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Helpful Elder Care Guide

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NOTE: This booklet and its associated forms are focused on improving the quality of life for our elders. With this booklet you will be able to better prepare, standardize and improve the quality of care given to our Elders. Nothing within this guide is or is to be construed as legal advice; AdvantagePlusAgency.com is not a legal service, and you should seek professional/competent legal counsel before making legal decisions.

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TABLE OF CONTENTS

ADVANCE DIRECTIVE HEALTH CARE	5
WHO HAS AN ADVANCE DIRECTIVE FOR HEALTH CARE?	7
WHAT DOES AN ADVANCE DIRECTIVE FOR HEALTH CARE DO FOR YOU?	7
WHAT ARE THE TYPES OF ADVANCE DIRECTIVES?	7
LIVING WILLS:.....	7
HEALTH CARE POWER OF ATTORNEY:.....	8
CHOOSING YOUR REPRESENTATIVE:.....	8
UNDERSTANDING AND COMPLETING THE ADVANCE HEALTH CARE DIRECTIVE FORM -	8
I. Power Of Attorney for Health Care (Health Care Representative).....	8
II. Terminal Conditions (Living Will).....	9
III. I have a Chronic Illness or Serious Disability (optional).....	9
IV. Special Directions (optional).....	9
V. Signing, Witnessing This Advance Directive.....	9
LONG TERM HEALTH INSURANCE.....	10
TYPES OF LONG-TERM INSURANCE POLICIES:	10
ASSET PLANNING.....	11
REVOCABLE TRUSTS:.....	11
IRREVOCABLE TRUSTS:	11
EVALUATING THE NEED FOR CARE	12
<i>If a person cannot effectively do these activities of daily living then they need care and assistance:</i>	<i>12</i>
<i>These are some of the prime candidates for home care:</i>	<i>12</i>
INTRODUCTION TO ELDERCARE.....	12
UNDERSTANDING AGING.....	13
MENTAL CHANGES IN AGING:.....	13
<i>Dementia:.....</i>	<i>13</i>
<i>Alzheimer's:</i>	<i>14</i>
<i>Parkinson's disease:</i>	<i>14</i>
PHYSICAL CHANGES IN AGING:.....	14
STAGES OF DETERIORATING ABILITY TO WALK:	14
STAGES OF DETERIORATING ABILITY TO SEE:	15
STAGES OF DETERIORATING ABILITY TO HEAR:	15
HANDLING TYPICAL BEHAVIORAL CHANGES	15
1. <i>Disposition appears to have changed!.....</i>	<i>15</i>
2. <i>Attitude changes for no apparent reason!</i>	<i>15</i>
3. <i>Does not remember, so repeats the same questions over and over!.....</i>	<i>16</i>
4. <i>Has difficulty in recognizing familiar things.</i>	<i>16</i>
5. <i>Roaming around at night or seeming to be looking for something.....</i>	<i>16</i>
6. <i>Wandering.....</i>	<i>16</i>
7. <i>Refuses to bathe and groom; says he has already done so.....</i>	<i>17</i>
8. <i>Refuses to eat; eats very little.</i>	<i>17</i>
9. <i>Wants things done immediately; wants you to do everything.</i>	<i>17</i>

Helpful Elder Care Guide



ELDER CARE BASICS.....	18
NUTRITION:.....	18
EATING ENVIRONMENT:.....	18
PHYSICAL EFFORT:	18
MENTAL EFFORT:	19
GROOMING, HYGIENE AND SKIN CARE:	19
METHODS OF DRESSING:.....	19
CIRCULATION:	19
ELIMINATION:	20
SUPPOSITORIES:	20
ENEMA:.....	20
DIAPERS:.....	20
MEDICATIONS:.....	20
DOCTORS:	21
EMERGENCY NUMBERS:	21
PREPARING THE HOME.....	22
PREPARING THE HOME: SAFETY AND AIDS CHECK LIST FORM	23
CHOOSING HEALTH CARE SERVICES!.....	25
HOME CARE AGENCY VS. HIRING DIRECT	26
HOME CARE AGENCY:	26
HIRING DIRECT:.....	27
MAKING YOUR CHOICE:	27
HOME CARE SERVICES GUIDE:	28
<i>Professional companion/home attendant.....</i>	<i>28</i>
<i>Professional CNA/CHHA job description</i>	<i>29</i>
<i>Licensed Vocational Nurse (LVN)</i>	<i>30</i>
<i>Registered Nurse (RN).....</i>	<i>30</i>
<i>Hospice Care</i>	<i>30</i>
ADVANCE DIRECTIVE FOR HEALTH CARE FORM.....	31

Helpful Elder Care Guide



Advance Directive Health Care

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

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

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

How do you feel about your current health?

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

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

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

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What role should doctor and other health professionals play in such decisions?

What kind of living environment would be acceptable to you if you become seriously ill or disabled? Would you want to live in a nursing home, assisted living facility, or receive in-home care?

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

What role do religious or spiritual beliefs play in decisions about your health care?

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

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Who Has An Advance Directive For Health Care?

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

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

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

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

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

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

What Are The Types Of Advance Directives?

The term "advance directive" can describe a variety of documents. Living Will and Health Care Power of Attorney documents are types of advance directives. Some States also have a document specifically called an Advance Health Care Directive. So, the term advance directive may be used to refer to any of these specific documents, or all of them in general. States differ widely on what types of advance directives they officially recognize. Some States also require that you use a specific form for the format and content of your advance directive. If you have specific questions, contact an attorney who is familiar with your State's statutes regarding advance directives. The one we provide is in accordance with the Uniform Rights of The Terminally Ill Act (1989) and should be valid in any jurisdiction it is presented.

Living Wills:

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

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

Health Care Power of Attorney:

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

Choosing Your Representative:

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

Questions you should ask when choosing a Representative:

- Is this person willing to be your Representative?
- Do they understand your life values?
- Is he or she willing to and capable of following your instructions?
- Can this person make difficult decisions when under stress?

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

Understanding and Completing the Advance Health Care Directive Form -

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

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

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

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II. Terminal Conditions (*Living Will*)

A Living Will functions as your State's living will. It lets you state your wishes about medical care in the event that you can no longer speak for yourself under these conditions:

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

III. I have a Chronic Illness or Serious Disability (*optional*)

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

IV. Special Directions (*optional*)

This can be anything, but you will list the most common things regarding end of life treatment. Let them know your Spiritual Preferences and who you want to administrate them. You can tell them where you want to die (beware that what you decide has legal consequences, so check with an attorney or specialist in this area to see what is best for you). Explain how you want your body handled after death, like whether or not you are donating organs and what type of burial arrangements you want and who is performing these functions.

V. Signing, Witnessing This Advance Directive

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

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

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

In addition, one of your witnesses cannot be:

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

Option 2: Sign the document in the presence of a Notary Public. If you are a resident in a skilled nursing facility, one of the witness must be a patient advocate or ombudsman designated by the State Department of Aging.

(Actual documents are at the back of this Booklet for your use.)



Long Term Health Insurance

Here are some important facts to take into consideration - Over 50% of all people over 65 will need custodial care at home, in an adult day care center, or in a residential facility or nursing home. What will it cost? Now it costs \$30,000 to \$60,000 a year or more, possibly for many, many years. What will it cost in the future? Who will pay for it?

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

Long term care insurance can help you reduce the financial burden and maintain your freedom to select the provider of the facility of your choice. Wouldn't it be nice to have the insurance company **pay** for the home care services provided by, as an example, Advantage Plus Agency?

Long term care insurance could be the answer! "...the health insurance portability and accountability act of 1996" gives tax advantages for the purchase of long term care insurance. Premiums will be "deductible" as a medical expense and benefits will be paid "tax free" to the recipient. Most people are healthy enough to qualify today and you can find out without any obligations.

Types of Long Term Insurance Policies:

Most long term care insurance policies are based on a concept that gives an individual access to a "pool of money" in exchange for the payment of monthly premiums over the years. Insurers use complex actuarial formulas to "predict" how many people will need to use the money and how much interest they will earn on the premiums.

In the future, insurers may develop novel types of policies based on their experiences with this type of product or the government may change tax laws again.

Policies generally have four key areas that the individual should consider and compare, according to long term care quote:

- The benefit period: the length of time after a claim is filed that the insurer will pay for the care provided (from one year up to lifetime coverage);
- A daily benefit: the maximum dollar or percentage amount the insurer will pay for care each day (from about \$30 to \$300 per day);
- The elimination period or deductible: the length of time and the amount of money that must be paid out-of-pocket before the insurer starts to pay (from "first day coverage" to a one-year wait);
- The level of inflation protection: the amount your benefits will increase over time to keep up with inflation (for example, \$100 per day sounds adequate today, but may be too little in 10 or 15 years).

The individual buying the policy can choose virtually any combination of benefits, deductibles, or inflation protection options. Choosing the maximum amount under any of these areas will raise the cost of your policy.

Give us a call (800 687-8066) and/or check our referral sources on our website for a long term care insurance agency in your area. We will be more than happy to refer you to reputable brokers that we have had good experiences with. Consult with your advisor(s) about which areas are most critical to you, and what cost you are willing/able to afford. There is no "standard" long-term care insurance policy, so be sure to read the fine print!



Asset Planning

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

Revocable Trusts:

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

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

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

Irrevocable Trusts:

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

Gifts to an irrevocable trust are sometimes motivated by a desire to minimize federal transfer taxes or to shelter assets from the claims of future creditors and other claimants (including spouses in divorce cases and plaintiffs in civil lawsuits).

To be effective for estate-reduction purposes, the trust must be irrevocable, and the trust's settlor should not be a beneficiary of the trust. It is also best if the settlor is not a trustee, either.

In order to qualify for the \$10,000 annual exclusion for gift-tax purposes, irrevocable trusts usually contain a provision giving the trust's beneficiaries a temporary right to withdraw annual contributions, at least in part. This withdrawal right is often called a "Crummey power" in reference to a ninth circuit federal court case involving a family with the "Crummey" surname.

Give us a call (800 687-8066) and/or check our referral sources on our website regarding trusts. We will be more than happy to help you find a financial planner to help you secure you and your family's financial future.

“Do not put your trust in money; put your money in trust!”

US Supreme Court Justice Oliver Wendell Holmes, Jr.



Evaluating the Need for Care

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

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

These are some of the prime candidates for home care:

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

Introduction To Eldercare

Our elders are facing exploding medical care costs that are topped by restraints in social services and insurance providers. When people reach the point in life where they become dependent on someone to assist in their activities of daily living (custodial care), the type of caregivers the majority of elders will usually be able to afford are generally low skilled, low educated and in many cases somewhat transient caregivers (people who are willing to live around someone else's schedule). Many will not even be able afford any outside professional help whatsoever. This has opened the door wide to abuse and neglect.

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

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

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

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

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

Understanding Aging

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

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

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

Laughter is a healing function, both mentally and physically. Music is also an effective tool to stimulate pleasant memories and good feelings. It works wonders even for those with dementia and Alzheimer's.

Mental Changes in Aging:

If certain areas of the mind do not get exercise or stimulation, the use of those parts deteriorate. Some problems are dementia, Alzheimer's, and Parkinson's disease. Others are ill health or lack of usage.

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

Dementia:

A chronic or persistent disorder of the mental processes marked by memory disorders, personality changes, impaired reasoning, etc., due to brain disease or injury. [Oxford concise dictionary, 1994]

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



Alzheimer's:

A degenerative disease of the brain cells producing loss of memory and general intellectual impairment. It usually affects people over age 65, although it can appear earlier, especially in some familial forms of the disease. As the disease progresses, a variety of symptoms may become apparent, including confusion, irritability, and restlessness, as well as disorientation and impaired judgment and concentration. The cause is unknown, although there appears to be a genetic component; the excessive beta amyloid proteins and the traces of aluminum found in the brains of victims are being studied as possible contributors. There is no cure, but the drug tacrine provides temporary improvement for some care recipients. [Concise Columbia encyclopedia, 1996]

Parkinson's disease:

A degenerative brain disorder initially characterized by trembling lips and hands and muscular rigidity, later producing body tremors, a shuffling gait, and eventually possible incapacity. Emotions may be affected and mental capacity impaired, but assessment of these is difficult because depression often accompanies the disease. The disease occurs when the brain cells that produce dopamine die, and can be caused by influenza, encephalitis, carbon monoxide poisoning, or drugs, but in most cases the cause is unknown. Symptoms, which usually appear after age 40, are treated with the drugs l-dopa (combined with carbidopa to reduce the side effects) and amantadine; implantation of dopamine-producing fetal brain cells has had therapeutic effects experimentally. Parkinsonism is named for the English surgeon James Parkinson, who first described it in 1817. [Concise Columbia encyclopedia, 1996]

Physical Changes in Aging:

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

Stages of deteriorating ability to walk:

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

Stage two: when a person tires quickly and/or has a hard time standing for long periods of time, a cane should be utilized. Canes that have at least 1-1/2 inch diameter rubber tips with easy grip handles are recommended. It is important that the cane is at the proper height to avoid other problems. Do not use someone else's cane unless it can be adjusted.

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

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

Helpful Elder Care Guide



Stages of deteriorating ability to see:

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

Stages of deteriorating ability to hear:

The ears can deteriorate in many ways. Words can be perceived as muffled sounds or indistinguishable tones. The problem can be in the ear itself or resulting from brain damage that obstructs the ability to process sounds. At the first sign of a hearing problem, have the ears checked by a competent specialist. In certain situations, hearing can be saved if the condition is treated early enough. If the hearing problem is chronic, the person needs to consider quality hearing aids. Advanced technology has made hearing aids comfortable and barely visible. Many elders particularly like a new quality hearing device, consisting of headphones and a pocket receiver. The advantage of this is that it helps to eliminate and control most of the background sound, which is a common problem of most hearing aids. The initial cost is extremely low in comparison to hearing aids, and the battery lasts longer and cost less.

Equipment and Supplies

Having the proper equipment and supplies is critical to providing proper care. It allows the care recipient to be more independent and have a better quality of life, in addition to making the caregivers job safer and easier. You can go to www.adavantageplusagency.com and go to the “Helpful Products” section and/order just about anything you would need and have it delivered right to your door. Or you can call one of our Advantage Plus Agency’s care specialists and they can do it for you.

Handling typical behavioral changes

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

1. Disposition appears to have changed!

Helpful responses:

- Take steps to be able to rule out any kind of brain impairment or neurological damage.
- Ask yourself if the behavior stems from an unsatisfied need. Could it be a need for security, self-esteem, dignity, love?
- Once identified, do your best to satisfy that need.

2. Attitude changes for no apparent reason!

Helpful responses:

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



3. Does not remember, so repeats the same questions over and over!

Helpful responses:

- Respond clearly, slowly, and concretely to questions.
- Have the person repeat what you have said.
- Could it be that an answer you provided first had disturbing effects on the person? A little reassurance and/or factual information will set the mind at rest.
- Distract the person into another activity or other topics of conversation. Moving to a new location in the room or simply changing sitting positions usually changes one's mood.
- Avoid arguing or responding with anger: do not reprimand the person for the memory problem. It will only irritate the situation.
- If the person can still read, it is good to write down the requested information.
- Use a large calendar to write down events.

4. Has difficulty in recognizing familiar things.

Helpful responses:

- Avoid arguing. Conflict increases a person's confusion and fear.
- Explain that things may appear different and calmly remind him who you are and clarify any presented uncertainty.
- Bring the person's attention to specific and recognizable things to help re-establish a connection with the familiar past.
- Avoid rushing the person or making any fast movements.

5. Roaming around at night or seeming to be looking for something.

Helpful responses:

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

6. Wandering.

Helpful responses:

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



7. Refuses to bathe and groom; says he has already done so.

Helpful responses:

- Maintain bathing and grooming at regularly scheduled times. (use the workbook)
- Make bathing and grooming comfortable and relaxing experiences.
- Be aware and sensitive to potential fears such as anxiety about falling, drowning or getting burned by bath water.

8. Refuses to eat; eats very little.

Helpful responses:

- Minimize in-between-meal snacks.
- Maintain as high a level of physical activity as possible.
- Provide regular meals that follow a routine.
- Eat with the person.
- Prepare familiar and favorite foods.
- Be sure food can be easily chewed and swallowed. (rule out any physiological obstruction)
- In certain cultures, sons and daughters pre-chew foodstuffs for their aging elders. You don't need to go that far, but consider cutting their food into smaller, more negotiable pieces.
- If coordination deteriorates, offer direct assistance.
- Consider using food supplements.
- Avoid overemphasizing neat eating habits.
- Give the person more time to eat.

9. Wants things done immediately; wants you to do everything.

Helpful responses:

- Remind yourself that there is no point in becoming frustrated and angry.
- Respond calmly.
- Clearly inform what is going on and what is being done.
- Express the importance of independence and the need to do as many things as possible on their own.

10. When the person becomes combative.

Helpful responses:

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



Elder Care Basics

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

Daily routines: in order to maintain one’s health, one should have acquired some important daily habits. Habits of hygiene, self-grooming and some form of physical and mental exercise (learning and growing). **Without a routine, a person usually deteriorates faster, physically and mentally!**

Nutrition:

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

Eating Environment:

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

Physical Effort:

To keep the body healthy, a person must consistently put forth physical effort. This will help the cardiovascular, respiratory and circulatory systems. It will also help in cell stimulation, digestive and all other functions. It’s best to have a daily routine. The physical exercise report is an excellent way of recording and monitoring that routine.

While I was taking care of one care recipient who had an elimination problem, I noticed that he did not do any exercise in his abdominal area. I began a daily routine of bending him over at the waist in the wheelchair on an average of 10 to 20 times a day. Within two weeks he no longer needed to use suppositories.

When he wasn’t feeling well and would stop exercising, he would be back on suppositories within a few days. When reviewed, the data revealed that it was the lack of exercise that had contributed to the problem. Exercise routines work best when combined with some fun activity.

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

Helpful Elder Care Guide



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

Mental Effort:

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

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

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

Grooming, Hygiene and Skin Care:

Grooming is a reflection of self-worth. Maintaining and/or improving one's looks provides a sense of self-respect and commands the same from others. Proper and consistent grooming helps the overall psychological well-being of the individual.

We provide a report for grooming, hygiene and skin care. Space is allowed for hair brushing and combing, shaving, lotion application and oral hygiene. I have found that Neosporin works best for most skin infections. For bedsores or, since most elderly sit for long periods, for a sore bottom, A & D ointment seems to provide the best results. Always avoid harsh soaps & shampoos.

Methods of Dressing:

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

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

Circulation:

As the heart rate slows down, so does a person's blood circulation. When that happens, the person may become very sensitive to drafts, cold weather, and hot sun. One of my care recipients insisted on wearing a heavy jacket even when the mercury was well over 90 degrees. When he laid down for a nap he insisted on resting his feet on a heating pad. Feel the care recipient's hands and feet to help monitor their circulation. Massaging arms and legs is a good idea.

Helpful Elder Care Guide



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

Elimination:

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

A malfunctioning colon is the source of many body dysfunctions and diseases. Learning about and using natural colon cleansers and detoxifier will do much for maintaining good health. Many people believe as I do, that most diseases start in the colon, usually from years of toxic build-up in the colon. Exercising the waist area will allow the body to function on its own and may help lessen or negate the need for stool softeners.

Suppositories:

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

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

Enema:

The elimination process may pose a serious enough problem to where an enema is indicated. Water enemas work well. After consulting with your physician, you may wish to consider a colonic flush!

Diapers:

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

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

Medications:

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

Helpful Elder Care Guide



Our workbook provides an easy to follow prescription medicine tracking report and a medicine consumption tracking report. Any caregiver can see what, when, and how much of a particular medicine is needed at a glance. Writing out the schedule will help focus on the order and frequency. These simple-to-use tracking reports can help eliminate errors and can help prevent potential life-threatening situations.

Doctors:

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

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

You must protect yourself (your life) from those types of individuals. Know your doctor's history. Talk to others who have used their services, find out if they are up on the latest world medical findings and discoveries. Ask yourself: does he listen to me? And above all, use your own intelligence and intuition and always, always keep an open and inquisitive mind.

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

Emergency numbers:

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

AdvantagePlusAgency.com has all the forms you need to help you both in your daily life, and to help you prepare for a loved one's stay and/or convalescing. Visit our website at www.advantageplusagency.com and you'll find all our helpful forms, links to referral sites for doctors and repair-people, and companies where you can purchase everything from wheelchairs to food supplements.



Preparing the home

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

1. Are the outside grounds clean and hazard free? Look for objects that can easily trip someone such as: cords, curbs, cracks, rugs, mats, ice, rocks, steps, etc. In the case where a wheelchair is used, or maybe anticipated, make sure the entrances are wide enough to accommodate the same. In some cases, ramps will also be needed for easier access.
2. Are inside floors clean and hazard free? Remove loose rugs, clutter, raised ridges and any cords crossing a walkway. Stairways should be easily seen; consider putting brightly colored non-skid adhesive strips on the edge of each step. Have sturdy hand railing, and something extra to mark the top and bottom step. (most step-related accidents happen on the first or bottom step)
3. Is there adequate lighting? Make sure there is proper lighting throughout the house. Use 100 watt bulbs or stronger and make sure dark spaces can be easily illuminated upon entering. Switches should be marked for easy recognition and placed at shoulder height and/or eye level for easy reach.
4. How safe is the bedroom? Beds should be at a proper height; a height that is low enough to sit on comfortably while getting into the bed, yet high enough as to allow for easy standing. For care recipients with mobility problems, there are bedside commodes or bedpans. Consider a solid table next to the bed to hold and store necessary items close by and to provide leverage if there is difficulty getting out of bed. Eliminate any sharp corners on the table by padding or covering them. For the person that has difficulty getting out of bed, there are a variety of aids such as an over-hanging grab bar, an electric hospital bed, and there are stands that slide over the bed. A phone next to the bed is highly recommended in case of emergency, preferably with large speed dial buttons.
5. How safe is the bathroom? The bathroom is a danger zone. This is where most precautions have to be taken. The tub should have non-skid adhesive strips on the bottom and a non-skid mat or adhesive strips on the floor next to it. For those who still shower there are a variety of tub chairs, aids and grab bars that assist getting in and out. For the toilet there maybe a need for grab bars to sit and stand, and you might consider getting a toilet raiser so to not have to sit down as far. Also there are accessories such as a bathroom tray that goes across the tub, and bath pillows to support head and upper back.
6. How safe is the living room? This is an area that (if conditions allow) the person spends most of their waking hours. Most people have a specific chair they sit in. Make sure the chair is stable and easy to get in and out of. It should provide proper posture support. Many health problems are attributed to poor posture. There are a variety of chairs, even suitable ones that have a lift for those who have a difficult time getting out of a chair. Consider a solid table next to the chair to hold and store necessary items close by and to provide leverage if there is difficulty getting out of the chair. A phone next to the chair is highly recommended in case of emergency, preferably with large speed dial buttons.
7. How safe is the dining room? As all other spaces, the dining room should be uncluttered. Select chairs that are light, sturdy, and not too low!
8. How safe is the kitchen? Keep the kitchen clean and uncluttered. Make it as roomy as possible. Arrange things to limit having to bend, reach, and stand for long periods. Keep items in low easily reachable selves or cabinets. Transporting food from point A to point B can be difficult. A cart in which to wheel dishes, utensils and food is a great idea. Devices for extended reach and firmer grasp should be considered. Consider leaving a short-sleeve shirt next to the apron to be worn when cooking to avoid burning clothing.
9. Are all following systems and equipment in good working condition? Electrical systems, heating systems, cooling systems, plumbing systems, water heater temperature (110 degrees Fahrenheit or less is recommended to help prevent scalding).

Helpful Elder Care Guide



Preparing the home: Safety and Aids Check List Form

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

sidewalks, curbs, driveway, walkways, drainage, entrances Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

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

rugs, cords, mats, stairways, floor surfaces Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

Is there adequate lighting? Make sure there is proper lighting throughout the house. Use 100 watt bulbs or stronger and make sure dark spaces can be easily illuminated upon entering. Switches should be marked for easy recognition and placed at shoulder height and/or eye level for easy reach.

Summary of overall conditions, concerns and recommendations: _____

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

bed floor lighting, proper aids, phone or call button Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

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

non-skid tub, non-skid floor, easy access, hand supports, toilet, sink, proper aids

Summary of overall conditions, concerns and recommendations: _____

Helpful Elder Care Guide



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

chair, floor, lighting, proper aids, phone or call button Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

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

chair, floor, lighting, proper aids, Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

How safe is the kitchen? Keep the kitchen clean and uncluttered and roomy as possible and place items in low easily reachable shelves or cabinets so to avoid bending, reaching, and standing for long periods. Transporting food from point A to point B can be difficult. A cart to wheel dishes, utensils and food is a great idea. Devices for extended reach and firmer grasp should be considered.

stove, oven, refrigerator, non-skid floors, proper aids Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

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

electrical systems, heating systems, cooling systems, plumbing systems, water heater Temp. ____ (110 degrees Fahrenheit or less recommended to prevent scalding) Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

Make sure there are no health hazards:

asbestos, natural gas, polluted water, toxic chemicals, loose wiring Date inspected: _____ By: _____

Summary of overall conditions, concerns and recommendations: _____

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

mobility, eating aids, bathing, bed, health, medical equipment

Summary of overall conditions, concerns and recommendations: _____



Choosing Health Care Services!

Choosing your health care service can be daunting. There are so many variables to think about; this is why we've put this care guide together for you, and why AdvantagePlusAgency.com gives you a free home inspection to help you get good an idea of what you really need for your care requirements. However, this guide can only help to direct you to the right caregiver.

The caregiver industry works like an undefined 'secretarial pool' of caregivers that are on-call to work for the agency that pays them the best and gives them the best hours. The truth of the matter is that the pool of caregivers that AdvantagePlusAgency.com uses is generally the same pool that all the Agencies pull from. On the custodial level where the pay is low and the hours are long and they have to work around someone else's schedule, the type of caregivers willing to do that type of work are usually either somewhat transient or uneducated.* This then opens up more possibility for abuse and neglect. To reduce that risk and attract the higher level of caregivers an agency needs to pay a little more than the going rates, and there needs to be a good process to thoroughly check them out. *(Many turn out to be great caring compassionate caregivers if good direction is given. And some move on to be CNA's, LVN's and RN'S)

It is impossible to find "perfection", but when interviewing agencies, you need to know how the agency trains and qualifies their caregivers so you can get a caregiver that is as reliable, qualified and trustworthy as possible. When interviewing an agency, make sure that the agency:

- Can show you their worker's compensation insurance, liability insurance and license.
- Mandates that their caregivers have current CPR certification, First Aid training and current TB tests (and can immediately provide you with the actual verified documentation).
- Follows up with all their caregivers' documents and certifications so that they stay current.
- Has a Department of Justice background check or a background check of equal standards conducted on their caregivers.
- Has a 24-hour on-call agent to handle your emergencies.
- Has all standardized forms for the caregivers to fill out for insurance purposes.
- Can give you the benefit of handling all the caregivers' payroll issues for you.
- Allows you to change caregivers that you feel aren't working out for you.

Note: Many elders are forgetful and may unjustly accuse the caregiver of stealing. Unfortunately, there are rare occasions when caregivers do take advantage and steal. We recommend, before hiring or moving to a place where a caregiver is provided, it is important to take complete personal inventory of all property to prevent leading anyone into temptation and to protect everyone. Also that is why a background check is always recommended and why advantageplusagency.com completes a check on its caregivers.

When assistance is needed, it's important to choose a competent, compassionate, caring individual. Someone who listens, is sensitive to needs, is trustworthy, and comfortable to be with.

Choosing the right caregiver is based on a complexity of issues. Living and health conditions, special situations and sometimes a limited budget of the care recipient must be considered. Personality, formal education and culture may also play a role in choosing the right person. Quite understandably, when budget is an issue, it is much harder to find quality people who would work for low pay.

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



Home Care Agency vs. Hiring Direct

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

Home Care Agency:

Home care agencies offer consumers convenience. Agencies differ - some are more medically oriented, while others provide exclusively non-medical care. Some also offer to be the employer of record or the choice of a fee-for-service or long-term payment plan. An agency has the ability to be more flexible to adjust the type of caregiver when your needs change.

A good agency can also offer supporting information, resources and products to help support the caregiver and care recipient.

Pros

- Trained and licensed staff generally is available.
- "Back-up" system in case the usual home care worker can't be there.
- Able to furnish references or other assurances of the worker's competence.
- Responsible for the worker's benefits, etc.
- Supervises the worker; if you don't like the person, the agency will handle dismissal and make the necessary replacement.
- Assumes full liability for all care.
- Generally easier to find help on short notice.

Cons

- Cost is typically higher due to agency administrative overhead.
- Higher costs may mean using fewer hours of care overall.
- Shifts are usually limited to a minimum amount (often four hours to a block).
- There may be less flexibility in the type of tasks each category of home care worker is permitted to do.
- You may not be able to choose the individual, only the worker type.

Helpful Elder Care Guide



Hiring Direct:

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

Pros

- Choose whom to hire according to your best judgment (even friends, neighbors or relatives).
- Consumer control to direct the care and related tasks to meet your own needs (e.g., no restrictions for driving or other duties mutually agreed upon).
- Cost is typically lower than an agency.
- More hours can be purchased for fewer dollars.
- Flexibility to use just a few hours at a time or split a 4-hour shift into morning and evening (as long as the worker also agrees).
- Expand care and defer some costs by offering room and board as partial payment for live-in care.

Cons

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

Making your choice:

Whether you choose the agency path or the independent provider route, you can increase your confidence by asking about your home care worker's prior experience, training, credentials and by checking references. When hiring someone independently, you can also conduct a personal background check by getting written authorization from a prospective employee for criminal background, medical records, driving record, and credit. For a fee, some private companies will conduct a background check for you.

Think through your care-giving situation. Is it more important to get the "biggest bang for your buck," or do you value convenience -- perhaps paperwork and employer responsibilities seem daunting. Assessing your preferences will help you choose the right home care worker to make life easier for your loved one and provide you, the caregiver, with both practical support and peace of mind. Give AdvantagePlusAgency.com a call and see what we have to offer!



Home care services guide:

Health care services come in varying forms and on various professional levels. The following is some of the terminology used by advantageplusagency.com. These may or may not be the same terms that other service company's use. It is offered only to provide the reader with a clearer understanding of the classification of assistants that are available.

Professional companion/home attendant

Job summary: a companion/attendant provides assistance with personal care, housekeeping, meal preparation, laundering and routine linen changes, errands and marketing.

General duties and responsibilities: (What a companion/attendant may do)

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

(What a companion/attendant may **not** do)

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

Helpful Elder Care Guide



Professional CNA/CHHA job description

Job summary: a home health aide provides care and assistance with activities of daily living as well as meal preparation, routine linen changes, laundry, light homemaker chores and marketing.

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

1. Personal care assistance: assist with bed or tub bath, shower and personal hygiene. Provide personal grooming; hair, nails, skin, and oral care. Assist with bedpan, bedside commode or toilet as needed. Assist with transfer from bed to chair or wheelchair. Assist with ambulating, range of motion and daily exercising. Assist with dressing. Encourage activity (as tolerated) and repositioning in bed. Performs other duties as assigned by the supervisor. Maintains a professional image and demonstrates commitment to professional growth.
2. Health care: monitor temperature, pulse and respiration. Monitor and record intake and output as requested on a case-by-case assignment. Document care of care recipients on appropriate forms. Assist with prescribed exercises, prosthetic devices, compresses, drainage bags, support hose, urine testing and finger sticks for sugar and acetone levels. Perform other prescribed activities for a specific care recipient that has been taught by the appropriate health professional. Provide good skin care routinely. Report changes in the care recipient's conditions and needs. Medication reminders that are ordinarily self-administered.
3. Household management: dust and vacuum care recipient's living area regularly. Tidy bathroom and kitchen daily. Make care recipient's bed and provide linen changes routinely. Wash dishes utilized in preparation and serving of care recipient's meals. Do personal and essential laundry of care recipient as needed. Prepare and serve care recipient's meals and assist with feeding as needed. Accompany or transport care recipient to doctor, clinic or hospital. Provide transportation for errands and marketing. Provide assistance in paying and maintaining bills. Arrange for household maintenance, heavy cleaning or other services as needed.

(What a CNA/CHHA may **not** do)

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



Licensed Vocational Nurse (LVN)

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

Registered Nurse (RN)

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

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

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

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

Hospice Care

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

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

Helpful Elder Care Guide



Advance Directive for Health Care Form

Print your full legal name, _____ Date of birth, and _____ Social Security number:

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

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

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

I wish to appoint a Representative: Yes No My primary physician is: _____

A. Primary Representative:

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

Representative's Address _____

City _____, State _____, Zip _____

Home Phone _____, Work Phone _____

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

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

B. Alternate Representatives

If: 1) I revoke my Representative's authority; or

3) My Representative becomes unwilling or unable to act for me; or

3) My Representative is my spouse and I become legally separated or divorced,

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

1. _____
Print Alternate Representative's Full Legal Name

2. _____
Print Alternate Representative's Full Legal Name

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Home Phone (____) _____ Work (____) _____

Home Phone (____) _____ Work (____) _____



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Helpful Elder Care Guide



II. Terminal Conditions (Living Will)

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

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

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

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

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

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

- Treatment be given to maintains my dignity, keep me comfortable, and relieve pain even if it shortens my life.
- If I cannot drink, I do not want to receive fluids through a needle or catheter placed in my body unless for comfort.
- If I cannot eat, I do not want a tube inserted in my nose, mouth, or surgically placed in my stomach to give me food.
- If I have a serious infection, I do not want antibiotic to prolong my life. Antibiotics may be used to treat a painful infection.
- I have attached additional directions regarding medical treatment to this form.
- I have not attached additional directions to this form at this time.

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

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

A. Diagnosis: _____

B. Consult my physician. _____
(Full Name) *(Phone)*

Special Directions. *(Use additional pages if necessary)*



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Helpful Elder Care Guide



IV. Special Directions *(optional)*

A. Spiritual Preferences:

My religion: _____ My faith community: _____

Contact person: _____ I would like spiritual support. Yes No

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

Other: _____

C. Donation of Organs at My Death:

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

I wish to donate my entire body.

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

Any organs, tissue, or body parts Heart Kidneys Lungs

Bone Marrow Eyes Skin Liver Other(s) _____

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

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

F. Distributing This Advance Directive:

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

Physician
Name _____

Address _____

City _____

State Zip _____

Home Phone (____) _____ Work (____) _____

Family Member (Relationship) _____
Name _____

Address _____

City _____

State Zip _____

Home Phone (____) _____ Work (____) _____

Hospital
Name _____

Address _____

City _____

State Zip _____

Home Phone (____) _____ Work (____) _____

Clergy
Name _____

Address _____

City _____

State Zip _____

Home Phone (____) _____ Work (____) _____



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Helpful Elder Care Guide



V. Signing, Witnessing This Advance Directive

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

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

I sign this document on the _____ day of _____, 20____ - _____
Print Representative's Full Legal Name

Address _____

City _____, State _____, Zip _____

Home Phone _____, Work Phone _____

B. Ask Your Witness to Read and Sign

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

As a witness, I am not:

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

1. _____ 2. _____
Signature Date Signature Date

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

C. Notarizing This Document *(Optional)*

STATE OF _____ COUNTY OF _____

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

[Notary Seal Here]

Notary Public for the State of _____
Residing at _____
My commission expires: _____



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