallucinations or seeing, hearing or feeling things which are not there
- Agitation and irritability
- Drowsiness and sluggishness
- May be restless and anxious

What to report to the hospice team?

- Any of the signs or behaviors listed above
- Changes in food or fluid intake
- Decrease in urine output
- Change in frequency or type of bowel movements
- Depression
- Wandering
- Withdrawal from people or activities
- Any change in medications the team is unaware of

What can be done for delirium?

Delirium is common at the end-of-life. It has many causes. The team will try to find out what is causing the delirium. The team will discuss treatment options with you. As a caregiver you may:

- Keep the patient safe
- Remind the patient who you are when you assist with caregiving. Tell them what you are going to do. For example, "I am going to help you get out of bed now"
- Offering support such as "I am right here with you"
- Try to maintain a routine and structure
- Avoid asking a lot of questions
- Provide a quiet, peaceful setting, without TV and loud noises
- Play the patient's favorite music

- Keep a nightlight on at night
- If starting a new medication, watch for improvement, worsening or side effects and report to healthcare provider

What to report to the hospice team?

- Any signs or symptoms listed above

Not everyone with delirium has all of the signs and symptoms. Any new problem will be evaluated by the hospice team and new ways to manage the symptoms will be discussed.

The nurse can provide additional information about this condition. Report any changes to the nurse so that they can plan interventions for optimal care.

*Other HBH Teaching Sheets and resources are available at www.hbhsatx.com

Control of Pain

Some illnesses or treatments may cause pain. The patient may have pain now, or be worried that they will have pain in the future. Fortunately, most pain can be relieved.

What is pain?

Pain is what the patient says it is. No two people feel pain in the same way. Hospice will listen to what the patient tells us their pain is, not necessarily what the family reports the pain as. Pain can be sudden, intense, mild, dull, long-term, deep, etc.

What causes pain?

There are many causes of pain: emotional, physical, and spiritual. Most of the pain we treat in hospice comes from a tumor. The tumor presses and sometimes destroys nerves, bones or body organs. Other conditions that cause pain are arthritis, headaches, past injuries, and many other illnesses. Sometimes what appears to be only physical pain may also be emotional or spiritual. Sometimes physical pain is not managed until the emotional and spiritual issues are addressed.

Why does the hospice team work so hard to relieve pain?

When a patient is relieved of pain, many other problems are relieved as well. It is easier to sleep, eat, move, enjoy your family and do normal activities. Relief of pain helps the patient have less feelings of fear, sadness, helplessness, or anger.

How is pain treated in hospice?

Choosing the right treatment for each patient needs takes skill. Your doctor and the hospice nurse will look for the simplest and most effective pain medication. Unfortunately, sometimes finding the right pain medication takes a little time. Your doctor may have to change dosages, frequency of administration, or try a different medication. Be sure to tell your hospice nurse how the patient feels. This information helps them help the patient. There are many different options for administering pain medication that do not require an IV or injection.

Why does the hospice nurse want pain medication taken on a schedule?

The best way to control pain is to stop the pain before it starts; if the patient waits until the pain is severe, the pain medication has less chance to work well. The goal is to prevent pain.

Will the patient become addicted to the pain medication?

NO! The patient has an illness that causes pain. Taking medication to stop this physical pain is a treatment, not a bad habit. Studies show that pain medication used in this way rarely causes addiction. It is important that each patient be supported with the right kind and amount of pain medication.

What are the side effects of pain medication?

All medications can have side effects, but not all people experience them. People react in different ways. The doctor or hospice nurse can help the patient work through any side effects they may have.

- **Sleepiness**

This happens when the patient begins taking or increasing a pain medication. After two or three days

of following a pain treatment plan, this feeling will often pass. The body adjusts to the change. Remember, pain is tiring and with relief of pain, the patient will sleep.

Sometimes there is a delicate balance between being able to provide pain relief without causing some sleepiness. Hospice will work with the patient to determine what are acceptable levels of sleepiness versus pain control.

- **Constipation**

Pain and other medicines often make the patient constipated.

What is constipation?

- Bowel movements occurring less often than your usual pattern
- Hard stool that may be difficult to pass or increased difficulty moving bowels
- Incomplete passage of stool or straining when trying to have a bowel movement

Constipation can be prevented by:

- Taking laxatives or stool softeners as ordered by your healthcare provider
- Drink plenty of fluids, eat fruits and vegetables if able
- Walk or sit upright after meals which helps with digestion
- Patients should still be having bowel movements even if not eating

What to report to Hospice?

- No bowel movement in two days and date of last bowel movement
- Change in the frequency or consistency of bowel movements
- Abdominal symptoms – pain, cramping, tenderness, nausea, vomiting, bloating, distention
- Blood in stools, diarrhea or oozing stools
- Medication changes since last visit

- **Nausea**

When the patient starts a new medication, there may be a day or two of nausea. Call the hospice nurse, who will arrange for some medications to help the patient during these early days. Do not stop taking the pain medication without speaking to the hospice nurse first.

If the patient can no longer swallow, how will the patient get the pain medication? There are many other types of medicine that your doctor can order. The doctor and the hospice nurse must look at the patient's needs and current situation before deciding on the best choice.

What else can the patient do for pain?

There are several things to help with pain. Medicine is important, but here are a few examples of other ways to help control pain.

- Soaking in a tub of warm water
- Guided imagery
- Music
- Relaxation with deep breathing
- Touch, light massage
- Ice packs, especially if there is swelling

Nutrition: Issues of Not Eating and Drinking

It is normal for the terminally ill patient to eat and drink very little. When someone is ill, eating becomes less important. Food may be unpleasant to smell or taste, and the desire for food is lost. Nausea can also be a common problem. The kindest thing we can do for the patient is not make them feel ashamed for not wanting to eat. Although mealtime can be a special time for many of us, there are more important ways to spend time with the patient in this final stage of life. How much we care can be shown by respecting the choices the patient is making. Frequent oral care, small sips of fluid, ice chips, and ointment on the lips are all ways to show support to the patient at this stage.

Studies have shown that most terminal patients do not benefit from artificial fluids (IV) or foods (TPN). These measures may cause nausea, vomiting, increased congestion, pain and many other problems. Many families express concern that the patient will “starve” if they are not forced to eat and drink. This is a common concern but, in reality, you will not extend the patient’s life by forcing them to eat or drink. Often, people feel helpless over this issue. Remember, it is natural for a patient who is dying to stop eating and drinking. Therefore, it is very important to let the patient take the lead; they know their body.

- Do not force the patient to eat.
- Notice which time of day the patient has more energy and make that mealtime. Many patients do well at breakfast, with less appetite as the day goes on.
- Small meals, using smaller dishes will be less overwhelming for the patient.
- Give the patient some choices—a bowl of pudding or ice cream.
- Increase the calories of foods with cream, butter, cheese, powdered milk added to whole milk, and powdered, high protein supplements.
- Leave high calorie snacks within reach of the patient.
- Eating can be tiring, have the patient rest before and after each meal.
- Make the eating experience quiet and pleasant. Candles, flowers, soft music, and good conversation
- Use an instant breakfast drink any time of the day; add ice cream and whole milk.
- Add a bedtime snack—hot chocolate and toast.
- Practice good mouth care; a pleasant tasting mouth will improve the taste of the food.
- If the patient’s dentures do not fit properly, speak with a dentist for suggestions.
- What sounded unappealing today may sound fine tomorrow.
- Many patients lose their taste for coffee, tea, fried foods and alcohol. Common acceptable foods are pasta, milk products, breads, custards, fruit and soups.
- If nausea is a problem, use small portions, salty (not sweet) dry foods like toast, ginger ale, and clear liquids if the nausea continues.
- If nausea is a problem, talk with the hospice nurse about a medication that will help with control
- If the patient has mouth sores, use soft food that is neither hot or cold. Stay away from salty foods and liquids containing alcohol.
- DO NOT take it personally if the patient does not want to eat what you have prepared or suggested. Let the patient take the lead.

Nausea and Vomiting

Nausea and vomiting are common problems and may be a result of:

- Treatments
- Medicine
- Constipation
- Illness or infection

The problem can be helped by:

- Taking laxatives as ordered to avoid constipation
- Staying still and getting adequate rest
- Using the anti-nausea medicine as ordered by your healthcare provider
- Avoiding strong odor such as perfumes and deodorizers
- Slowing sipping carbonated drinks that have gone flat or peppermint tea
- Avoid eating and drinking immediately after vomiting
- Once vomiting has stopped, start with ice chips or Popsicles
- Continue clear liquids as tolerated (water, chicken broth, JELL-O) for 24 hours; keep amounts small
- Provide foods as requested by patient in small, frequent amounts
- If nauseous after taking medications, be sure it is being taken correctly and with a lot of fluid; some medication needs to be taken with food.

What to report to Hospice?

- Amount and frequency of nausea
- Description of vomited fluid (bright red, dark brown, green)
- Altered mental status
- Abdominal pain and bloating relieved by vomiting
- Medication changes since last visit

Fluid Retention

Patients often have fluid buildup in their legs, ankles, feet and hands, as well as other places. This is called edema. The doctor or nurse who is familiar with the patient's case may be able to give you more information.

Here are three common causes of edema:

- The heart is weaker
- There is less protein in the diet
- There is less moving around

There are several things you do to help relieve the fluid buildup:

- Elevate the area affected above the heart if possible, and if not, elevate as high as possible.
- Avoid tight clothing, belts, rings, socks or shoes.
- It may be helpful to avoid salt. Check foods for high salt content.
- The doctor may order a diuretic, or "water pill". If so, make sure the patient takes it.
- Have patient move around if able.
- If the patient is unable to get out of bed, have the hospice nurse show each caregiver how to do exercises with the patient.

Shortness of Breath

When a patient has trouble breathing, it can be frightening for the patient as well as the caregiver. If shortness of breath is a result of being active, it may be easy to relieve just by resting. Here are some other ideas that may help the patient breathe easier.

- Stay with the patient, be calm and reassuring.
- Help the patient to a position of comfort. This will probably be in a sitting position, leaning forward slightly.
- Help the patient to slow the rate of their breathing. It helps to encourage slower, but deeper breathing.
- Look the patient in the eye and calmly remind them to breath in through the nose and out through their mouth.
- Remain with the patient, performing this breathing pattern with them.
- Encourage the relaxation of the shoulders, back and arms. Use touch and massage if the patient agrees.
- Open a window or use a fan to create movement of air around the patient.
- Some patients use relaxing music to slow their breathing and feel more comfortable. Other patients prefer a quite place.
- Pace activities so that the patient has rest periods during the day.
- Have the patient sit whenever possible while doing normal activities such as brushing teeth, showering, shaving, or talking on the phone.
- Talk to the hospice nurse if the patient is having shortness of breath, increased temperature, yellow sputum, or if the above recommendations do not help.

Relaxation Techniques

Prepare the area

1. Dim the lights.
2. Turn off the TV.
3. Use an answering machine or take the phone off the hook.
4. Play relaxing music.

Find a relaxing position

1. Sitting, feet flat on the floor, hands resting at sides.
2. Lying down, legs stretched out and flat on the bed, hands resting at side.
3. Limbs should not be crossed (creates tension). Hands should be open, not in a fist.
4. Eyes closed. Check tension in face by tightening then relaxing facial muscles.

As the music plays

1. Allow the bed or chair to support you.
2. Tense and then relax different muscle groups to check for a truly relaxed position.
3. Allow the music to move through you. It may help to focus on one aspect of the music that is particularly relaxing.

Breathing

1. Inhale through the nose slowly.
2. Feel the lungs fill complete with air.
3. Exhale slowly through the mouth, as if the opening of the mouth were only the size of a pin.
4. Think “relaxation in” and “relaxation out” with each breath.

Begin to think of a place and time where relaxation, happiness, and safety are felt

1. Look all around this place.
2. Smell the aromas.
3. Hear the sounds.
4. Taste foods.
5. Feel textures.
6. Remind yourself to relax and enjoy this place.

Prepare to leave this place of relaxation, happiness, and safety

1. Keep your eyes closed.
2. Feel the clothes and surfaces next to your skin.
3. Smell the familiar odors.
4. Hear the sounds of the room.
5. Open your eyes when you are ready.

Fade the music and continue to stay relaxed and rest for at least 30 minutes. Relaxation takes practice. A hospice team member will be glad to help you learn this process. It is helpful to practice relaxation at the same time each day.

Tips for the Caregiver

For most people, taking care of a person who is seriously ill is a new experience. As with all new experiences, there are also new feelings. You should know that these feelings are not unique to you alone, but shared by many who care for a terminally-ill person. Accept these feelings. They are neither good nor bad, they are your feelings.

- **You may feel guilty or angry**

Expressing negative emotions can be difficult in these times of stress. Avoiding discussions of painful feelings puts up walls. Keep the two-way relationship going.

- **There may be times of humor and laughter**

As strange as it may sound, a good joke is great medicine. Take the time to see the humor in the moment, it helps everyone feel good.

- **There is much to be done and feeling overwhelmed is common**

Be specific about your needs when friends and family ask “what can I do to help?” People often want to help, but need specific tasks. Accept the offer, give the necessary directions, and then trust them with the responsibility of your request. Prioritize, because you cannot do it all. Accept that some of your everyday tasks will go undone, or get done less frequently.

- **Caring for another feels good**

Meeting needs and sharing care tasks that bring comfort to the patient often helps us see the best in ourselves and in each other.

- **Anxious feelings and worries often intrude on thoughts and sleep time**

Share your worries with your hospice team. They can often provide the information or reassurance you need. They have experience to share with you and they want to help reduce your anxiety.

- **You may feel resentment toward others because they are able to do everyday things while you are busy caring for the patient**

This is hard and it’s even harder when you are losing a loved one and they are not. Don’t go through this alone. Draw in your circle of support, and take time for yourself. Plan time off from caregiving. Celebrate special events, holidays, and occasions.

- **Appreciate yourself**

What you are doing is very special. Give yourself credit for this caring work you are providing. It is truly a gift from the heart.

- **What can you do for yourself?**

- Go for short walks
- Write in a journal
- Plan for the future
- Seek spiritual assistance
- Talk to family, friends, or clergy
- Seek help from your family or friends

Spiritual Care

Spirituality is central to what makes us human. In recognizing that we are much more than physical beings, hospice provides spiritual care to any patient or family.

A chaplain can:

- Assist with exploration with oneself, others, God, a higher power, and nature.
- Help the patient and family work through anxiety, fear, pain, frustration, and confusion.
- Act as a companion to patient and family on the journey towards death.
- Explore the meaning and sense of being connected with life and death.
- Assist the patient or family to reconnect with their church or congregation for support.
- Assist the patient and family with the preparation of funeral or memorial services.

Spiritual care is useful as a means of increasing the patient's physical comfort. The following signs and symptoms may indicate a need for spiritual support:

- Sleeplessness
- Substance abuse
- Acting out
- Displacement
- Projection
- Depression
- Over sleeping
- Affect change

If you are interested in a visit by the spiritual counselor, you may talk to your hospice nurse or social worker, or you may call hospice and ask for the chaplain.

Volunteer Assistance

Hummingbird Hospice trains men and women interested in caring for others. Each volunteer is unique in their interests, skills, life experience, and talents. Volunteers receive extensive training and are individually evaluated. The hospice team will discuss the use of a volunteer with you before asking a volunteer to join the team.

Among the many ways hospice volunteers help:

- Companion for the patient
 - Assist with arts, crafts and sewing
 - Play games, cards, checkers, or do puzzles
 - Read books, newspapers or magazines
 - Watch TV
- Provide breaks so the caregiver may leave for short intervals
- Transportation to appointments, shopping, or place of worship
- Errands, such as grocery shopping
- Light housekeeping, laundry and simple meal preparation
- Letter writing to friends and family
- Assistance with hobbies or sports
- Organize bills and personal files
- Outings for patient
- Record audio tapes to send to family members
- Specialized services may be available. Ask your hospice nurse for more information

For more information on volunteer services, please contact the office and ask for the Volunteer Coordinator at 210-908-9774.

Final Days

The staff of hospice supports you in caring for your loved one during the final stages of life. Everyone's life is unique, and so is everyone's journey toward death. This is a difficult time; people may not know what to expect. We hope this information will help you be more informed and prepared.

From one to three months before death, it is common for a person to focus inward. There is a shift away from the outer, more social world. This is not a withdrawal of love, but a need to focus energy inward. Your presence is still very important to your loved one, and even though you may be well informed about the process, it is natural for you to also feel confused and upset.

Signs and symptoms of approaching death

As the patient prepares for the final stages of life, you may notice physical changes taking place. Not all of these signs will appear at the same time, and some may not appear at all. Your hospice team will help you identify these changes and support you through this difficult time.

Call if you see any of the following signs or symptoms of approaching death.

- The patient will have decreased need for food and drink because the body functions are slowing down gradually. There may be difficulty in swallowing. The mouth may become dry and will need to be kept moist. The patient will not experience hunger, the body no longer needs nutrition.
- The patient will gradually spend more time sleeping during the day, and at times be difficult to arouse. This symptom is a result of a change in the body's metabolism. Try to spend time with the patient during the times of greatest awareness.
- It is common for a person to become restless and pull at the bed linens. The patient may become increasingly confused about time, place and identify of close and familiar people. Reminders as to what day and time it is, and who is in the room, will be comforting. Soft music and dim lights may be calming. Keep the side rails on the bed up for safety.
- The patient may have visions of people and things you cannot see. Visions are not necessarily frightening to the patient, and are often comforting.
- Incontinence (loss of control) of urine and bowel movements may become a problem. Your hospice nurse can help you obtain pads to place under the patient for more comfort and cleanliness. Your nurse may suggest a catheter (a tube placed in the bladder). You may notice a decrease in the amount of urine and it will be darker in color.
- The patient may have moist-sounding breathing. This is caused by relaxed vocal cords and a small amount of oral secretions collecting in the back of the throat. The patient does not feel any discomfort from this, and may not even be aware of it. Elevating the bed of the bed, or turning the patient on their side will usually quiet the breathing sounds.

- Clarity of hearing and vision may change. Keep a soft light on in the room. Assume that the person can hear, since hearing is thought to be the last of the senses to diminish. Explain what you are doing.
- The patient's arms and legs may become cool to the touch and bluish in color. You may notice that the underside of the body is much darker in color. These symptoms are a result of blood circulation slowing down, and do not necessarily indicate that the person is too cold. Fevers are
 - common as well.
- You may notice a change in breathing patterns. There may be 10-30 second periods of no breathing. This is referred to as periods of apnea. This symptom is very common and may occur in the final stages of life.
- Pain and discomfort may diminish as death approaches, but continue to give medications as directed by the hospice nurse.

Final Arrangements

Your hospice nurse, social worker, or bereavement coordinator are available to assist you as needed during this difficult time. Your hospice team will ask you to identify a funeral home.

Your funeral home can be very helpful in planning a memorial or funeral service that will honor the wishes of your loved one. The funeral home will also provide you with information and guidance on writing an obituary to remember your loved one.

Please consider identifying Wings of Hope for your memorial contributions. Memorial contributions made in the memory of loved ones to Wings of Hope will touch the lives of future hospice patients and families.

What to do at the time of death

You do not have to call hospice immediately. If you prefer, you may spend some quiet time with your loved one. Call us when you are ready.

- If you are having a hard time and don't know what to do first, call hospice.
- **Do not call 911, the police, fire department, or ambulance.**
- Call your hospice nurse.

Hummingbird Hospice

Monday through Friday, 9:00 a.m. to 5:00 p.m. at **210-908-9774**

All other times (day or night) call the same number **210-908-9774** and a registered hospice nurse will be available to assist.

- The hospice nurse will offer to make a visit to pronounce the time of death and provide support. If you feel you do not need the nurse to visit, your funeral home will be called when you are ready. The time of death, as it will appear on the death certificate, is when the hospice nurse visits or when the funeral home arrives.
- If a visit is not made by the hospice nurse, the nurse can still assist you by making the necessary telephone calls to the following:
 1. Funeral Home
 2. Physician
 3. Other services (social worker, pastoral care, and volunteers)
 4. Vendors (for equipment)
 5. Any other calls as requested by the family

Disposal of controlled substances and prescription drugs

The hospice nurse or designee will provide you with instructions regarding the proper disposal of all controlled substances at the time of the patient's death. Controlled substances may be disposed of using one of the following methods.

Take your prescription drugs out of their original containers.

- Mix the drugs with an undesirable substance, such as cat litter or used coffee grounds. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or a sealable bag. Do not conceal discarded drugs in food, to prevent consumption by scavenging humans, pets, or wildlife.
- Conceal or remove any personal information, including Rx numbers, on the empty containers by covering with permanent marker or duct tape, or by scratching it off.
- The sealed container with the drug mixture and the empty drug containers can be placed in the trash.
- Patches need to be cut open, squeezed onto a piece of paper towel or toilet tissue, cut into pieces and disposed of in the trash.

Bereavement Support

- One of the special services that Wings of Hope offers is the Grief and Bereavement Program. Because patients and their families are important to us, our relationships with the family continues after the patient's death.
- It is common and normal for anyone who has experienced the death of a loved one to have many emotions and feelings that are intense, confusing, and sometimes overwhelming.
- Some of these feelings include denial, anger, depression, abandonment, and guilt. During the bereavement period, there will be difficult times, as well as times when growth and healing are felt. Each person moves through the grief process in a unique way. There will be variations within each family. Reaching out for each other, restoring old relationships, or creating new ones, can help in the healing process. Those of us involved in hospice work find that hope, however it may be defined, is an important emotion during this time.
- There is no way for the patient (whose death may be near) or the surrounding loved ones, to be fully prepared for the loss. The knowledge that physical death does not diminish shared memories may give some comfort during this difficult time.
- Please contact Hummingbird Hospice or Wings of Hope at any time if you are having difficulty after the death of your loved one, and ask for the bereavement coordinator.

Family Grievance Procedures

Hummingbird Hospice is committed to respond to any and all concerns or complaints. We encourage you to speak with us as soon as you have a concern, before it might become a big problem for you. If you have a complaint about the care or services provided, we urge you to take the following steps.

1. Talk the problem over with your hospice nurse or social worker. Most problems can be resolved this way.
2. If your problem is not resolved, or you would just like to talk to someone else, please call the office at 908-9774 and ask for the Patient Care Coordinator.
3. If a problem occurs in the evening or on the weekend, and you have talked to the on-call staff without resolution, please call back and ask to speak with the Hospice On-Call Administrator.
4. If your complaint has still not been addressed to your satisfaction, contact the Chief Compliance Officer at ncisneros@hbhsa-tx.com.
5. If you are not satisfied with the results of the steps taken above, you have the right to refer the problem to the Texas State Department of Health Hotline, **512-776-2150 extension 2150**. The hotline is manned by the Texas Department of State Health Services staff, from 8:00 am to 5:00 pm, Monday through Friday. You may leave a message if you are calling during off hours.

Hospice Election Addendum: Patient Notification of Hospice Non-Covered Items, Services, and Drugs

Right to Immediate Advocacy

As a Medicare beneficiary you have the right to appeal the decision of the hospice agency on items not be covering because the hospice has determined they are unrelated to the individual's terminal illness and related conditions. You have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) for immediate assistance. Visit this website to find the BFCC-QIO for your area. <https://qioprogram.org/contact-zones> or call 1-800-MEDICARE (1-800-6334227). TTY users can call 1-877-486-2048. The QIO for Texas is Kepro; Kepro may be contacted at 1-888-315-0636 or visit <https://www.keproqio.com>

Acknowledgement of non-covered items, services, and drugs not related to my terminal illness and related conditions The purpose of this addendum is to notify beneficiary (or representative), in writing, of those conditions, items, services, and drugs the hospice will not be covering because the hospice has determined they are unrelated to the individuals' terminal illness and related conditions. I acknowledge that I have been given a full explanation and have an understanding of the list of items, services and drugs not related to my terminal illness and related conditions not being covered by hospice. Signing this addendum (or its updates) is only acknowledgement of receipt of the addendum (or its updates) and not necessarily agreement with the hospice's determinations.

Signing this notification (or its updates) is only acknowledgement of receipt of this notification (or its updates) and does not constitute your agreement with the hospice's determinations.

Signature of Beneficiary/Representative	Relationship to Beneficiary (if applicable)	(Date Signed)
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Reason beneficiary is unable to sign: _____

Beneficiary and/or Representative refuses to sign/Reason for refusal

Witness Signature	(Date Signed)
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If the beneficiary and/or representative refuses to sign, the hospice must document on the addendum the reason the addendum is not signed and it becomes part of the beneficiary's medical record.

Notes:

The beneficiary/representative requested this addendum, however it was not furnished because the patient died/revoked hospice election or was otherwise discharge prior to the 5th day of the election.

Medication Classification Teaching Guide for Patients

Directions: In the first column, indicate with an “X” in the box, which medication class or classes should be taught to the patient/caregiver based upon medication class(es) prescribed.

“X”	Drug Classification	Examples(s)	Common Use(s)	Precautionary Warnings
	Analgesics	Acetaminophen (Tylenol®) Combination Products: oxycodone/acetaminophen (Percocet®) propoxyphene/acetaminophen (Darvocet®) hydrocodone/acetaminophen (Vicodin®)	Relieves mild to moderate pain and reduces fever	<ul style="list-style-type: none"> - Limit total acetaminophen dosage to 4 gm/day. - May be contained in many combination drug products. - Avoid alcohol
	Non-Narcotic Analgesic	Tramadol (Ultram®)	Relieves mild to moderate pain	<ul style="list-style-type: none"> - May cause drowsiness, dizziness, or altered perception – avoid driving and operating machinery - Avoid alcohol
	Narcotic Analgesics	Morphine Duragesic® Oxycodone	Relieves moderate to severe pain	<ul style="list-style-type: none"> - May cause drowsiness, dizziness, changes in breathing, constipation, urinary retention, itching or dry mouth – avoid driving and operating machinery - Avoid alcohol - Do not crush, break or chew long-acting or time-released medications
	Non-Steroidal Anti-inflammatory Drugs (NSAIDS)	Aspirin Ibuprofen (Motrin®, Advil®) Naproxen (Naprosyn®, Aleve®) Trilisate®	Relieves inflammation or swelling that can cause pain and/or reduces fever	<ul style="list-style-type: none"> - May cause stomach upset, fluid retention, blurry vision, itching, skin rash - Watch for unusual bruising or bleeding, black/tarry stools, dizziness or other signs of bleeding. - Take with food, antacids or milk
	Antacids	Aluminum, Calcium, Magnesium Hydroxides	Relieves stomach upset such as sour stomach, acid indigestion and heartburn	<ul style="list-style-type: none"> - May cause constipation or diarrhea - May decrease effect of digoxin, iron compounds, tetracycline - Separate administration of other medications by at least 2 hours to limit possible interactions, however some medications may require more time
	H2 blockers	Famotidine (Pepcid®) Ranitidine (Zantac®)	Decreases stomach acid secretion to prevent or treat ulcers, gastroesophageal reflux disease, dyspepsia and heartburn	<ul style="list-style-type: none"> - May cause headache, dizziness, constipation or diarrhea - May interfere with absorption of itraconazole, ketoconazole, some antiviral medications, among others
	Proton pump inhibitors (PPIs)	Omeprazole (Prilosec®) Aciphex® Pantoprazole (Protonix®) Nexium®	Decreases stomach acid secretion to prevent or treat ulcers, gastroesophageal reflux disease, dyspepsia	<ul style="list-style-type: none"> - May cause headache, dizziness, constipation or diarrhea - May interfere with absorption of iron compounds, itraconazole, ketoconazole, some antiviral medications, among others

Medication Classification Teaching Guide for Patients

“X”	Drug Classification	Examples(s)	Common Use(s)	Precautionary Warnings
	Antianxiety Agents	Lorazepam (Ativan®) Alprazolam (Xanax®) Clonazepam (Klonopin®) Diazepam (Valium®)	Relieves anxiety, helps initiate and/or maintain sleep	<ul style="list-style-type: none"> - May cause dizziness, drowsiness, confusion, dry mouth – avoid driving and operating machinery - Avoid alcohol - Do not stop taking this medication without first talking to the nurse and/or doctor
	Antiarrhythmics	Amiodarone (Cordarone®) Propafenone (Rythmol®) Sotalol (Betapace®)	Helps regulate heart rhythms	<ul style="list-style-type: none"> - May cause low blood pressure, dizziness, drowsiness, nausea, headache, changes in urination
	Antibiotics	Levofloxacin (Levaquin®) Ciprofloxacin (Cipro®) Sulfamethoxazole / Trimethoprim (Bactrim®)	Used to treat various infections and manage symptoms associated with those infections	<ul style="list-style-type: none"> - Depending on the specific antibiotics, may cause nausea, vomiting, diarrhea, abdominal pain, cramping, loss of appetite - Various drug interactions may exist, depending on the specific antibiotic
	Anticholinergics	Atropine Hyoscyamine (Levsin®)	Manages excessive secretions	<ul style="list-style-type: none"> - May cause dry mouth, blurred vision, drowsiness, constipation, urinary retention, weakness
	Anticoagulants	Warfarin (Coumadin®)	Prevents blood clots	<ul style="list-style-type: none"> - May cause GI irritation with anorexia, vomiting, diarrhea, hemorrhage, bleeding, bruising. - Many drug interactions.
	Anticonvulsants	Phenytoin (Dilantin®) Carbamazepine (Tegretol®) Valproic acid (Depakote®)	To prevent seizures and/or treat nerve pain	<ul style="list-style-type: none"> - May cause nausea, vomiting, changes in blood sugar levels, swollen or tender gums, loss of taste, weight gain, skin rash. - Many drug interactions
		Levetiracetam (Keppra®)	To prevent seizures	<ul style="list-style-type: none"> - May cause dizziness, drowsiness, headache, diarrhea, loss of appetite
		Gabapentin (Neurontin®)	To prevent seizures and/or treat nerve pain	<ul style="list-style-type: none"> - May cause constipation, nausea, slurred speech, tremors, weight gain, difficulty walking
	Antidepressants Tricyclics	Amitriptyline (Elavil®) Desipramine (Norpramin®) Nortriptyline (Pamelor®)	To treat depression and/or nerve pain	<ul style="list-style-type: none"> - May cause urinary retention, constipation, weight gain, dry mouth, blurred vision, hypotension, sleep changes, suicidal thoughts in children and young adults
	SSRIs	Lexapro® Citalopram (Celexa®) Fluoxetine (Prozac®) Sertraline (Zoloft®)	To treat depression	<ul style="list-style-type: none"> - May cause nausea, diarrhea, headache, anorexia, dyspepsia, constipation, insomnia, weight loss, sleep changes, suicidal thoughts in children and young adults
	Other	Trazodone (Desyrel®)	To treat depression, generalized anxiety disorder and insomnia	<ul style="list-style-type: none"> - May cause headache, drowsiness, weakness, stomach upset, muscle ache, suicidal thoughts in children and young adults

Medication Classification Teaching Guide for Patients

“X”	Drug Classification	Examples(s)	Common Use(s)	Precautionary Warnings
	Antidiabetic Agents	Insulin Glipizide (Glucotrol®) Glyburide (Diabeta®)	To lower blood sugar associated with diabetes or drug-induced hyperglycemia	<ul style="list-style-type: none"> - Watch for signs of hypo- or hyperglycemia - Hypoglycemia (low blood sugar): weakness, shaking, sweating, dizziness, hunger, headache, nausea - Hyperglycemia (high blood sugar): thirst, increased urination, abdominal pain, drowsiness, nausea, difficulty breathing
		Metformin (Glucophage®)	To lower blood sugar associated with diabetes or drug-induced hyperglycemia	<ul style="list-style-type: none"> - Take as directed with meals - May cause diarrhea, nausea, vomiting, bloating, loss of appetite, metallic taste, weight loss
	Antidiarrheal Agents	Loperamide (Imodium®)	Relieves diarrhea	<ul style="list-style-type: none"> - May cause dry mouth, dizziness, drowsiness, difficulty urinating, constipation
	Antiemetics	Prochlorperazine (Compazine®) Promethazine (Phenergan®)	Relieves nausea and/or vomiting	<ul style="list-style-type: none"> - May cause dizziness, drowsiness, blurred vision, dry mouth, constipation
		Metoclopramide (Reglan®)	Relieves nausea and acid indigestion by increasing stomach movements	<ul style="list-style-type: none"> - May cause diarrhea, drowsiness, fatigue, movement disorders (i.e. Parkinson-like syndromes)
		Ondansetron (Zofran®)	Helps to prevent and manage nausea and/or vomiting associated with chemotherapy, radiation therapy and post-surgery.	<ul style="list-style-type: none"> - May cause constipation or diarrhea, headache, dizziness - Avoid alcohol
	Antihistamines	Diphenhydramine (Benadryl®) Hydroxyzine (Atarax®, Vistaril®)	Reduces itching and treats allergies and allergic reactions.	<ul style="list-style-type: none"> - May cause dry mouth, blurred vision, drowsiness, constipation, urinary retention, weakness—avoid driving and operating machinery
	Antihypertensive Agents	Enalapril (Vasotec®) Lisinopril (Prinivil®, Zestril®) Propranolol (Inderal®) Amlodipine (Norvasc®) Diltiazem (Cardizem®) Verapamil (Calan®)	Regulates/lowers blood pressure	<ul style="list-style-type: none"> - May cause headache, flushing, blurred vision, stomach upset, dizziness, fatigue, weakness, constipation, cough
	Antiparkinson Agents	Levodopa/Carbidopa (Sinemet®)	Manages symptoms associated with Parkinson’s Disease and other similar movement disorders	<ul style="list-style-type: none"> - May cause trouble sleeping, nightmares, nausea, vomiting, weakness, drowsiness, loss of appetite, muscle twitching - Avoid alcohol - May cause discoloration of sweat and/or urine - Food high in protein may impair absorption. Take 30 minutes before eating or 1 hour after meals.

Medication Classification Teaching Guide for Patients

“X”	Drug Classification	Examples(s)	Common Use(s)	Precautionary Warnings
	Antitussive products	Guaifenesin DM (Robitussin DM®) Benzonatate (Tessalon®) Promethazine with codeine Homatropine with hydrocodone (Hycodan®)	To suppress cough. Depending on the product, may also assist with clearing up nasal and lung secretions	<ul style="list-style-type: none"> - May cause dizziness, drowsiness, constipation, nausea - Some of these products are a combination of different medications (e.g. expectorant + antitussive, antihistamine + antitussive, etc.) - Try to drink a lot of fluids (as tolerated) when taking these medications
	Bronchodilators (inhaled)	Albuterol (Accuneb®, Proventil HFA®, Ventolin HFA®, Proair HFA®) Ipratropium bromide (Atrovent HFA®) Combivent® Duoneb® Xopenex®	Helps prevent and manage shortness of breath associated with asthma or other chronic obstructive airway diseases	<ul style="list-style-type: none"> - May cause restlessness, blurred vision, rapid heart rate, increased blood pressure, dry mouth
	Cardiac glycosides	Digoxin (Lanoxin®)	To control heart rate and manage heart failure	<ul style="list-style-type: none"> - May cause nausea, vomiting, headache, diarrhea, loss of appetite, fatigue, changes in vision - Changes in vision may indicate toxicity
	Corticosteroids	Fluticasone (Flovent®)	Used to decrease inflammation in the lungs associated with asthma and chronic obstructive airway disease	<ul style="list-style-type: none"> - Never use for an acute asthma attack – for maintenance therapy only - If using a bronchodilator inhaler like albuterol, use that first – wait 5 minutes or more before using this medication - May cause coughing, hoarseness, dry mouth, headache, flushing or unpleasant taste/loss of taste
	Diuretics	Hydrochlorothiazide Furosemide (Lasix®) Bumetanide (Bumex®) Spironolactone (Aldactone®)	Decreases excess body water and lowers blood pressure	<ul style="list-style-type: none"> - May cause dizziness, weakness, leg cramping, stomach upset
	Laxatives	Senna-S® Docusate sodium (Colace®) Bisacodyl (Dulcolax®) Fleet® enema Milk of Magnesia® Lactulose Sorbitol	To treat short-term constipation and/or prevents medication (e.g. opioid) induced constipation	<ul style="list-style-type: none"> - May cause abdominal cramping, diarrhea, sweating, upset stomach - Depending on the specific medication, laxative effects may take effect within minutes to a few days
	Muscle relaxants	Baclofen Cyclobenzaprine (Flexeril®) Carisoprodol (Soma®)	Relieves muscle spasms and cramping	<ul style="list-style-type: none"> - May cause confusion, nausea, dizziness, headache, difficulty sleeping - Avoid alcohol
	Neuroleptics	Chlorpromazine (Thorazine®) Haloperidol (Haldol®) Risperidone (Risperdal®) Seroquel®	Used to treat psychological disorders such as schizophrenia. Also decreases behavioral disturbances such as agitation and delirium.	<ul style="list-style-type: none"> - May cause dizziness, drowsiness, stomach upset, constipation, anxiety, weight gain, menstrual changes, dry mouth, blurred vision, movement disorders, urinary retention - Avoid alcohol

Medication Classification Teaching Guide for Patients

“X”	Drug Classification	Examples(s)	Common Use(s)	Precautionary Warnings
	Nitrates Quick acting	Nitroglycerin (Nitrostat® Nitro-Dur®, Nitro Bid®, Minitran®)	Used to relieve chest pain or discomfort associated with angina.	<ul style="list-style-type: none"> - May cause dizziness, weakness, headache, flushing, sweating, stomach upset, irregular heartbeat- Follow the directions on the prescription label - Do not take this medication if you are taking medications for erectile dysfunction (e.g. Viagra®, Levitra®, Cialis®, etc.)
	Moderate/long acting	Isosorbide mononitrate (Imdur®, Ismo®) Isosorbide dinitrate (Isordil®)	Used for the prevention and management of angina	<ul style="list-style-type: none"> - May cause flushing or rash - These medications should not be used to manage an acute episode of chest pain - Do not take this medication if you are taking medications for erectile dysfunction (e.g. Viagra®, Levitra®, Cialis®, etc.)
	Sedative / Hypnotics	Temazepam (Restoril®) Zolpidem (Ambien®)	To help promote and/or maintain sleep	<ul style="list-style-type: none"> - May cause headache - Avoid alcohol - Avoid driving and operating machinery
	Other(s) (ex. compounds, supplements, other medications/ classes not listed)			

Patient/family instructed and provided information on medication management and disposal.

Signature/Title

Date

Signature/Title

Date



Hummingbird Hospice LLC

END-OF-LIFE ARRANGEMENTS



DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

NEXT OF KIN CONTACT: _____

RELATIONSHIP TO PATIENT: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

FUNERAL HOME/COMPANY HANDLING FUNERAL ARRANGEMENTS:

NAME: _____ PHONE: _____

ADDRESS: _____

Select all the apply:

<input type="checkbox"/> Hummingbird Patient	<input type="checkbox"/> Bexar Resident	<input type="checkbox"/> Has Life Insurance	<input type="checkbox"/> Has a Will
<input type="checkbox"/> Has a Pre-Need with Funeral Home	<input type="checkbox"/> Has a Cemetery Plot	<input type="checkbox"/> Is a Military Veteran	

PREFERENCE/ARRANGEMENT: Cremation Burial Military Ceremony

Would you be interested in supporting Hummingbird Hospice's partnered non-profit organization Wings of Hope, for donations in lieu of flowers? _____

Do you need assistance with end-of-life planning and arrangements? _____

Patient Name _____

Patient # _____

DOB _____

Hospice Family Contact Sheet

Please complete the following information to identify family members for Bereavement Services and Release of Information.

Name: _____ **Phone:** _____

Address: _____

Relationship to patient: _____

Bereavement

Release of Information

Name: _____ **Phone:** _____

Address: _____

Relationship to patient: _____

Bereavement

Release of Information

Advance Directive Forms

Planning in advance for your medical treatment

Your right to decide about treatment

Adults in Texas State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect that right. This means you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in advance

Because of illness or injury, sometimes people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself, for a short or long period of time. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In Texas, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider. There is also a form on page 58.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You need to state the kind of treatment you do not want, such as a respirator, or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally, or by discussing your treatment with your doctor, family members, or others close to you.

Putting things in writing is safer than verbal instructions, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them, or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted, or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form or in some other manner, the medical power of attorney you select can use these instructions as guidance to make the right decision for you.

Deciding about cardiopulmonary resuscitation

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is an emergency treatment to restart the heart and lungs when your breathing or circulation stop. Sometimes doctors and patients decide in advance that CPR should not be performed, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental conditions prevent you from deciding about CPR, your medical power of attorney, your family members, or others close to you can decide. A brochure on CPR and your rights under Texas law is available from your health care provider.

Medical Power of Attorney

Appointing your Health Care Agent in Texas

The Texas Medical Power of Attorney Law allows you to appoint someone you trust—for example, a family member or close friend—to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions, or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ and/or tissue donation.

About the Health Care Proxy Form

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, including the decision to remove or provide life-sustaining treatment, unless you say otherwise in this form. “Health Care” means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube or intravenous line), he or she will not be allowed to refuse or consent to those measures for you.
3. Your agent will start making decisions for you when your doctor determines that you are not able to make health care decisions for yourself.
4. You may write on this form examples of the types of treatments that you would not desire and/or those treatments that you want to make sure you receive. The instructions may be used to limit the decision making power of the agent. Your agent must follow your instructions when making decisions for you.
5. You do not need a lawyer to fill out this form
6. You may choose any adult 18 years of age or older, including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she will have to choose between acting as your agent or as your attending doctor because a doctor cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. Ask staff at this facility to explain those restrictions.
7. Before appointing someone as your health care agent, discuss it with him or her to make sure that he or she is willing to act as your agent. Tell the person you choose that he or she will be your health care agent. Discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.
8. If you have named your spouse as your health care agent and you later become divorced or legally separated, your former spouse can no longer be your agent by law, unless you state otherwise. If you would like your former spouse to remain your agent, you may note this on your current form and date it or complete a new form naming your former spouse

9. Even though you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object, nor will your agent have any power to object.
10. You may cancel the authority given to your agent by telling him or her or your health care provider orally or in writing
11. Appointing a health care agent is voluntary. No one can require you to appoint one.
12. You may express your wishes or instructions regarding organ and/or tissue donation on this form.

Frequently asked questions

Why should I choose a medical power of attorney?

If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may express what they think your wishes are related to a particular treatment. However, in Texas only a medical power of attorney you appoint has the legal authority to make treatment decisions if you are unable to decide for yourself. Appointing an agent lets you control your medical treatment by:

- Allowing your agent to make health care decisions on your behalf as you would want them decided.
- Choosing one person to make health care decisions because you think that person would make the best decisions.
- Choosing one person to avoid conflict or confusion among family members and/or significant others. You may also appoint an alternate agent to take over if your first choice cannot make decisions for you.

Who can be a medical power of attorney?

Anyone 18 years of age or older can be a medical power of attorney.

How do I appoint a medical power of attorney?

All competent adults, 18 years of age or older, can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer or a notary, just two adult witnesses. Your agent can not sign as a witness, nor can your alternate agent. You may use the form on page 58, but you don't have to.

When would my medical power of attorney begin to make health care decisions for me?

Your medical power of attorney would begin to make health care decisions after your doctor decides that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

What decisions can my medical power of attorney make?

Unless you limit your health care agent's authority, your agent will be able to make any health care decisions that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments, and decide that treatments should not be provided, in accordance with your wishes and interests. However, your agent can only make decisions about artificial nutrition and hydration (nourishment and water provided by feeding tube or intravenous line) if he or she knows your wishes, from what you have said or written. The medical power of attorney form does not give your agent the power to make non-health care decisions for you, such as financial decisions.

Why do I need to appoint a medical power of attorney if I'm young and healthy?

Appointing a medical power of attorney is a good idea even though you are not elderly or terminally ill. A health care agent can act on your behalf if you become even temporarily unable to make your own health care decisions (such as might occur if you are under general anesthesia, or have become comatose because of an accident). When you are able to make your own health care decisions again, your medical power of attorney will no longer be authorized to act.

How will my medical power of attorney make decisions?

Your agent must follow your wishes, as well as your moral and religious beliefs. You may write instructions on your medical power of attorney form or simply discuss them with your agent.

How will my medical power of attorney know my wishes?

Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your medical power of attorney, you should have a discussion with the person about what types of treatments you would or would not want under different types of circumstances, such as:

- Whether you would want life support initiated/continued/removed if you are in a permanent coma
- Whether you would want treatments initiated/continued/removed if you have a terminal illness
- Whether you would want artificial nutrition and hydration initiated/withheld, continued or withdrawn, and under what types of circumstances

Can my medical power of attorney overrule my wishes or prior treatment instructions?

No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

Who will pay attention to my medical power of attorney?

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your medical power of attorney with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to a treatment option (such as removing certain treatment), they must tell your agent BEFORE or upon admission, if reasonably possible.

What if my medical power of attorney is not available when decisions must be made?

You may appoint an alternate agent to decide for you if your medical power of attorney is unavailable, unable, or unwilling to act when decisions must be made. Otherwise, health care providers will make health care decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your medical power of attorney form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel your medical power of attorney, to change the person you have chosen as your health care agent, or to change any instructions or limitations you have included on the form. Simply fill out a new form. In addition, you may indicate that your medical power of attorney expires on a specified date or if certain events occur. Otherwise, the medical power of attorney will be valid indefinitely. If you choose your spouse as your medical power of attorney, or as your alternate, and you get divorced or legally separated, the appointment is automatically canceled. However, if you would like your former spouse to remain your agent, you may note this on your current form and date it, or complete a new form naming your former spouse.

Can my medical power of attorney be legally liable for decisions made on my behalf?

No. Your medical power of attorney will not be liable for health care decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Where should I keep my Medical Power of Attorney form after it is signed?

Give a copy to your agent, your doctor, your attorney, and any other family members or close friends. Keep a copy in your wallet or purse, or with other important papers, but not in a location where no one can access it, such as a safety deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?

Yes. Use the optional organ and tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs and/or tissues be used for transplantation, research, or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy.

Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ and/or tissue donor.

Can my medical power of attorney make decisions for me about organ and/or tissue donation? No. The power of a medical power of attorney to make health care decisions on your behalf ends upon your death. Noting your wishes on your Health Care Proxy form allows you to clearly state your wishes about organ and tissue donation.

Who can consent to a donation if I choose not to stat my wishes at this time?

It is important to note your wishes about organ and/or tissue donation so that family members who will be approached about donation are aware of your wishes. However, Texas Law provides a list of individuals who are authorized to consent to organ and/or tissue donation on your behalf. They are listed in order of priority: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

MEDICAL POWER OF ATTORNEY DESIGNATION OF HEALTH CARE AGENT

Advance Directives Act (see §166.164, Health and Safety Code)

I, _____ (insert your name) appoint:

Name: _____

Address: _____

_____ Phone: _____

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE
AS FOLLOWS:

DESIGNATION OF AN ALTERNATE AGENT:

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved annulled, or declared void unless this document provides otherwise.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s) to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

First Alternate Agent

Name: _____

Address: _____

_____ Phone: _____

Second Alternate Agent

Name: _____

Address: _____

_____ Phone: _____

The original of the document is kept at _____

The following individuals or institutions have signed copies:

Name: _____

Address: _____

Name: _____

Address: _____

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: _____

PRIOR DESIGNATIONS REVOKED

I revoke any prior medical power of attorney.

DISCLOSURE STATEMENT

THIS MEDICAL POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are unable to make the decisions for yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority is effective when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have if you were able to make health care decisions for yourself. It is important that you discuss this document with your physician or other health care provider before you sign the document to ensure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing facility, or residential care facility, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not allow a person to serve as both at the same time. You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions that you intend to have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Once you have signed this document, you have the right to make health care decisions for yourself as long as you are able to make those decisions, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise in this document, your appointment of a spouse is revoked if your marriage is dissolved, annulled, or

declared void.

This document may not be changed or modified. If you want to make changes in this document, you must execute a new medical power of attorney.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. If you designate an alternate agent, the alternate agent has the same authority as the agent to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS:

- (1) YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC; OR
- (2) YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.

THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this medical power of attorney is executed, has a claim against any part of your estate after your death.

By signing below, I acknowledge that I have read and understand the information contained in the above disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. YOU MAY SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR YOU MAY SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.)

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this medical power of attorney on _____ day of _____
(month, year) at

(City and State)

(Signature)

(Print Name)

State of Texas

County of _____

This instrument was acknowledged before me on _____ (date) by _____
(name of person acknowledging).

NOTARY PUBLIC, State of Texas

Notary's printed name:

My commission expires:

OR

SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES

I sign my name to this medical power of attorney on _____ day of _____ (month, year)
at

(City and State)

(Signature)

(Print Name)

STATEMENT OF FIRST WITNESS

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: _____

Print Name: _____ Date: _____

Address: _____

SIGNATURE OF SECOND WITNESS

Signature: _____

Print Name: _____ Date: _____

Address: _____

LIVING WILL
DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Advance Directives Act (see §166.033, Health and Safety Code)

Instructions for completing this document:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I, _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care or treatment decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificially administered nutrition and hydration, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do **not** have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make health care or treatment decisions with my physician compatible with my personal values:

1. _____
2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____

City, County, State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as **Witness 1** may not be a person designated to make a health care or treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 _____ Witness 2 _____

The declarant, in lieu of signing in the presence of witnesses, may sign the directive and have the signature acknowledged before a notary public.

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this Advance Directive to Physicians and Family or Surrogates on _____ day of _____ (month, year) at

(City and State)

(Signature)

(Print Name)

State of Texas

County of _____

This instrument was acknowledged before me on _____ (date) by _____ (name of person acknowledging).

NOTARY PUBLIC, State of Texas

Notary's printed name:

My commission expires:

SEAL

Definitions:

"Artificially administered nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.

"Irreversible condition" means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort care will be given as needed.



Person's full legal name _____

Date of birth _____

Male
 Female

A. Declaration of the adult person: I am competent and at least 18 years of age. I direct that none of the following resuscitation measures be initiated or continued for me: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Person's signature _____

Date _____

Printed name _____

B. Declaration by legal guardian, agent or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:

I am the: legal guardian; agent in a Medical Power of Attorney; OR proxy in a directive to physicians of the above-noted person who is incompetent or otherwise mentally or physically incapable of communication.

Based upon the known desires of the person, or a determination of the best interest of the person, I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____

Date _____

Printed name _____

C. Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication: I am the above-noted person's:

spouse, adult child, parent, OR nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.

To my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent or proxy. Based upon the known desires of the person or a determination of the best interests of the person, I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____

Date _____

Printed name _____

D. Declaration by physician based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person: I am the above-noted person's attending physician and have:

seen evidence of his/her previously issued directive to physicians by the adult, now incompetent; OR observed his/her issuance before two witnesses of an OOH-DNR in a nonwritten manner.

I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature _____

Date _____

Printed name _____

Lic # _____

E. Declaration on behalf of the minor person: I am the minor's: parent; legal guardian; OR managing conservator.

A physician has diagnosed the minor as suffering from a terminal or irreversible condition. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____

Date _____

Printed name _____

TWO WITNESSES: (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature _____

Date _____

Printed name _____

Witness 2 signature _____

Date _____

Printed name _____

Notary in the State of Texas and County of _____. The above noted person personally appeared before me and signed the above noted declaration on this date: _____.

Signature & seal: _____

Notary's printed name: _____

Notary Seal

[Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner]

PHYSICIAN'S STATEMENT: I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Physician's signature _____

Date _____

Printed name _____

License # _____

F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature _____

Date _____

Printed name _____

Lic# _____

Signature of second physician _____

Date _____

Printed name _____

Lic# _____

Physician's electronic or digital signature must meet criteria listed in Health and Safety Code §166.082(c).

All persons who have signed above must sign below, acknowledging that this document has been properly completed.

Person's signature _____

Guardian/Agent/Proxy/Relative signature _____

Attending physician's signature _____

Second physician's signature _____

Witness 1 signature _____

Witness 2 signature _____

Notary's signature _____

This document or a copy thereof must accompany the person during his/her medical transport.

INSTRUCTIONS FOR ISSUING AN OOH-DNR ORDER

PURPOSE: The Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order on reverse side complies with Health and Safety Code (HSC), Chapter 166 for use by qualified persons or their authorized representatives to direct health care professionals to forgo resuscitation attempts and to permit the person to have a natural death with peace and dignity. This Order does NOT affect the provision of other emergency care, including comfort care.

APPLICABILITY: This OOH-DNR Order applies to health care professionals in out-of-hospital settings, including physicians' offices, hospital clinics and emergency departments.

IMPLEMENTATION: A competent adult person, at least 18 years of age, or the person's authorized representative or qualified relative may execute or issue an OOH-DNR Order. The person's attending physician will document existence of the Order in the person's permanent medical record. The OOH-DNR Order may be executed as follows:

Section A - If an adult person is competent and at least 18 years of age, he/she will sign and date the Order in Section A.

Section B - If an adult person is incompetent or otherwise mentally or physically incapable of communication and has either a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, the guardian, agent, or proxy may execute the OOH-DNR Order by signing and dating it in Section B.

Section C - If the adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, or proxy, then a qualified relative may execute the OOH-DNR Order by signing and dating it in Section C.

Section D - If the person is incompetent and his/her attending physician has seen evidence of the person's previously issued proper directive to physicians or observed the person competently issue an OOH-DNR Order in a nonwritten manner, the physician may execute the Order on behalf of the person by signing and dating it in Section D.

Section E - If the person is a **minor** (less than 18 years of age), **who has been diagnosed by a physician as suffering from a terminal or irreversible condition**, then the minor's parents, legal guardian, or managing conservator may execute the OOH-DNR Order by signing and dating it in Section E.

Section F - If an adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, proxy, or available qualified relative to act on his/her behalf, then the attending physician may execute the OOH-DNR Order by signing and dating it in Section F with concurrence of a second physician (signing it in Section F) who is not involved in the treatment of the person or who is not a representative of the ethics or medical committee of the health care facility in which the person is a patient.

In addition, the OOH-DNR Order must be signed and dated by two competent adult witnesses, who have witnessed either the competent adult person making his/her signature in section A, or authorized declarant making his/her signature in either sections B, C, or E, and if applicable, have witnessed a competent adult person making an OOH-DNR Order by nonwritten communication to the attending physician, who must sign in Section D and also the physician's statement section. Optionally, a competent adult person or authorized declarant may sign the OOH-DNR Order in the presence of a notary public. However, a notary cannot acknowledge witnessing the issuance of an OOH-DNR in a nonwritten manner, which must be observed and only can be acknowledged by two qualified witnesses. Witness or notary signatures are not required when two physicians execute the OOH-DNR Order in section F. The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professionals.

REVOCACTION: An OOH-DNR Order may be revoked at ANY time by the person, person's authorized representative, or physician who executed the order. Revocation can be by verbal communication to responding health care professionals, destruction of the OOH-DNR Order, or removal of all OOH-DNR identification devices from the person.

AUTOMATIC REVOCACTION: An OOH-DNR Order is automatically revoked for a person known to be pregnant or in the case of unnatural or suspicious circumstances.

DEFINITIONS

Attending Physician: A physician, selected by or assigned to a person, with primary responsibility for the person's treatment and care and is licensed by the Texas Medical Board, or is properly credentialed and holds a commission in the uniformed services of the United States and is serving on active duty in this state. [HSC §166.002(12)].

Health Care Professional: Means physicians, nurses, physician assistants and emergency medical services personnel, and, unless the context requires otherwise, includes hospital emergency department personnel. [HSC §166.081(5)]

Qualified Relative: A person meeting requirements of HSC §166.088. It states that an adult relative may execute an OOH-DNR Order on behalf of an adult person who has not executed or issued an OOH-DNR Order and is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, and the relative is available from one of the categories in the following priority: 1) person's spouse; 2) person's reasonably available adult children; 3) the person's parents; or, 4) the person's nearest living relative. Such qualified relative may execute an OOH-DNR Order on such described person's behalf.

Qualified Witnesses: Both witnesses must be competent adults, who have witnessed the competent adult person making his/her signature in section A, or person's authorized representatives making his/her signature in either Sections B, C, or E on the OOH-DNR Order, or if applicable, have witnessed the competent adult person making an OOH-DNR by nonwritten communication to the attending physician, who signs in Section D. Optionally, a competent adult person, guardian, agent, proxy, or qualified relative may sign the OOH-DNR Order in the presence of a notary instead of two qualified witnesses. Witness or notary signatures are not required when two physicians execute the order by signing Section F. One of the witnesses must meet the qualifications in HSC §166.003(2), which requires that at least one of the witnesses not: (1) be designated by the person to make a treatment decision; (2) be related to the person by blood or marriage; (3) be entitled to any part of the person's estate after the person's death either under a will or by law; (4) have a claim at the time of the issuance of the OOH-DNR against any part of the person's estate after the person's death; or, (5) be the attending physician; (6) be an employee of the attending physician or (7) an employee of a health care facility in which the person is a patient if the employee is providing direct patient care to the patient or is an officer, director, partner, or business office employee of the health care facility or any parent organization of the health care facility.

Report problems with this form to the Texas Department of State Health Services (DSHS) or order OOH-DNR Order/forms or identification devices at (512) 834-6700.

Declarant's, Witness', Notary's, or Physician's electronic or digital signature must meet criteria outlined in HSC §166.011

Revocation Statement

Patient Name: _____ MR #: _____ SOC: _____

Date of Revocation: _____

(Date may not be effective earlier than the date of the revocation)

Reason, if given:

Revocation Statement

I, (patient/representative name) _____, am requesting to
revoke my election of hospice care for the remainder of this election period.

If Medicare:

I understand I am currently in the _____ election period.

I understand I will lose the remaining days in this election period.

I understand I will no longer be covered under Medicare for hospice care.

I understand Medicare benefits previously waived will resume.

I understand I may at any time elect to receive hospice coverage for any other hospice election
periods I am eligible to receive.

I authorize my medical information be released to my Attending Physician, which will include the
discharge summary, and clinical record if requested.

Patient/Representative Signature: _____ Date: _____

Hospice Signature: _____ Date: _____



Caregiver Guide