

# Caring for a Family Member at Home

BY WILLIAM H. PRITCHETT



**E**MPIRE HOMECARE RESOURCES



Please contact our office at:

**EMPIRE HOMECARE RESOURCES**

1558 Knoll Circle Drive  
Santa Barbara, CA 93103-2815  
(805) 884-9441

Monday-Friday 8:30 AM — 5:00 PM (Pacific Time)  
email: [willprt@cs.com](mailto:willprt@cs.com)  
website: <http://www.empirehealthstore.com>

**Home Health Care Resources  
for Seniors and Caregivers**

## Senior Links

FOR SUPPORT AND INFORMATION

### **AARP**

1-800-227-7669

### **Special Committee on Aging**

1-202-224-5364

### **Free Financial Planning**

1-202-720-3029

### **Free Legal Help**

1-202-336-8800

### **American Health Care Association**

1-800-555-9414

[www.ahca.org](http://www.ahca.org)

### **Pharmaceutical Manufacturers Association**

1-800-762-4636

### **National Institute of Mental Health**

1-301-443-4513

### **Caregiver Support Groups**

1-800-552-8195

### **National Stroke Foundation**

1-800-352-9424

### **Senior Summer School**

[www.seniorsummerschool.com](http://www.seniorsummerschool.com)

[sensumsch@aol.com](mailto:sensumsch@aol.com)

### **Free \$1,000 Loan for the Home**

1-800-998-9999

### **Home Loan Mortgages**

1-800-326-2222

### **National Institute on Aging**

1-800-222-2225

### **Drug Evaluation Hotline**

Fax 1-301-294-1012

### **Notary Service Anywhere, Anytime**

1-800-622-4030

[www.cometoyounotary.com](http://www.cometoyounotary.com)

# EMPIRE HOMECARE RESOURCES

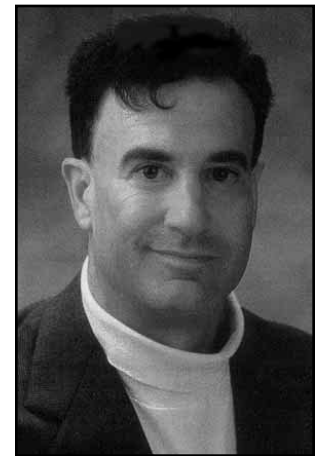
## HOME HEALTH CARE RESOURCES FOR SENIORS AND CAREGIVERS

William H. Pritchett has been involved in the senior health care industry for over 20 years. A graduate of the University of Washington, William was the marketing director for Great Republic Life Insurance Company, specializing in long term care policies and Medicare supplemental insurance.

In 1983, William and his father, James W. Pritchett, Jr., developed the first "home health care" insurance policy for seniors in the nation. This concept is now part of virtually all long term care packages.

In 1999, Mr. Pritchett founded Empire Homecare Resources, Inc., an internet company providing support, service, products and medical training to seniors, the disabled and the disadvantaged. The mission is to assist all people, regardless of their health or economic situation, in making sound decisions when facing problems with aging, disabilities and long term illness. This expertise is a collaboration of Empire staff and other experts in various aspects of caregiving. The goal is that this book, the website and the training video series will address most of your concerns and give you the resources for caring for a family member with as little stress as possible.

Mr. Pritchett is a contributor to B.R.A.C.E., a non-profit organization for the care and treatment of seniors with bone and joint deformities and other skeletal abnormalities founded by his brother. Contributions and donations can be sent to James W. Pritchett, M.D., 1900 W. Nickerson Ave. Suite 200, Seattle, WA 98119-1650.



## **MOVING EASY: LIFT-FREE PATIENT TRANSFERS**

*Hosted by Academy Award-winning actress Patricia Neal*

Introduced by Carole Bernstein Lewis, PT, PhD

This revolutionary six-part video series can significantly reduce back injury, the most common injury in health-care settings. The series teaches caregivers how to make safe and easy transfers using innovative lift-free principles. Each 15-minute segment teaches a simple concept for transfers and each concludes with easy-to-follow instructions for practice sessions. Instructor and participant workbooks available. (15 min. each part) "These techniques can go far toward preventing premature and permanent institutionalization. Don't miss this one!" —Jay Westbrook, Coordinator, American Society on Aging Media Festival



## THE HEALING INFLUENCE; GUIDELINES FOR STROKE FAMILIES

*With Academy Award-winning actress Patricia Neal*

Patricia Neal, celebrated stroke survivor, guides us through this video to understand stroke. Caregivers learn what they can do to promote patient recovery and family well-being. Ms. Neal's presentation is not only a prescription for recovery, it is a triumphant inspiration for others. Can be shown in three parts: the nature of stroke, communicating with stroke patients, and coping with emotional and physical stress. (A 20-minute in-service version is also available.) Produced in cooperation with the Stroke Division of the American Heart Association. (43 min.) "...judged the best film/video produced for training health professionals and caregivers." —National Educational Film/Video Festival



## Table of Contents

|            |                                |         |
|------------|--------------------------------|---------|
| Chapter 1  | Information Files .....        | Page 3  |
| Chapter 2  | In Case of Emergency .....     | Page 5  |
| Chapter 3  | Accident Prevention.....       | Page 7  |
| Chapter 4  | Home Modifications.....        | Page 8  |
| Chapter 5  | Feelings and Emotions .....    | Page 12 |
| Chapter 6  | Caregiver Stress.....          | Page 13 |
| Chapter 7  | Medicines .....                | Page 16 |
| Chapter 8  | Colds and Flu .....            | Page 17 |
| Chapter 9  | Skin Problems .....            | Page 18 |
| Chapter 10 | Swelling .....                 | Page 20 |
| Chapter 11 | Proper Mouth Care .....        | Page 21 |
| Chapter 12 | Constipation and Diarrhea..... | Page 22 |
| Chapter 13 | Feeding and Swallowing.....    | Page 23 |
| Chapter 14 | Bladder Infections .....       | Page 24 |
| Chapter 15 | Legal Issues .....             | Page 25 |
| Chapter 16 | Video Collection .....         | Page 27 |
| Chapter 17 | Senior Links .....             | Page 30 |

# **Empire's Health Care Video Collection**

Offers medical training and assistance to nurses, seniors, parents, families, and grandparents with many disabilities, including cancer, diabetes, dementia, osteoporosis, arthritis, Alzheimer's multiple sclerosis, and many types of illness, injury, sickness, or mobility problems.

## **CARING FOR A FAMILY MEMBER AT HOME**

*In English, Spanish, Navajo or American Sign Language*

This video can alleviate much of the physical and emotional stress of home care by teaching the basics required in caring for a disabled family member. Topics include proper body mechanics, bed mobility and positions, walking aids and assisted walking, patient transfers, wheelchairs and patient transfers to vehicles, wheelchair safety and bathing and toileting. A resource guide in English and Spanish supplements the video. It covers a wide range of topics such as accident prevention, feelings and emotions, home modifications and caregiver stress. (29 min.) The video was developed by St. Joseph Rehabilitation Hospital & Outpatient Center, New Mexico Department of Health, New Mexico Association for Home Care, and the Robert Wood Johnson Foundation.



attend a support group of persons in a similar situation. Someone there may already have had experience with a knowledgeable attorney and be able to share his or her experience. Referrals, as well as advice, for individuals aged 60 or over may also be obtained from senior legal services provided by local area agencies on aging funded by the Older Americans Act. Independent community legal aid agencies may also offer assistance to persons of all ages.

Another way of locating an attorney is through an attorney referral service. The local bar association in your community may have a panel which refers callers to lawyers in various specializations. After describing your needs, you will be referred to the most appropriate specialist. Initial consultations generally include a nominal fee.

## **Information Files**

Keeping a file with important information about the family member being cared for will assist you in the future. These files will be used when helping make medical and financial decisions. Collecting this information immediately will prevent delays in the future.

### **Medical**

List all doctors including those for the problem being treated, their phone number and address. List chronic health problems, past surgeries, injuries or acute illnesses with dates and names of doctors who treated each condition. List any allergies and all medicines being taken (including prescription and non-prescription), prescription strength and how often taken, who prescribed it and the date started.

### **Financial**

List all bank accounts (checking, savings and money market) with names and telephone numbers of contact persons. List the names and phone numbers of all financial advisors, accountants or social workers. Put together a list of all monthly income (wages, social security, retirement, etc.) and expenses to help calculate your family member's financial status. Locate previous year's tax returns. You should consider opening joint bank accounts if you will be responsible for paying the bills.

### **Bills and Receipts**

Organize all medical bills and expenses to assist in future filing of claims.

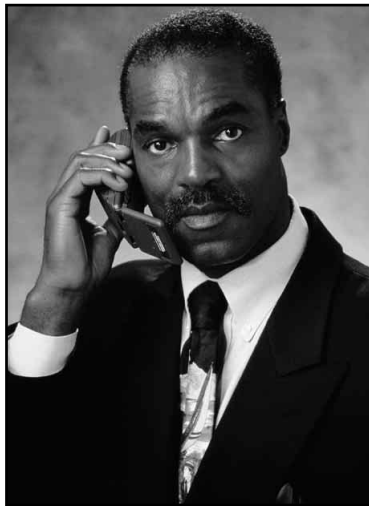
## Health Insurance

Include Medicare and Medicaid cards and any hospital or clinic cards. Gather all private insurance policies and list the names, addresses and telephone numbers of the insurance agents. Collect brochures about Medicare, Medicaid and long term care policies.

## Legal Documents

Gather the names, addresses and phone numbers of any lawyers your family member may have retained. Include your family member's will, power of attorney, and living will. A power of attorney is a legal document that allows one person (usually a family member) to make decisions for another (write checks, pay bills, and give permission for medical treatment). A living will is a legal document stating a person's expressed wishes about treatment decisions if he or she becomes terminally ill, or is in a persistent vegetative state (coma). Consult a lawyer about all of these documents. Find out if and where your family member has a safety deposit box with valuables or documents.

See Chapter 15, Legal Issues.



# Legal Issues

## Legal Documents

The majority of older people handle their own affairs throughout their lives. However, illness, chronic and debilitating conditions, or memory loss may make it necessary for another person to handle legal affairs for an older adult. Individuals and families should prepare for such situations such as Advance Directives. In certain situations, Guardianship is necessary. Most of these documents are obtainable through our 24-hour notary service by calling our toll-free number or by accessing our website:

1-800-622-4030

[WWW.COMETOYOUNOTARY.COM](http://WWW.COMETOYOUNOTARY.COM)

With one contact you can access the proper forms for legal services immediately.

## A Durable Power of Attorney

A legal document that allows you to appoint someone as your agent to manage your affairs should you be incompetent or incapacitated.

## A Health Care Power of Attorney

Allows you to appoint someone to act as your health care agent to make health care decisions for you should it be determined by your physician that you are no longer able to make these decisions for yourself.

## Locating an Attorney

One of the surest ways to find an attorney is through a personal recommendation. This may be a recommendation from a friend, relative or co-worker, or from another attorney whom you know and trust. A good way to get a personal recommendation is to

## **Bladder Infections**

Older women especially have a tendency to get bladder infections. This is also true of people who lose control of their bladder and need catheterization (emptying the bladder through a tube). Infections can get very serious if not treated with antibiotics. The signs of an infection include the feeling of burning when urinating; the need to urinate often; cloudy, bad smelling urine; and low back or abdominal pain. See your doctor if you think you may have a bladder infection. Drinking lots of water or cranberry juice will sometimes help prevent bladder infections.

Regularity of both urination and bowel movements are important. Going several days without having a bowel movement is called constipation, and is a sign of trouble with the digestive system. Constipation can be caused by poor eating habits, immobility, and some medicines.

## **In Case of an Emergency**

### **Emergency Phone Numbers**

It is a good idea to collect the phone numbers of local emergency services. This list should include your doctor, police, fire department, ambulance, hospital, pharmacy and nearby neighbors and family. Keep these numbers on a card by your phone in case of any emergency. It is also helpful to include your own address and phone number because during an emergency you may not be thinking clearly. Add these numbers to the phone memory if you have this type of phone.

Cordless phones and speaker phones allow a person with very limited hand movement or mobility to call emergency numbers. Have your family member use a bell or whistle to call you in the house. This is better than yelling. Baby monitors can also be used to listen from distant areas. Some cities offer a safety alert system where a person wearing a special device can call for help anywhere.

### **CPR**

CPR (cardiopulmonary resuscitation) is the method used to provide oxygen to the brain, heart and other important organs after a heart attack. Many lives have been saved because family members are trained in CPR. CPR classes are taught by The American Heart Association (505-268-3711) or the Red Cross (505-265-8514). Everyone in the family is encouraged to learn what to do for choking, stopped breathing and an apparent heart attack.

### **Fire Exit Plan**

All persons (disabled or not) should develop a fire escape plan in case of an emergency. Plan ahead of time how you will assist

your disabled family member out of the house. One method to quickly exit from a burning building is to lay the disabled person on the floor on a blanket and drag him out the building head first. Discuss with family members what exits to take (doors and windows) and determine a central meeting place outside your home. Install smoke detectors in your home and check the batteries regularly. Tell your local fire department that there is a disabled person living at your address. Tell the department about the location of the bedroom and type of disability your family member has. The department can also assist you in preparing an emergency exit plan.

## **Feeding and Swallowing**

Older people and those with certain illnesses sometimes have trouble chewing and swallowing. Difficulties with swallowing could lead to choking or inhaling food and liquids into the lungs causing pneumonia. It may also cause a person to avoid eating, leading to malnutrition. Let your doctor know if you notice coughing while eating, drooling, or difficulty taking medicine (pills), eating some textures of foods, or drinking liquids.

Be careful to prevent choking by having your family member sit upright when eating or drinking, and stay sitting up for at least 20 minutes after finishing. If your family member must eat in bed, use pillows to prop him or her into a sitting position. Keep food bites small and avoid conversation while eating. Use of a flexible straw may make swallowing liquids easier.

Another common problem is a dry mouth caused by some illnesses and medicines. A dry mouth can change a person's speech, and cause difficulty eating, swallowing and tasting food. Rinsing the mouth with salt water and drinking citric drinks (orange or lemon juice) sometimes helps control mouth dryness. A pill stuck in the throat can be very painful and even cause an ulcer. Sit the person upright and try to get him to relax. Offer a few sips of a carbonated drink (soft drink) or water. If after 15 minutes the pill is still stuck, call the doctor for advice.

## Swelling

Many older people have trouble with swollen legs because of a weak heart or poor blood flow. Disabilities preventing a person from being able to move around can also cause swelling in the legs as well as in the arms. Do your best to reduce the swelling because uncontrolled swelling can lead to skin sores or blood clots, and actually prevent the body from healing. Your doctor may recommend special elastic stockings called TED hose to help control swelling.

The key to controlling swelling is to raise the swollen leg or arm above the heart. Raising the arm or leg for an hour or more, several times a day, will help control swelling. Move the ankle or wrist back and forth to "pump" the swelling away. If this does not work, ask your doctor because swelling can also be caused by more serious medical problems.

## Accident Prevention

Falls are a major problem for older people. Falls can be very serious and life threatening. They can easily lead to broken bones and greater difficulty in getting around. However, preventing falls in the home can be as simple as removing scatter rugs, electrical cords and small objects which someone could trip over. The places where a fall is most likely to occur are in the bathroom, the kitchen and on stairs. Be sure floors are free of water or bits of food, toys and pets. Stairs should have strong railings on both sides. There should be good lighting throughout the house. Night lights can be placed in the bathroom and halls. Be careful of tripping over small pets.

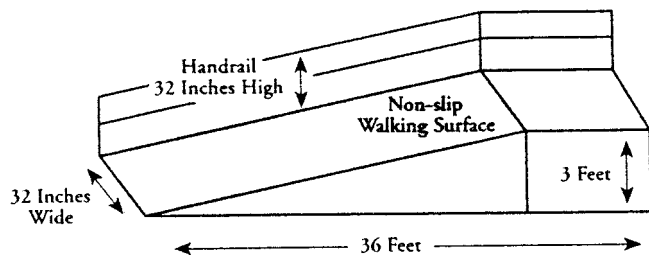
Transfer belts provide a good grip: Encourage a weak or unsteady family member to walk with another person to guard against a fall. Use of a strong belt around the waist, called a transfer belt, provides the caregiver a firm hold to better help with walking. Walking aids like canes and walkers provide stability and better balance. Discourage walking without shoes or skid-free slippers. (See the video for details.)

## Home Modifications

It may be necessary to make some physical changes in your home for safety reasons or to allow your disabled family member greater mobility. Remember, the health and safety of the disabled family member and the caregiver should always be considered when making these decisions. Some community service groups will help low income families with the work if the materials are purchased. Every community is different so it wouldn't hurt to ask your local Kiwanis, Rotary, Civitan and similar clubs for assistance. You may also qualify for financial assistance through the State Division of Vocational Rehabilitation or the Veteran's Administration.

**Stairs:** The walking ability of your family member, the physical strength of the caregiver, and cost will help determine what to do about stairs. The training video does show the proper way to climb stairs walking and with a wheelchair takes a lot of strength and should be done with two persons until the main caregiver has enough practice and feels confident. (See the video for details.)

**Ramps:** If you have stairs leading to your home and your family member will use a wheelchair, you should consider building a



**Ramp Measurements**

## Proper Mouth Care

If your family member cannot brush his teeth alone, you will need to help. Tooth decay and gum disease can result from lack of tooth brushing. Electric tooth brushes make it easier for a person with the use of only one hand to brush independently. They work especially well if you need to do the brushing for the person.



## Constipation and Diarrhea

Drink lots of water (2 quarts of water per day).

Eat foods high in fiber (fruits, vegetables and grains)

Exercise (a little walking is good for the body).

Early morning or after breakfast is usually a good time to go.

Don't ignore the urge to go to the bathroom.

If constipation cannot be avoided or controlled ask your doctor about laxatives. Diarrhea can also be a problem, because the digestive system is unable to absorb nutrition from the food and a person can become malnourished. The loss of fluids can lead to dehydration, so contact the doctor if either constipation or diarrhea last for more than 2 to 3 days.

ramp. Ramps give greater independence for the disabled and are less tiring for the caregiver than stairs. The length of the ramp depends on the height of the stairs and your family member's ability. Ideally, a ramp needs to be 12 feet long for each foot in height to the top step. If the top step is 3 feet off the ground, you will need a 36 foot ramp. Steeper ramps can be dangerous and very difficult to climb in a wheelchair. Ramps longer than 30 feet should be built in sections with 5-foot landing platforms between each section.

Ramps should have railings about 30 to 32 inches high and a non-slip walking surface. One method to make a non-slip surface is to lightly spread silica sand (available at hardware stores) over a freshly painted surface. Immediately add a second coat of paint. The ramp width should be a minimum of 32 inches.

**Lifts & Elevators:** If your entry is too high off the ground to make a ramp practical, an outdoor lift may be an option. If you have stairs inside your home that are regularly climbed, consider rearranging rooms or installing a lift or elevator. Usually it is easier and less expensive to just move your family member's bedroom to a lower level.

**Doors:** A door should be 34 inches wide to allow easy wheelchair access. Doors entering a home usually are wider than other doors in the house and rarely need widening. Bathrooms usually have the most narrow doorways, especially in older homes. Doors hung using a standard door hinge block the opening of the doorway by about 2 inches (the width of the door). Options other than installing a larger or pocket door include: Remove the door from its hinges, remove the door and part of the door frame, use throw back hinges that add an extra inch or so. A curtain can be hung from a shower curtain rod to offer some privacy if the door is removed. Be careful in a hallway when two doors close to each another open inward like in some public bathrooms. After entering through one door the wheelchair can block you from opening either door causing you to be stuck.

**Toe & Knee Space:** Wheelchairs can prevent a person from sitting close to a table or sink because they do not fit under the table, or because the foot rests and wheels are blocked by table

legs or cabinets. One simple solution is to raise the height of the table with wooden blocks. Cabinet doors can be removed below sinks and plumbing moved to allow room for a wheelchair. Be sure to cover or insulate any pipes to prevent persons with decreased sensation (feeling) from burning their legs.

**Bathrooms:** Toilet seat heights are usually too low for a person in a wheelchair making it hard to transfer to and from the chair or to stand up. Raised toilet seats can be used and grab bars installed to make the bathroom safer. If a bathroom is not big enough for a wheelchair, or is too far to walk to, you should consider getting a bed side commode (portable toilet). (See the video for examples.)

**Bath Tubs and Showers:** A person with very limited ability in getting around should not climb down into a bath tub. The risk of injury to the caregiver and the family member is too great. Showers can be taken in the bathtub or shower stall while seated on a chair or bench using a hand-held shower. Even if you have a walk-in shower, it is better to sit down and wash to avoid loss of balance or falling. Grab bars can be attached to bathroom walls, toilet seats and tubs. (See the video for examples.)

Bathrooms are a common place for falls, so be sure to take every precaution possible: Clean up water spills, wear non-skid slippers, place a non-skid mat in the bathtub and use non-slip rugs. If a disability has left your family member with the use of only one hand, liquid soap dispensers and long handled sponges make washing easier. A bar of soap can be placed in a large sock and used for a wash cloth as well. If a person must have a bed bath, you can use a special basin called "Shampoo-ez" that allows you to wash hair without getting the bed wet. Different models range from \$15 to \$35 and can be purchased from a medical equipment company.

**Bedrooms:** Depending on your family member's ability to get around, the bedroom may be where most of the day is spent. If so, try to make the room attractive with plants, lights and pictures. Reduce clutter and remove extra furniture not in use. If possible, store needed medical supplies in a closet or other room to avoid it looking like a hospital room. It may be necessary to

ber has trouble controlling bowel and bladder functions. The draw sheet demonstrated in the video makes moving in bed easier for the caregiver, but most of all, it prevents the skin from rubbing across the sheets that can lead to sores. It is also important to avoid tight clothing and shoes.

### **Check for Problem Areas Often**

Check your family member's skin regularly for signs of skin problems. Twice a day is recommended. The first sign of a pressure sore is red or pink spots, especially over bony areas. Immediately relieve all pressure until the pink area is gone. If the area is allowed to get worse, lumps can develop under the skin and the area can get warm to the touch. Blisters can develop and worsen to become open sores. See your doctor immediately if blisters or open sores develop. Ointments, creams and sprays are available at drug stores which may toughen the skin or prevent skin sores from developing.

### **Dry and Thin Skin**

Another common skin problem is dry, thin skin. As a person gets older the skin gets thinner and more easily damaged. They can bruise and cut easily. Handle your family member gently and with care. Skin dryness can cause uncomfortable itching. Because an older person's skin does not make enough natural oils, it is important to use lotions with emollients. Put lotion on after a bath when the skin is still damp. Bathing more than three times a week can sometimes be bad for the skin, especially in very hot water. The heat dries the skin. Use soaps with glycerin and be sure to rinse the skin well after washing with soap.

# Skin Problems

## Pressure Sores

People who cannot move for themselves and those who do not have feeling in part of their body are at risk of developing a pressure sore. A pressure sore, also called a bed sore, is where part of the skin dies from lack of blood to the area. This is a very serious problem and can take months to heal. Infections may develop and surgery may be needed in the worst cases.

## Pressure is the Number One Cause

It is important to understand the causes of pressure sores and prevent them from developing. People who have feeling can tell when they have been sitting in one position too long by the uncomfortable feeling of "pins and needles" and can move. Your family member may not be able to sense this feeling or change positions, so you must do so for him or her.

## Prevent Pressure Sores by Relieving the Pressure

Pad bony areas and turn your family member regularly. See the video for a demonstration of bed positioning. A person should not sit for more than one hour or lie in one position for more than 2 to 3 hours. This will require regular repositioning day and night. Setting an alarm sometimes helps you to remember. A doctor or physical therapist can advise you on special seat cushions for wheelchairs that help prevent pressure sores.

Areas of the body that usually develop these sores are the elbows, ankles, heels, tailbone, "sitting bones" and hips. Wet skin from lying in a dirty bed and rubbing across the sheets can also lead to skin sores. This is why it is important to fully dry your family member after bathing. It is also good to use disposable pads, such as chux, to keep the sheets clean if your family mem-

ber an adjustable hospital bed. As another choice, there are bed railings available that attach directly to a standard bed. Beds can be lowered by placing the mattress and box springs directly on the floor, or raised using wooden blocks. Transfers from a bed to a wheelchair are made easier and safer if the seat is at the height of the bed. Waterproof mattress covers are available for all size beds, and help to keep the mattress clean and dry. CAUTION: Never smoke in bed. Smoking in bed is a major cause of home fires and deaths.

**Living Rooms:** Prevent falls by limiting what is placed on the floor. Try to keep walk ways well lighted and clear of things like shoes, papers and magazines, stools, coffee tables and electrical or phone cords. You may find that some furniture is too low to the ground to allow your family member to get up without trouble or transfer to a wheelchair. Furniture can be raised using wooden blocks, but be sure it remains steady. Some medical equipment companies carry special chairs designed to help raise a seated individual into a standing position.

**Going Out:** Before taking your family member out to a restaurant or to a friend's house, make sure bathrooms and doorways are large enough. See if there are stairs you need to climb. Hotels usually have several rooms made big enough for wheelchairs with railings in a bathroom. You need to request a handicapped accessible room when making reservations. It is a good idea to keep a tape measure in the car to check the width of doorways when stopping somewhere to use the bathroom.



## Feelings and Emotions

### Respect, Privacy & Decision Making

No one likes to feel helpless, but often times a disabled person is made to feel he or she has no say in life. Try to give back to your family member as much control over his own life as possible. Sometimes it may not be safe or practical to let your family member make certain decisions. Whenever possible, let him decide about what to eat, wear, or watch on TV; when to get up or take a bath. Do your best to respect his privacy. Keep him clothed as much as you can when dressing or washing. Close the door when using the bathroom. Don't talk about your family member to others when he can hear what you are saying. This can make a person feel like he does not exist.

### Love

Love is a powerful emotion, giving a person the desire to live. We all need love and affection. Just because a disability may prevent your family member from outwardly showing love for you does not mean he or she is not in need of the touch of your hand, or your hugs and kisses. Holding hands, a touch to the face or brushing your family member's hair can show love.

A disability may prevent normal sexual relations between partners, but this does not necessarily mean the end to intimacy. It is important to talk to each other about sexual feelings. There may be a decrease in desire for sexual relations or difficulty for a person to have intercourse both caused by an illness or medications. Remember, there are many different ways of expressing intimacy besides intercourse. There may be something that can be done to help through positioning, medication or assistive devices. Don't be afraid to talk to each other and to your doctor about these things.

## Colds and Flu

Pneumonia is an infection of the lungs caused by bacteria or a virus and is very serious. It is the fourth leading killer of the elderly. Some disabilities and medical problems make a person's lungs weak. Long periods of bed rest also weaken the lungs. As a result a disabled person is at greater risk of catching colds and the flu, which can eventually turn into pneumonia. Treat colds and the flu right away.

A cold is caused by a virus and causes sneezing, tearing, runny nose, scratchy throat and coughing. Usually a cold will go away in a week if the person gets plenty of rest, stays warm and drinks lots of liquids. Cold medicines have not been shown to really do much to make a cold go away faster. They just relieve the symptoms. Use of a humidifier, rest, and hot drinks usually work just as well as cold medicines without the possible side effects. Check with your doctor about medicines for a cold.

The flu is more severe than a cold and usually begins suddenly while colds usually take several days to develop. The flu almost always starts with a fever of at least 100 degrees and usually causes a dry hacking cough. Other symptoms include headache, weakness, chills, and muscle aches. Because older people and those with disabilities are more likely to get pneumonia from the flu, call your doctor immediately! To prevent the flu, your doctor may advise your family member to get a preventative flu shot. Ask the doctor.

## Medicines

Because doctors tend to be specialists, people may be treated by a number of different doctors all at one time. A common problem, especially with older adults, is taking too many different medicines because one doctor does not know what another has prescribed. Some medicines can work against one another causing new medical problems. Also, your family member could be taking the same medicine twice under two different names. Help the doctors by listing all medicines being taken and for what medical problem. Another problem is not taking the medicine as directed. Follow the directions on the medicine bottle carefully: when and how much to take; with or without food. There are organization boxes available with daily compartments to help keep medications straight. If you feel a medicine is not helping your family member, talk it over with the doctor. Do not just stop taking the medicine. Lastly, keep medicines out of the reach of small children.



## Caregiver Stress

Talk to each other about how you feel concerning the change in your relationship. There can be stresses from the increased responsibility placed on the caregiver that are not recognized. Often times, natural feelings of anger, frustration and disappointment are denied and lead to guilt. It is important you recognize how you are feeling and talk about it with your family member, friends and other relatives. A support group may be organized in your community. You can call a toll-free hot-line (1-800-552-8195) for a list of support groups in your area.

### Symptoms of Caregiver Burnout

**Guilt**—wishing the patient was like he/she used to be; wishing someone else would take some of the responsibility.

**Physical Problems**—increased physical and emotional stress can decrease your body's resistance to sickness.

**Fatigue**—physically and emotionally, caregiving is hard work. Fatigue can also be a sign of depression.

**Anxiety**—feeling on edge or nervous.

**Depression**—caring for a physically or cognitively impaired individual can be overwhelming and can lead to feelings of helplessness and hopelessness.

**Sleep Problems**—depression, overexertion, and night-time caregiving can prevent the caregiver from getting adequate sleep.

**Reduced Ability to Maintain Employment**—having to reduce hours or quit your job because of caregiving demands.

**Social Withdrawal**—diminished contacts with friends, diminished social interactions, loneliness.

**Marital Problems**—loss of partnership.

## **Possible Outcomes of Burnout**

Caregivers seek mental health care for themselves and/or the family member.

Caregivers ask that the family member be hospitalized, often in the absence of medical need.

Caregivers require medical treatment for the worsening of a prior illness, etc.

Caregiver strain increases as time spent caring for the family member increases. These caregivers would benefit from support and training offered by the institution at some time after the family member is returned home.

## **Coping Skills for the Stressed Caregiver**

### **TAKE CARE OF YOURSELF**

Exercise: Reduces tension, fatigue, controls weight, improves self-esteem.

Proper nutrition: Refuel!

Proper and adequate rest: Physical and emotional.

### **DELEGATE**

Allow family members and friends to pitch in—tell them what they can do to help out: Run errands, grocery shop, stay with the disabled person for a couple of hours to give you a break. See if your church can offer assistance.

### **REACH OUT AND JOIN A SUPPORT GROUP**

#### **TAKE TIME FOR YOURSELF**

Keep up with at least one cherished activity or hobby.

Keep in touch with friends and family.

Take a hot bath.

### **EDUCATION**

Educate yourself about the family member's condition, realistic expectations, and reasonable concerns. Talk with physicians and

therapists; ask for their input and advice.

### **GET PROFESSIONAL SUPPORT**

Business and financial matters.

Personal adjustment:

    Psychological support

    Pastoral care support

Respite care-trained persons to relieve you for several hours, allowing a physical and mental break.

## **What Supportive Services does your Community Offer?**

Home health nursing or therapies.

Personal care aide.

Housekeeping.

Adult day care.

Case management.

Home maintenance.

Home delivered meals.

Explore eligibility for government entitlement programs or other forms of insurance to cover the cost of home care.