LOS ANGELES HARBOR COLLEGE
Associate Degree Registered Nursing Program

NURSING 339

Nursing Process and Practice in the care of the Gerontologic Client

UNIT I

Home Health – Self Teaching Module

E. Moore

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LOS ANGELES HARBOR COLLEGE
Associate Degree Registered Nursing Program

NURSING 339: NURSING PROCESS AND PRACTICE IN THE CARE OF THE GERONTOLOGIC PATIENT

UNIT I - Patient Care Management in Home Health and the Community Setting

Description : In this unit the student will be achieving objectives which are centered around the clinical performance in Home Health care and the community setting. The student, under the guidance of the nurse preceptor, will observe and assist the nurse responsible for the patient's care in the home setting. They will identify both physical and psychosocial needs of the patient in the home setting. The concepts of the Roy Adaptation model and the nursing process will be integrated in the student's clinical performance and interaction with patients/families.

Estimated Time of Achievement : 2 clinic days

1. **Objectives**	**Course Content**	Learning Activities
2. Identify patients who are appropriate and eligible for home care services. 3. Explore services offered, including - Skilled nursing, rehabilitation services, social service, home health aide/homemaker, and hospice. 4. Describe skills needed for home care nurses. 5. Compare reimbursement for home health services to that of acute care. 6. Compare home health Medicare regulations to those in acute care. 7. Examine the regulatory bodies impacting home health and community services (including long term care): ♦ Federal government and COP's ♦ State government – Department of Health Services ♦ OBRA 1987 ♦ The Joint Commission 8. Assess the cultural characteristics related to patient's health care including health beliefs, health & diet practices, family relationships, and communication. 9. Identify the patient's reactions to the stress of their illness. 10. Differentiate the adaptive/ maladaptive coping mechanisms used	Home Health Self Teaching Module and Community Clinical Guide Lecture: Overview of: ♦ Home Health ♦ Hospice ♦ Long Term care ♦ Assisted living ♦ Adult day care ♦ Alzheimer's units ♦ Residential care History of Home care + ♦ Eligibility ♦ Definitions ♦ Safety considerations ♦ Insurance coverage, e.g. Medicare vs. private insurance ♦ Hospice benefit ♦ Interdisciplinary team ♦ Differences between home care and hospice	**Resources:** Syllabus – Unit I: Home Health and Community Nursing Self-Study Guide. Tablowski, Patricia A. (2014). Gerontological Nursing 3nd edition, Pearson – Prentice Hall: New Jersey. **Internet Resources:** ♦ National Association for Home Care www.nahc.org ♦ California Association for Health Services at Home www.cahsah.org ♦ National Hospice Organization www.NHO.org ♦ Hospice and

by the patient and their families. 11. Demonstrate a physical examination. 12. Compare objective data from physical examination and care given to norms and appropriate criteria. 13. Identify patients needing referral to specialized services 14. Organize and plan for daily home visits determining purpose for visit and follow up plan. 15. Identify necessary supplies needed for the individual home visit. 16. Practice appropriate infection control in the home setting. 17. Assess safety in the field (safety in the home, car safety, personal safety). 18. Conduct a home safety evaluation of the patient's home. 19. Demonstrate understanding of disposal in contaminated materials. 20. Evaluate effectiveness of interventions by comparing patient behaviors before and after interventions to outcome criteria. 21. Compile data from patient medical record, home health file, nursing care plan, staff reports and patient assessment. 22. Collaborate with preceptor and multidisciplinary team in providing care to the patient using previously learned skills. 23. Report significant changes in patient's health status to physician. 24. Practice therapeutic communication in the home setting. 25. Participating in team conferences. 26. assess patient's (and/or family's) knowledge base and deficits regarding health management and develop teaching plan based on these needs. 27. Documents care given utilizing AIE or DAR format. 28. Demonstrates professionalism by: ♦ accepting responsibility and accountability for all nursing activities on assigned patients		Palliative Nurses Association www.hpna.org **Evaluation:** The nurse preceptor will complete a clinical evaluation of the student at the end of the week. The student will complete all necessary paperwork as identified under Instructions and directions for community based experience, which totals 16 hrs. Attendance Policy: This is a concentrated 1 day experience. The student will be required to make-up any absences. The student must attend the orientation lecture component of the course.

♦ practicing within the legal and ethical framework for the profession, agency and college ♦ consulting with preceptor and/or instructor when problems arise not within scope of practice or experience ♦ maintaining malpractice insurance, CPR certification and health status ♦ maintaining a well-groomed appearance while in agency required dress code ♦ practicing promptness in clinical work and notifying agency/preceptor if unable to perform assignment ♦ maintaining confidentiality of patient's records and personal information. ♦ researching all aspects of anticipated care to be administered; dressing changes, central lines, medications, etc. ♦ appropriately conferring with preceptor if data base incomplete or lack of understanding to any aspect of care. ♦ submitting all required paperwork to instructor in a timely manner.		

PRETEST

Directions- Read the unit and complete the Pretest before the first day of class for 339. Completing this test will insure that you are prepared for the Home Heath experience. You will be given a written test on the information in this unit on the first day of class. You must pass the test with 75% accuracy.

1. A generic term that describes a range of professional and technical services that may be provided in the home is:
   a. HMO
   b. Home Health Agency
   c. Social Security
   d. Home Care

2. What must an agency have before providing services to a patient?
   a. Proof of insurance
   b. Patient's request
   c. Physician's order
   d. Copy of the patient's medical record
   e. All of the above

3. Commodes, walkers, hospital beds are examples of:
   a. Physical therapy
   b. Durable medical equipment
   c. Medical supplies
   d. Items not covered under Medicare

4. A home health agency is always:
   a. Accredited
   b. Licensed
   c. A provider of home care services
   d. Cannot provide hospice services

5. The most common medical diagnosis for the elderly in home care is:
   a. AIDS
   b. Cancer
   c. Hip replacements
   d. Congestive Heart Failure
   e. All of the above

6. The state program for health coverage for the poor is:
   a. Medi-Cal
   b. Social Security
   c. Medicare
   d. Section 8

7. Medicare Part B
   a. Is mandatory and financed by taxes
   b. Pays 100% of all services
   c. Is a state program for everyone over 65 years of age
   d. May be purchased by people who may or may not already have Part A

8. Which services are covered under Medicare Part A?
   a. Skilled nursing
   b. Medical social worker
   c. Physical therapy
   d. Speech therapy
   e. All of the above

9. Those eligible for Medicare include:
   a. People who are 65 years of age or older
   b. People under 65 who have been disabled for at least 2 years
   c. People with end-stage renal disease
   d. All of the above

10. The Conditions of Participation (COPs)
   a. Are requirements of the Medicare law for Hospice and home care providers
   b. Must be observed before a Home health agency can be certified
   c. Include having a valid Plan of Care
   d. All of the above

11. The main criteria that must be met for a patient to be covered for Medicare home care benefits includes:
   a. Patient must desire home care services
   b. Patient does not want to perform needed nursing actions and requests assistance
   c. Family members request nursing assistance for elderly relative
   d. The patient is homebound
   e. All of the above

12. To be considered homebound, Medicare requires that the patient must:
   a. Have a physician certify that he/she is homebound
   b. Experience a considerable and taxing effort to leave home
   c. Have a condition that requires the assistance of another person to leave home
   d. Have a condition in which leaving home is contraindicated
   e. All of the above are correct

13. Documentation is especially important in home care because:
    a. Charts are reviewed periodically
    b. It insures continuity of care
    c. Reimbursement rests solely on documentation
    d. Physicians read and rely on nursing notes
    e. All of the above

14. A patient who has generalized weakness, unstable vital signs and requires feeding per gastric tubes should be referred to:
    a. Occupational Therapy
    b. Home Health Aides
    c. Skilled Nursing
    d. Nutritionist

15. Mr. Smith is a 68-year-old diabetic who is recovering from a below the knee amputation of his left leg. He is having much trouble getting around and caring for himself. He sometimes only eats once a day because he has little money. He is very depressed about losing his leg. He needs to be referred to:
    a. Medical Social Worker
    b. Psychiatric Nurse
    c. Wound/Ostomy/Continence Nurse
    d. Home Health Aide
    e. Physical Therapist

16. Mrs. Garcia is an 82-year-old patient who is recovering from a total hip replacement. She needs assistance with personal hygiene doing some light housework. Her husband is 86 and too weak to take care of her. She should be referred to:
    a. Skilled nursing
    b. Home health aide
    c. Would not refer for any care
    d. Medical social worker
    e. Physical Therapy

17. A 36 year-old blind patient with severe spastic cerebral palsy, has developed contractures of his lower extremities. He should be referred to:
    a. Skilled nursing
    b. Home Health aide
    c. Physical Therapy
    d. Occupational therapy
    e. Medical Social Worker

18. A home care patient who is disoriented to time and place and is having difficulty with his short term memory, should be referred to:

a. Occupational Therapist
b. Psychiatric Nurse
c. Speech and Language Pathologist
d. Home Health aide

19. Which of the following is true of Hospice?
a. All terminally ill patients are automatically enrolled in Hospice programs
b. Patients must have a life expectancy of 3 months or less
c. Hospice patients may continue to receive chemotherapy
d. Hospice patients are eligible to receive medical treatment for conditions unrelated to their terminal illness

20. The roles of the hospice nurse include:
a. Keeping the patient as pain-free as possible
b. Providing emotional support for the family
c. Teaching the family how to care for the patient in the home
d. Ordering all needed medical equipment and supplies
e. All of the above

21. Safety considerations in home care include:
a. Never use the patients own supplies for procedures/treatments
b. Place the nursing bag on the bed or clean area on the floor
c. Use the patient's bar soap and towels if they appear clean
d. Wash hands before and after visit
e. All of the above

22. What procedures is the student nurse allowed to do while under the supervision of home health R.N.?

a. Flush central lines
b. Sign/witness permits
c. Give IV push medications
d. Insert a foley catheter
e. All of the above

23. The largest special population cared for through Medicare is/are:
a. Women
b. Disabled veterans
c. People with AIDS
d. Elderly
e. Dialysis patients

24. Which of the following nursing skills would be necessary for elderly patients:
    a. Pain management
    b. Care and management of indwelling catheters
    c. Spiritual counseling for a patient and caregiver
    d. Teaching family caregivers about skin care
    e. All of the above

25. Which of the following statements are true regarding the Health Care Financing Agency
(HCFA)?
    a. It is responsible for the administration of Medi-Cal
    b. It is responsible for the administration of Medicare
    c. It contracts with the state departments of health to monitor the Medicare certification process
    d. All of the above are true

HISTORY OF HOME CARE

As far back as the New Testament in the Bible, there are references to people who visited the sick in their homes to provide care. During the eleventh century military nursing orders developed and eventually became visiting nurse services. In the 1850's William Rathbone supported the further development of nurses and home care services in England after a prolonged experience of having a nurse care for his wife in their home. Together, he and Florence Nightengale, set up a visiting nurse training program in 1859. The graduates of the school focused on helping the "sick poor."

Home care development in the United States began in the early 1800's. In 1883 Lillian Wald and Mary Brewster founded the Henry Street Settlement in New York. The Henry Street Settlement was a place that provided services to all. It is still a model for existing home care agencies today. It provided health education, care for the sick, and communication and referral to patients and physicians. Personnel assisted with arrangements for hospitalizations as well as daily comforts. They also kept data and records of all the work they accomplished.

In 1912 the National Organization for Public Health Nursing was formed with Lillian Wald serving as the first president. The goals of this organization were to provide for standards of quality, collection and analysis of data, advisory services to colleagues and institutes of higher learning, and advisory services for nurses.

In 1965 the Social Security Act established the Medicare program. With the advent of the Medicare program, home care became more widely available and used by those who were eligible. Many non-profit and for-profit companies were established to address the home care needs of the aged, poor and sick. The Medicaid/Medi-Cal program was enacted by the federal government in 1970 to assist the poor and disabled. This program further extended eligibility for home care services to many more of the needy.

DEFINITIONS OF HOME CARE

1. Home care and home health care are generic terms that describe a range of professional and technical services that may be provided in the home.

   a. Home care encompasses a broad range of disciplines and services that may be provided in the home setting for a few minutes a day, a few hours a day, or up to 24 hours a day. It is a synthesis of community health nursing and skills from other specialty areas.

   b. A patient may be referred to home care by several ways. A referral can be initiated from a physician's office, the hospital, a HMO, and sometimes, from the patient. Regardless of how the referral is initiated, the agency must have a **physician's order** before visiting the patient.

   c. Reimbursement for services ordered from a home care agency are paid by either:
      - Private insurance
      - HMO's
      - Self
      - Medicare
      - Medi-Cal

   d. Approval from HMO"s and private insurance companies are mandatory before the agency can provide services. Medicare and Medi-Cal will pay for services if the patient is eligible. Over half of the home care cases are paid for by Medicare

   e. Depending on the type of home care organization, home care staff may include:
      - Physician/medical director
      - Licensed vocational nurses
      - Physical therapists
      - Speech therapists
      - Nutritionists
      - Registered nurses
      - Medical social workers
      - Occupational therapists
      - Home care aides, attendants
      - Companions, live-ins
      - Volunteers

f. Supplies may be provided for dressings changes, infusion therapy, pulmonary care, wound care

g. Durable medical equipment (DME) may be provided and include items such as beds, commodes, wheelchairs, walkers, rails, etc.

2. Home health agency is a technical term that describes a licensed or Medicare certified provider of home care services

3. Patients needing home care have varied diagnoses. According to one large study the most common medical diagnoses found in the Medicare population include the following:
    - Congestive heart failure
    - Cerebral vascular accident
    - Chronic obstructive pulmonary disease
    - Pneumonia
    - Hypertension

4. The elderly are the largest special population cared for through home care.

Safety Considerations Especially Important for the Elderly

~ Infection control/universal precautions
~ Night-light; Well lighted walkways
~ Remove scatter rugs
~ Personal emergency response system
~ Meticulous skin care and precautions
~ Air mattress, other protective equipment
~ Tub rail, grab bars for bathroom safety
~ Wear supportive and nonskid shoes
~ Handrail on stairs
~ Fall precautions
~ Identify and report any skin problems immediately
~ Assist with ambulation

Nursing Service Skills for the Elderly

~ Provide patient and caregiver with home safety information and instruction
~ Comprehensive assessment of all systems for patient new to home care
~ Observation and assessment of elderly patient with pain
~ Medication management of elderly patient on multiple medications
~ Teaching and training family caregivers related to skin care, positioning, constipation

- prevention, and feeding regimen
- Provide support to patient and family-member caregivers
- Rehabilitation management related to safe bed mobility and transfers
- Spiritual counseling for patient and caregiver who are verbalizing the meaning or reason of illness and aging to nurse or aide team members
- Assess patient's response to ordered interventions and report changes or unfavorable responses to the physician
- Monitor/manage bowel and bladder functions of elderly patient with history of impaction
- Insertion, care, and management of indwelling catheter
- Teach family caregiver signs, changes to report to nurse and physician

TEST YOURSELF

1. Durable medical equipment (DME) includes:
   a. Dressings, bandages, wound care supplies
   b. Intravenous equipment
   c. Wheelchairs, walkers, beds
   d. Medications
   e. All of the above

2. Which of the following most accurately defines a home health agency;
   a. refers to professional and technical services provided in the home
   b. refers to skilled nursing care
   c. refers to a licensed provider of home care services
   d. refers to a licensed or Medicare certified provider of home care services
   e. all of the above

3. Which nursing leader is considered to be the mother of home health nursing in the United States?
   a. William Rathbone
   b. Florence Nightengale
   c. Mary Brewster
   d. Lillian Wald

4. Which of the following would you expect to be on the home care staff?
   a. Psychiatrists
   b. Marriage counselor
   c. Social workers
   d. Child care providers

5. Which of the following statements is true?
   a. A small percentage of home care patients are receiving Medicare benefits
   b. The agency must have a physician's order before visiting the patient
   c. A home health care agency will provide services to any patient who is referred
   d. All patients receiving home health care have 24 hour-a-day nursing care

6. Which of the following nursing interventions are most important for an elderly patient?
   a. Teaching of family caregivers related to skin care and positioning
   b. Implement and teach a respiratory therapy program
   c. Teaching patient to elevate legs when sitting
   d. Teaching patient to wear loose comfortable shoes
   e. Teaching of family caregivers to assess vital signs especially blood pressure

Answers: 1- c; 2- d; 3- d; 4- c; 5- b; 6- a

MEDICARE HOME CARE

Medicare is a nationwide health insurance program that was enacted in1965 under the Social Security Act. Medicare consists of three parts- Part A, Part B, and Part D. It is a federal program for people who are 65 years of age and older, or disabled, or have end-stage renal disease. Medicare is the world's largest health insurance provider. There are many coverage rules and exclusions to coverage and eligibility. Medicare is responsible for setting many of the standards related to home care. Over half of the people receiving home health care are covered under Medicare benefits.

The Health Care Financing Administration (HCFA) is the governmental agency responsible for the administration of all Medicare and Medicaid/Medi-Cal (the state program for health coverage for the poor) programs, including hospitals, home care and hospice.

MEDICARE – PART A

Most of the funding for covered inpatient hospital, skilled nursing facility (SNF) stays, home health and hospice services are covered under part Medicare Part A, with the patient paying a small deductible. Individuals eligible for Social Security are automatically entitled Medicare when they reach age 65. Those who are eligible for Social Security and are under age 65 must have been disabled for at least 2 years. Medicare Part A is financed through payroll taxes from workers and employers (FICA tax). Many experts are projecting that Medicare Part A will be bankrupt in the near future.

The home health care services that can be provided and covered under Medicare Part A include skilled nursing, home health aide, physical or occupational therapy, speech-language pathology, and medical social services. It is important that the home care nurse be knowledgeable about Medicare and other Insurers to be able to assist patients when they have questions about benefits, coverage and care.

MEDICARE – PART B

Medicare Part B is voluntary, and enrollment is open to individuals age 65 and older or those already entitled to Part A benefits. The beneficiary pays a monthly premium for Part B coverage. Part B provides coverage for physician services, some home care related to home medical equipment and supplies, home care services for those without Part A insurance, ambulance service, TPN, some chemotherapy and radiation, and kidney dialysis and transplants. It also covers the full cost of some medical supplies and 80% of the approved amount for durable medical equipment such as wheelchairs, hospital beds, oxygen supplies, and walkers. Most Part B benefits have a co-payment that the patient or another insurance company pays.

MEDICARE – PART D

Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future.

MEDICARE CONDITIONS OF PARTICIPATION

The Medicare Conditions of Participation (COPs) are the requirements of the Medicare law that home care and hospice providers must continually meet in order to participate in the Medicare program (i.e. they must be certified or have Medicare certification). Home care, hospice or other health care organizations apply for Medicare certification. The HCFA (Do you remember what that is?) contracts with the state departments of health to perform the actual
on-site survey and review for the Medicare certification process.

The initial Medicare certification process is a labor-intensive and lengthy process for the home care organization. Nurse surveyors review all the various components of the COPs including clinical and administrative policies and procedures, home visits and patient interviews. The nurse surveyor will read the patient's POC (plan of care) and check that it is filled out completely; look at the frequency of services and count the visit notes; review the specific physician's orders on the POC and determine if the POC is being followed; and check and count the medications on the 485 form and verify that the medication sheet matches exactly and that all allergies are addressed consistently. State surveyors are usually specifically trained in home care; their role is to protect the welfare and safety of patients who are receiving Medicare benefits.

Once the home health agency meets all of the Medicare standards and receives certification, they can then bill Medicare and other payors for home care services provided to their patients. Surveys also occur thereafter to determine that an agency continues to meet the standards defined in the Medicare COPs. These are usually unannounced and may be part of a routine surveying process or initiated as a result of a complaint.

TEST YOURSELF

1. Which of the following is true regarding Medicare?
   a. Medicare is a state program for the disabled
   b. The Social Security Agency administers Medicare
   c. A person who was disabled last month is eligible for Medicare
   d. It is a federal program for those 65 years of age or older
   e. All of the above

2. Medicare Part A
   a. is financed through payroll tax contributions
   b. provides services such as speech therapy, skilled nursing and hospice
   c. individuals eligible for Social security are automatically entitled
   d. the patient usually pays a small deductible for those services provided
   e. all of the above are true

3. Medicare Part B
   a. is voluntary with the beneficiary paying a monthly premium for services
   b. pays for all medical equipment used in home care
   c. requires no co-payment
   d. pays 100% for approved durable medical equipment
   e. all of the above are true

4. Medicare certification surveys are usually performed:
   a. on becoming a new Medicare-participating organization
   b. on an ongoing basis through the life of an organization
   c. when the state believes that patient safety may be compromised
   d. when there are numerous complaints against an agency
   e. all of the above are true

Answers: 1- d; 2- e; 3- a; 4- e

WHO IS ELIGIBLE FOR HOME CARE

The main criteria that must be met for patients to be eligible and covered for Medicare home care benefits generally include the following:

- Medicare-certified agency
- Homebound patient
- Eligible Medicare beneficiary and appropriate payor
- Covered services
- Covered skilled nursing service
- Physician-approved plan of care (POC)
- Documentation supports care covered

1. MEDICARE CERTIFIED AGENCY

Home care agencies that are not Medicare certified will not be reimbursed for services provided by Medicare. Medicare beneficiaries must receive home care services from an agency that is Medicare certified ***if they want Medicare to pay for the care***. The patient must be under an MD's care, who must approve the Plan of Care (POC) – must be re-signed/re-certified every 62 days.

2. THE HOMEBOUND PATIENT

For a Medicare beneficiary to be eligible to receive covered home health services, the law requires that the beneficiary be homebound and that a physician certify that the patient is confined to his or her home. The term homebound is synonymous with confined to home, as for medical reasons. In reality, this does not mean that the patient has to be "bedridden to be considered as confined to home". The condition of the patients should be that "there exists a normal inability to leave home and consequently, leaving their home requires a considerable and taxing effort."

If a patient leaves his home infrequently or for short durations such as to go to the barbershop or walk around the block, he is considered homebound. If the patient leaves his home to receive medical treatment, he is still considered homebound. Leaving the home for medical treatment includes attendance at an adult day care center to receive medical treatment, outpatient kidney dialysis, and appointments at outpatient facilities to receive chemotherapy or radiation.

Generally speaking, a patient is considered homebound if he has a condition that restricts his ability to leave his place of residence except with the aid of crutches, walker, canes and wheelchairs, the use of special transportation, or the assistance of another person or if leaving home is medically contraindicated. Some examples of homebound patients would be:

~ a patient who is paralyzed from a stroke and is confined to a wheelchair or needs crutches in order to walk.

~ a patient who is blind or senile and requires the assistance of another person to leave his residence.

~ a patient who has lost the use of his upper extremities and therefore is unable to open doors, use handrails, etc. This person needs the assistance of another to leave his home.

~ a patient who has just returned from a hospital stay involving surgery suffering from resultant weakness and pain and therefore his/her activity may be restricted by the physician (i.e. may get out of bed for BRP only; sit in chair 15 minute TID)

~ a patient with such severe atherosclerotic heart disease that he/she must avoid all stress and physical activity.

~ a patient with a psychiatric problem that is manifested by the patient's refusal to leave home or if leaving unattended would not be considered safe.

TEST YOURSELF **(answer yes or no)**

1. Mr. Smith is a 77-year-old man who had a left hip pinning. In addition, he has had a recent exacerbation of chronic CHF. He requires the assistance of someone to ambulate and becomes dyspneic after walking 20 feet. Visits are needed to assess his condition. Mr. Smith is receiving physical therapy. His physical therapist and his physician have determined that he needs to use equipment that wouldn't be able to be brought to his home. A neighbor will drive him to the hospital 3 times a week. Is Mr. Smith homebound? What criteria does he meet?

Answer: Yes a person is considered homebound when he leaves the house for medical reasons and the documentation supports that it requires a considerable and taxing effort to leave. Also, the patient is receiving treatment that cannot be provided at home.

2. Jimmy Newton is a 20-year-old quadriplegic. A home health comes in twice a day for ADLs and to get him up to his motorized wheelchair in the morning, and put him to bed in the evening. A skilled nurse visits him three times a week for disimpaction. Jimmy travels in a handicap van to attend daily classes at the university. Is he homebound?

Answer: No he is leaving home daily for non-medical reasons.

3. Ms. Rodriguez is an 80-year-old lady who needs a skilled nurse to administer forteo daily for treatment of osteoporosis. She is unable to self-inject the medication because of severe arthritis in her arms and hands. Her niece drives her to a small diner every night for dinner. Is she homebound?

Answer: NO she is leaving her home frequently for non-medical reasons. The skilled nurse could arrange for Meals on Wheels.

3. ELIGIBLE MEDICARE BENEFICIARY and APPROPRIATE PAYOR

The patient must be an eligible beneficiary and Medicare is the appropriate payor. In other words, the patient meets the homebound requirements and is a Medicare beneficiary and Medicare is the appropriate payor for the home care services; the patient must need the skilled nursing services and the services are covered. An example of a person not covered would be someone who is 70-years-old and still working full-time. Medicare is not his primary insurer. He would not meet the requirements because Medicare is not the correct payor.

4. COVERABLE SERVICES

Home care services under Medicare must be reasonable and necessary based on the patient's condition. Reasonable and necessary connotes that it is standard and acceptable medical treatment. Documentation of the patient's unique physical needs and medical condition is very important when justifying the need to receive home care benefits.

5. COVERED SKILLED NURSING SERVICES

The ordered nursing care is a covered skilled nursing service. Medicare will cover the following skilled nursing services **if documentation supports covered care and services are covered under the plan of care (POC)**

- ~ Observation and assessment of the patients condition (general med/surg)
- ~ Management and evaluation of a patient care plan
- ~ Teaching e.g. new diabetic
- ~ Administration of medications (subq., IM, IV)
- ~ PICC and Central line care
- ~ Tube feedings
- ~ Nasotracheal and tracheostomy aspiration
- ~ Catheters
- ~ Wound care
- ~ Ostomy Care
- ~ Rehabilitation nursing
- ~ Venipuncture
- ~ Psychiatric evaluation, therapy, and teaching
- ~ Postpartum/well baby visits
- ~ Antepartum high risk

6. PHYSICIAN-APPROVED PLAN OF CARE

The services provided must fall under a POC established and approved by a physician. The POC must be completed for every Medicare patient on admission and every 62 days thereafter. By signing the POC, the physician certifies that:

- ~ the home care services were provided because the patient was homebound
- ~ the patient needs or needed skilled nursing, speech therapy, physical therapy or occupational therapy
- ~ a POC has been established and is periodically reviewed by a physician
- ~ the services are or were furnished while under the care of a physician

7. DOCUMENTATION SUPPORTS CARE

The clinical documentation must validate that the services for covered care were delivered and necessary. Reimbursement in home care rests solely on documentation. The home care nurse has a pivotal role in creating documentation that supports coverage for patients who meet the criteria and have Medicare benefits.

TEST YOURSELF

1. Which of the following patients would be considered homebound?
   a. A 77 year-old male severely confused male with Alzheimer's disease
   b. A frail 69 year-old woman with osteoporosis
   c. A 35 year-old paraplegic who gets around in a motorized wheelchair and attends exercise classes daily at the YMCA
   d. A 78 year-old women with chronic heart disease and diabetes

2. The main criteria that must be met for a patient to be eligible for Medicare home benefits include:
   a. Licensed home health care agency
   b. All patients are 65 years or older
   c. Periodic physician visits
   d. Documentation supports care covered
   e. All of the above

3. Which of the following is a coverable service for Medicare home care benefits?
   a. Injections of B12 to a 66 year-old male, ordered by a physician who believes all
      elderly patients need B12 injections as a prophylactic measure
   b. Speech therapy for a 4 year-old child who lisps
   c. Physical therapy for an active 65 year-old after a knee replacement
   d. Occupational therapy for a paralyzed 72 year-old stroke patient
   e. All of the above are coverable

4. Which of the following is **NOT** a skilled nursing service provided under Medicare?
   a. Tube feedings
   b. Assistance with ADL's
   c. Medical gasses
   d. Student nurse visits
   e. None of the above

5. Which of the following is true regarding a Medicare approved Plan Of Care (POC)?
   a. Must be established and approved by a physician
   b. The patient needs skilled nursing care, PT or OT
   c. The patient is homebound
   d. The POC is reviewed every 62 days
   e. All of the above are true

Answers: 1- a; 2- d; 3- d; 4- b; 5- e

SKILLS AND KNOWLEDGE NEEDED BY THE HOME HEALTH NURSE

BASIC RULES AND STANDARDS

The home health nurse must have knowledge of administrative rules and standards of home care. Home care regulations include Medicare; any state licensure for home care; accreditation bodies; and any applicable national or local laws or regulations. Knowledge of correct documentation procedures is also extremely important. Reimbursement is based on accurate documentation. If an agency is not reimbursed for services, it may stop providing home care visits and the patient will be deprived of necessary health care.

FLEXIBILITY

In home care the patients are in charge. Patient needs are the criteria that drive the home visit. Visits may be scheduled according to patient convenience. For example, a patient may not want a student nurse to accompany the home health nurse into his/her home, or the patient may prefer that the nurse visit in the afternoon instead of the morning. The home care nurse must always be prepared for the unexpected (e.g., a rain storm, an earthquake, detours, the supplier sending the wrong size catheters, etc.) the nurse should always carry extra supplies for those days when everything goes wrong.

ATTENTION TO DETAILS

The ability to pay very close attention to details is a skill needed both in documenting data and addressing complex patient needs. This includes observation of changes in the patient's condition, problems in the environment and following up on verbal physician orders.

STRONG CLINICAL SKILLS

All home care clinicians need an in-depth, clinical knowledge base related to observation and physical assessment skills; teaching; technical skills such as catheterizations, IV therapy, medication administration, critical thinking and problem solving. Registered nurses working in home care should have a minimum of 2 years of acute care experience.

COMMUNICATION SKILLS

The nurse requires the ability to communicate effectively with people from diverse cultures and educational backgrounds. The nurse must be able to teach health care practices to the patients and/or their family members. Relaying important information about the patient's status to the physician and other health team members is also a function of good communication.

TIME MANAGEMENT SKILLS

Successful mastery of time management is essential to successful home care. Clinicians must be able to manage scheduling visits, documentation, and other support activities related to patient care.

RELIABLE CAR AND GOOD DRIVING SKILLS

In home care, the clinician must have a safe, reliable car, safe driving skills, the ability to read a map or have a working GPS, and a good sense of direction.

HOME HEALTH SERVICES OFFERED

1. **SKILLED NURSING:** Experienced Registered Nurses do a complete assessment on each patient referred for skilled nursing services. Information from this comprehensive assessment is used to develop a plan of care that will be communicated and coordinated with other team members including the patient's referring physician. All care plans include education for both patients and their families or care givers to assist them in managing their care needs in a safe independent way. Patients needing skilled nursing would include those experiencing the following:

<u>General Needs</u>
Significant change in general condition
Unstable vital signs
Draining wounds / decubitus ulcers
Terminal illness
Symptoms of infection or destabilization
Edema
Psychiatric symptoms
Need for sterile procedure
Parenteral line care
irrigation

<u>Nutrition Needs</u>
Tube feedings
Special diet

<u>Medication Needs</u>
Unreliable with medications
Medication instruction
Injections
Aerosol medications
Oxygen in use
Infusion

<u>Elimination Needs</u>
Indwelling catheter care /
Bowel and bladder training
Fecal disimpaction
Ostomy care / instruction

Specialty Nursing Areas

<u>Psychiatric Nurses</u>

These nurses focus on patients who have a primary or secondary psychiatric diagnosis. They provide rehabilitation to guide the patient to a safe level of independence by determining the patient's ability to perform self-care activities and their mental status to remain safely in the home setting.

<u>Infusion Therapy Nurses</u>

These nurses usually have specialty training in antibiotic, parenteral, and enteral nutrition, continuous chemotherapy, pain management and hydration therapy. They provide interventions to maintain and access central lines such as, Broviac, Hickman, Groshong catheters and PICC lines.

Wound/Ostomy/Continence Nurses (WOCN)

These clinicians have advanced practice and training in enterostomal therapy. These nurse specialists are likely to know the latest skin care techniques to care for the new ostomy, to prevent skin breakdown in the bed-bound patient, and to intervene with the latest wound cleaning techniques in the patient with severe skin breakdown and/or deep wound care needs. Incontinence of bowel and bladder is also part of this specialty area.

Maternal Child Nurses

These nurses have advanced training for high-risk mothers and infants, as well as post-partum care of early discharge mothers and infants.

2. **Certified Home Health Aide:** Aides provide support services under the direction of the nurse. Assistance with bathing, grooming, and other aspects of self care. A patient would be referred for this service for the following reasons:
    - Inability to do own personal hygiene care
    - Lacks able, willing caregiver
    - Need for light housework
    - Needs assistance with activities of daily living
    - Needs skin care for bowel / bladder incontinence or excessive perspiration
3. **Medical Social Workers (MSW):** Medica**l** social workers provide complete assessments of psychosocial needs, assistance with resources and planning, and assist the physician and other team members in understanding the significant social and emotional factors related to the health problem. For example, if a patient could not pay for his medications that were ordered on the POC, the MSW would assist the patient in obtaining them. Reasons for referral to a MSW include:

Need for Community Services	**Counseling Needs**
Alternate living arrangements Homemaker Referral to community services Set up community service / follow up / act as patient advocate with other agencies	Change in body image Death and dying Interpersonal problems Need for socialization Denial of illness / care needs Planning future care needs
Assistance With Activities of Daily Living Meals / housing / self care / transportation Unsafe living conditions Evaluate ability to care for self	**Financial Assistance** Assistance with reimbursement Referrals to local, state and federal assistance programs

4. **Physical therapists:** Registered physical therapists provide complete assessment and treatment for neurological and orthopedic conditions, as well as other conditions requiring strengthening and training in ambulation and the use of assistance devices. The physical therapist is also pivotal in assessing home safety and in assisting the entire team in ensuring a safe recovery at home. Reasons for referral to PT include:
    - Difficulty in transfers / ambulation
    - Instruction in bed mobility
    - Instruction in transfers
    - Muscle, joint, or back pain
    - Newly developed contractures
    - Difficulty with lower extremity brace
    - Assistive device instruction
5. **Occupational Therapists:** Registered Occupational Therapists provide care for patients requiring training and strengthening in order to regain independence in self-care activities. Reasons for referral to OT include:

    - Difficulty with activities of daily living
    - Limited upper extremity range of motion
    - Instruction in energy conservation
    - Decreased coordination / loss of fine motor control
    - Difficulty problem solving or other cognitive disorders
    - Splinting / adaptive equipment training

6. **Speech and Language Pathologists:** Certified speech Pathologists assess and provide care for patients with communication deficits and swallowing disorders. Patient and family education is an integral part of treatment by the speech pathologist. Reasons for referral to a speech pathologist include:

    - Difficulty with receptive or expressive communication
    - Poor gag reflex / swallowing difficulty
    - Disorientation to time / place
    - Short attention span / short-term memory deficit
    - Facial or tongue mobility deficits

7. **Nutritionists:** Registered Dieticians provide nutritional assessment and education to aid the patient's recovery.

8. **Pharmacy:** Pharmacists provide consulting services to the team to ensure maximum efficiency in the care of the patient's medical condition.

TEST YOURSELF

1. A 67-year-old stroke patient is disoriented to time and place and having difficulty swallowing. The patient should be referred to:
   a. Medical social worker
   b. Skilled nursing service
   c. Occupational therapist
   d. Speech pathologist
   e. Physical therapist

2. A 71-year-old lady with severe arthritis is having back pain and difficulty getting in and out of bed and ambulating. She should be referred to:
   a. Occupational therapist
   b. Physical Therapist
   c. Speech Therapist
   d. Skilled Nursing
   e. Home Health Aide

3. A 68-year-old male with a left hip replacement is complaining of bladder incontinence and has severe perianal skin breakdown. He should be referred to;
   a. Wound/Ostomy/Continence nurse
   b. Home health aide
   c. Medical social worker
   d. Nutrition services
   e. All of the above

4. A 65-year-old is having difficulty with ADL's especially dressing and feeding himself after a CVA. He should be referred to:
   a. Medical social worker
   b. Home health aide
   c. Occupational Therapist
   d. Physical Therapist
   e. Skilled nursing

Answers: 1- d; 2- b; 3- a; 4- c

HOSPICE CARE

WHAT IS HOSPICE CARE?

Hospice care has enabled millions of Americans and their families to receive quality end-of-life care that provides comfort, compassion, and dignity. Hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support individually tailored to the patient's needs and wishes. Support is extended to the patient's loved ones also.

At the center of hospice is the belief that each of us has the right to die pain-free and with dignity, and that our loved ones will receive the necessary support to allow us to do so. The focus is on caring, not curing. In most cases, care is provided in the patient's home. Hospice care is also provided in freestanding hospice facilities, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, race, gender or illness.

ADMISSION TO HOSPICE

To be eligible for Medicare Hospice:

1. A physician must certify that the patient has a terminal illness with a life expectancy of less than 6 months.

2. The patient must be aware of his/her own prognosis and express that no further treatment is available or desired. The patient and family must also know that artificial, life-prolonging procedures are inconsistent with the hospice philosophy.

3. Medicare patients must have a physician **and** the medical director of the hospice program certify that they have a terminal illness with a life expectancy of 6 months or less. Medicare patients must receive care form a Medicare certified Hospice agency.

Patients on hospice can still receive medical treatment for problems not related to their terminal diagnosis.

REIMBURSEMENT

Reimbursement for services rendered by Hospice are paid for by:

- Medicare
- Medi-Cal
- Private Insurance
- HMO's
- Self

PURPOSE

The purpose of Hospice is to reduce the fears and suffering of terminally ill patients and their families and to contribute to the quality of their lives during the dying process. Hospice also aids the families during their periods of bereavement and their steps toward readjustment. Hospice considers the patient and the family as a unit of care. The family, as well as the patient, is given emotional support to cope with impending death. One unique difference between Hospice and other health care facilities is the provision for bereavement follow-up. Family members are offered group counseling sessions, contact by telephone and personal visits after the patient's death.

The Hospice team consists of:

- A medical director
- Hospice coordinator
- Nurses
- Medical Social Workers
- Bereavement Coordinator
- Home Health Aides
- Volunteers
- Pastoral Support
- Rehab staff as needed (speech therapists, O.T., P.T., nutritionists, etc.)

Hospice nurses are highly skilled and provide all nursing care required for the patient. This Includes foley catheterization, IV therapy, medications, ordering any equipment needed such as hospital beds, suction apparatus, oxygen, and commodes. Their role also includes teaching the family how to care for the patient when possible. They also instruct the family in how to deal with the clinical signs of impending death.

A major emphasis in Hospice is **symptom management, e.g. pain, nausea, and so forth.** Many terminally ill patients, especially those with cancer, experience severe pain. The goal of Hospice is to keep the patient as pain-free as possible, yet still alert. Pain medication is given around the clock instead of "as needed" which is the customary procedure. Prevention of untoward symptoms are much easier to accomplish than treating symptoms. The hospice nurse is expert at both.

On another level, hospice care focuses on the emotional needs of the family under stress by providing professional counseling or simply the sympathetic ear of a volunteer. Under hospice care, the family caregivers are entitled to **'Respite Care'.** Respite care allows the family a specified number of hours per week (number determined by Insurance provider) to leave the house for personal activities, while a home health aide stays with the patient. Family members could use this time to go to the movies, get their hair done, go grocery shopping, etc. The nurses encourage stressed out family members to use this service.

Nurses also assess the physical and spiritual needs of the patient and family and often times refer other disciplines for additional support. For example, they may call a pastor or rabbi for a patient who expresses a need for spiritual comfort or a physical therapist to assist family members to transfer and move the patient. Team conferences, which include all members of the hospice team, volunteers, physician, nurses, aides, social workers, are held at regular intervals. In the conferences, the team members discuss problems and ask for advice in dealing with their patients.

TEST YOURSELF

1. Allowing the family member caregiver of a hospice patient to leave home for a few hours for personal activities is called:
   a. Revival care
   b. Relief care
   c. Respite care
   d. Renewal care

2. One difference between hospice and other health care facilities is:
   a. Hospice agencies must be certified
   b. Hospice agencies provide physical and emotional support
   c. Hospice agencies provide for bereavement follow-up
   d. Hospice agencies utilize team conferences for staff support

3. Who is eligible for hospice?
   a. a patient who has been certified by physician to have a terminal illness
   b. a patient who has 6 months or less to live
   c. a patient who expresses that he wants no more treatments for his terminal illness
   d. All of the above

4. What is the major emphasis in nursing care?
   a. to keep the patient pain free
   b. to keep the patient hopeful of a cure
   c. to be a friend to the patient
   d. to educate the patient in all curative treatments for his illness

Answers: 1- c; 2- c; 3- d; 4- a

SAFETY IN HOME CARE

Personal safety is an appropriate concern in home care, as it is in any community or home. It is particularly important to home care nurses who enter geographical areas with which they may not be familiar and at unusual hours. The home care clinician should review his or her organization' protocols regarding staff safety and home visits.

PERSONAL SAFETY DURING VISITS

A. CAR SAFETY

- Driving your car everyday around town while making visits increases your risk of auto accidents. Keep your car insurance current.
- Keep your car in good working order.
- Keep change to feed parking meters.
- Always have a map of the geographic area you serve.
- You may call patients so they can watch for you. Ask about parking.
- Do not keep your purse, supplies or other valuables on the seat. Lock them in the trunk of your car.
- Know the directions to a home before you get in your car. It may help to write them out. Keep the map on a seat next to you for easy reference.
- If you get lost in a dangerous neighborhood, go to the nearest police or fire station for directions.
- Do not park in a dangerous neighborhood to use your cell phone or chart. You are an easy target.
- If you feel unsafe, you probably are. Trust your feelings.

B. SAFETY IN THE COMMUNITY

- If there are guns or other weapons in the home, ask family members to put them away prior to your visit. If they do not comply, discuss alternatives with your supervisor.
- Identify high risk neighborhoods or dangerous locations your agency serves. Request an escort if your agency provides them.
- Let the patient know when you will be visiting and ask if someone can meet you outside their home.
- Never go to a home if drug trafficking is going on, if there has been a recent gang shooting in the neighborhood or if the patient says it is unsafe to visit.
- Do not make the visit if you feel unsafe. Call your supervisor.
- Ask the patient to remove pets / watchdogs from the yard or home before you arrive.

PATIENT SAFETY

A. Follow Universal Precaution Policies and Procedures in Home Care

- Wash hands before and after visit.
- Instruct the patient to provide liquid soap and paper towels.
- Do not use the patient's bar soap or personal towels.
- Turn faucets off using paper towels on handles.
- Wear gloves during procedures involving body fluids.

B. Nursing Bag Policy

- The nursing bag should contain all additional supplies you will need for the visit.
- The patient may have some or all of his/her own supplies
- Never lay the nursing bag on the patient's bed or on the floor. Spread a page of newspaper on a table or chair and set the nursing bag on it, if you cannot find a clear surface on which to put the bag.

C. Disposing of Sharp Objects

- Place needles, syringes, lancets, and other sharp objects in a hard plastic or metal container with a screw-on or tightly secured lid. A coffee can may be used if you reinforce the plastic lid with heavy-duty tape. Do not use glass or clear plastic containers. (a liquid launder detergent or fabric softener container works well) Sometimes the agency will provide the appropriate container.

D. Disposing of Contaminated Wastes

- Soiled bandages, disposable sheets, and medical examination gloves should be placed in securely fastened plastic bags before you put them in the garbage can with other trash.

E. Guarding Against Injury

Teach the patient and family members to:

- Clean walking areas. Make sure all cords and clutter such as toys, boxes, books, are out of the way.
- Secure area rugs. Use tacks, rubber pads or carpet tape to keep rugs in place or remove them completely.
- Keep stairways well lit. Use non-glare lights
- Repair any holes in carpeting and fix warped or buckled flooring.
- Install nonskid treads on stairs and nonskid strips in shower.
- Install grab bars on bathroom walls for weak and frail patients.
- Insure smoke alarms are functional
- Keep bed in low position
- Don't wear long clothing
- Wear non skid shoes
- Proper application of protective devices

F. Monitor Medication

- Sorting medications home care patients are taking versus ones they should be taking versus new prescriptions is difficult. Several physicians maybe prescribing medications and not be aware of other medications the patient is taking.
- Obtain a list of prescribed and over-the-counter medications the patient is taking. Compare the labels on prescribed medication bottles with what the patient states that he/she is taking. If there is a discrepancy that cannot be reasonably understood, call the physician.
- Sometimes the patient has the generic medication and a brand name medication and not realizing they are the same drug, is taking them both. Check all the labels against the medication sheet.
- Set up a system for the patient. For example, use trays or a multi-compartment pillbox to organize different medications and indicate the times they should be taken. Write out a medication schedule for taking meds.

TEST YOURSELF

1. You are the home health nurse assigned to a patient who lives in a neighborhood known for gang activity. When you arrive at the patient's residence, you notice several gang members drinking and smoking marijuana in front of the building. You would:
   a. Leave the area immediately
   b. Call your supervisor and tell her what's happening before you go in.
   c. Go into the home anyway, but be on your guard
   d. Not worry about it. They probably live there and won't even notice you

2. When caring for a patient in his home, you would:
   a. Lay your nursing bag on a sheet of newspaper on the floor
   b. Place used needles in a sturdy glass jar with the lid secured with tape
   c. Wear gloves while taking vital signs
   d. Use the patients liquid soap to wash your hands
   e. All of the above are correct

Answers: 1- a; 2- d

Typical Home Health Nurse Day

- Arrive at work, hand in yesterday's paperwork, check computer for patients to be seen that day, check in with supervisor.
- Call patients to setup visit times. Introduce self to new patients, explain that their healthcare provider ordered a home visit and ask permission to visit. Verify address. Ask new patient to take out all insurance information and medications that they are currently taking. Check on status of needed supplies, new health issues for ongoing patients, and so forth.
- Call healthcare providers, pharmacy, DME providers as needed.
- Check bag, care supplies, obtain needed supplies.
- Gather necessary paperwork/computer.
- See each patient and complete paperwork after each visit.
- Go home when finished.

(NOTE: sequence of above may very per each Home Health Agency)

Making the Home Health Nurse Visit:

- Don't show up unannounced unless you are concerned about patient safety.
- Put your valuables in car trunk before you leave home/office.
- Wear a name badge. Adhere to dress code of specific Home Health Agency.
- Greet patient, hand hygiene and check the care plan, if ongoing patient.
- Do a head-to-toe assessment or focused assessment (pertinent to why you are seeing that patient).
- Make a home safety assessment.
- Assess medication effectiveness and any safety issues.
- Assess functional capacity and activity level.
- Assess nutritional intake and elimination patterns (ask date of last bowel movement).
- Teach appropriately.
- Call patient's healthcare provider from home as necessary
- Schedule next visit (make sure it is in compliance with healthcare providers orders and change if indicated).
- Hand hygiene.
- Document.

What Are the Advantages of Home Health Nursing:

- Autonomy.
- Nursing the way you learned about it in Nursing school (you are more in control of your time with your patient and family).
- Flexible scheduling.
- Carrying your own caseload.
- Keep up skills in many different areas – ultimate "generalist" nurse.

What Are the Disadvantages of Home Health Nursing?

- Requires a minimum of one year of medical surgical nursing before you can apply.
- Paperwork.
- Lack of colleagues around all day (e.g. if you can't start an IV, there is not someone down the hall you can call to start it for you).
- Being out on the streets on your own.
- Using your own car.
- Increasing cost of fuel (agencies usually reimburse for gas, but it does not cover the high cost of gasoline).

Who Would Make a Good Home Health Nurse?

- Self-starter and likes to work alone – confident with skills.
- Strong assessment skills.
- Well organized.
- Likes to drive.
- Very flexible, thrives on the unexpected.
- Good sense of humor.
- Strong patient advocate.
- Enjoys being a detective.
- Very tolerant worldview (e.g. dirty houses do not reflect the patient living inside).
- Likes animals (will find many in the homes they visit).

Who Would Not Enjoy Being a Home Health Nurse?

- Requires structure, routine, and a lot of support.
- Slow or inadequate documentation skills.
- Does not possess strong assessment skills.
- Someone who needs to "control" the professional situation (remember: you are the guest in that patient's house and you need to respect their preferences + the time in which they prefer to do things).
- The perfectionist.

LOS ANGELES HARBOR COLLEGE
NURSING 339

STUDENT NURSE PROCEDURES

Students may perform the following procedures under the supervision of the RN:

- Vital Signs assessment
- Suctioning – Oral, nasotracheal, and tracheal
- Changing IV tubing/bag
- Central line dressing change
- Discontinue IV/saline lock
- Foley Catheterization insertion/irrigation/care/discontinuation
- Enema
- Harris flush
- Feeding via gastrostomy or nasogastric tubes
- Finger stick blood sugar
- Irrigation of wounds and application of dressings
- Nasogastric tube insertion/feeding + discontinuation
- Collection of urine/stool specimen
- Colostomy/urostomy bag change
- Give medications: PO,IVPB, SC,IM

STUDENTS MAY NOT:

- Start IVs
- Draw blood
- Give blood
- Flush central lines
- Sign permits
- Read ECG

Home Health
Patient Handouts

Printed with permission from Little Company of Mary Home Health and Torrance Memorial Home Health & Hospice. These are just a sample of forms that are given to each Patient on service in the form of a Patient Handbook. In reviewing this information the student should also remember to review the:

- **The Joint Commission safety guidelines**
- **The Braden Scale for predicting pressure sore risk**
- **HIPAA information**
- **Signs of geriatric abuse**
- **High alert medication list**
- **Various pain assessment tools**

Little Company of Mary Home Health

My Emergency Plan

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 **I hurt**	• New pain OR pain is worse than usual • Unusual bad headache • Ears are ringing • My blood pressure is above: _____/_____ • Unusual low back pain • Chest pain or tightness of chest RELIEVED by rest or medication	• Severe or prolonged pain • Pain/discomfort in neck, jaw, back, one or both arms, or stomach • Chest discomfort with sweating/nausea • Sudden severe unusual headache • Sudden chest pain or pressure & medications don't help (e.g. Nitroglycerin as ordered by physician), OR • Chest pain went away & came back
 **I have trouble breathing**	• Cough is worse • Harder to breathe when I lie flat • Chest tightness RELIEVED by rest or medication • My inhalers don't work • Changed color, thickness, odor of sputum (spit)	• I can't breathe! • My skin is gray OR fingers/lips are blue • Fainting • Frothy sputum (spit)
 **I have fever or chills**	• Fever is above _____ F • Chills/can't get warm	• Fever is above _____ F with chills, confusion or difficulty concentrating
 **Trouble moving or fell**	• Dizziness or trouble with balance • Fell and hurt myself • Fell but didn't hurt myself	• Fell and have severe pain

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care. 1

Developed by Quality Insights of Pennsylvania in conjunction with Carol Siebert, MS, OTR/L, FAOTA, American Occupational Therapy Association and Karen Vance, OTR/L, BKD Healthcare Group and American Occupational Therapy Association. Based on MyEmergency Plan created by Delmarva in conjunction with OASIS Answers, Inc.

Little Company of Mary Home Health

My Emergency Plan

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 **I see blood**	• Bloody, cloudy, or change in urine color or foul odor • Gums, nose, mouth or surgical site bleeding • Unusual bruising	• Bleeding that won't stop • Bleeding with confusion, weakness, dizziness and fainting • Throwing up bright red blood or it looks like coffee grounds
 **Trouble thinking**	• Confused • Restless, agitated • Can't concentrate	• Sudden difficulty speaking
 **My weight or appetite changed**	• I don't have an appetite • Lost ____ lbs in _____ days • Gained ___ lbs in 1 day OR ___ lbs in ___ days • Feet/ankles/legs are swollen	
 **I don't feel right**	• Weaker than usual • Dizzy, lightheaded, shaky • Very tired • Heart fluttering, skipping or racing • Blurred vision	• Sudden numbness or weakness of the face, arm or leg • Sudden difficulty speaking/slurred words • Suddenly can't keep my balance
 **I feel sick to my stomach**	• Throwing up • New coughing at night	• Can't stop throwing up • Throwing up blood

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Little Company of Mary Home Health

My Emergency Plan

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 **Bowel troubles**	• Diarrhea • Black/dark OR bloody bowel movement • No bowel movement in ____ days • No colostomy/ileostomy output in _____hours/days	
 **Trouble urinating**	• Leaking catheter • No urine from catheter in _____ hours • Have not passed water in _____ hours • Urine is cloudy • Burning feeling while urinating • Belly feels swollen or bloated	
 **I am anxious or depressed**	• Always feeling anxious • Loss of appetite • Unable to concentrate • Trouble sleeping • Loss of hope • Constant sadness	• I have a plan of hurting myself or someone else
 **My wound changed**	• Change in drainage amount, color or odor • Increase in pain at wound site • Increase in redness/warmth at wound site • New skin problem • Fever is above _____F	• Fever is above _____ F with chills, confusion or difficulty concentrating • Bleeding that won't stop

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care. 3

Little Company of Mary Home Health

My Emergency Plan

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:		CALL 911 WHEN:
I have Diabetes and I'm . . .	• Thirsty or hungry more than usual • Urinating a lot • Vision is blurred • I'm feeling weak • My skin is dry and itchy • Repeated blood sugars greater than _____mg/dl		• Fruity breath • Nausea/throwing up • Difficulty breathing • Blood sugar greater than _____mg/dl
	• Shaky • Sweating • Extreme tiredness • Hungry • Have a headache • Confusion • Heart is beating fast • Trouble thinking, confused or irritable • Vision is different • Repeated blood sugars less than _____mg/dl	**Take:** 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR _____ **Wait:** 15 minutes & re-check blood sugar **IF** your blood sugar is still low and symptoms do not go away: Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass milk **Wait:** 15 minutes & re-check blood sugar	• Low blood sugar not responding to treatment • Unable to treat low blood sugar at home • Unconsciousness • Seizures
Other problems	• Feeding Tube clogged • Problems with my IV/site		

This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care. 4

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Eligibility For Home Health Care Services

Admission Criteria:

1. The patient must be home-bound due to illness or injury; leaving the place of residence requires a considerable and taxing effort. The patient is physically or functionally unable to leave home. (Transportation problems are not considered home-bound and does not qualify the patient for home care).
2. The patient must be under the care of a physician, dentist or podiatrist. The physician, dentist or podiatrist must determine that home health care is medically necessary.
3. Home Health Care must be provided by a registered nurse or therapist, in order to ensure safe, effective care.
4. Home Health Care is an intermittent visiting service only, private duty services may be arranged with other home care providers. Referrals can be provided.
5. The patient and caregivers must be able and willing to participate in the plan of care, and be willing to become independent in the needed care at home.
6. The home must be safe and appropriate for meeting the patient's and staff's needs.
7. Home Health care services must be skilled care, which require the expertise of a nurse or therapist. Home Health Aides/Bath Aides are only provided while a nurse or therapist is providing home care services. (Custodial care is not a covered benefit for home health care).
8. The patient must have insurance benefits for home health care and/or the ability to pay privately for services provided.

Discharge Criteria:

1. The patient is no longer homebound. (If professional health care is still needed, we will help coordinate the care with the appropriate providers or level of care).
2. The treatment goals are reached, or it is determined that the goals are not able to be met.
3. A change in the patient's condition requires care or services other than those provided by the agency.
4. If patient refuses, or caregiver refuses or discontinues care.
5. The patient and/or caregiver is unable to comply the Plan of Care which threatens to compromise the commitment to quality care.
6. The goals for home care cannot be reached.
7. The goals for home care have been reached or care is completed.
8. There is no longer any person to provide supportive or custodial care, and the patient is unsafe to remain alone.
9. Changes in the home setting or conditions in the home prevent safely and/or effectively meeting the patient's needs, or ability to provide the services required.
10. The patient/caregiver have been taught and are capable of assuming responsibility for care.
11. The patient terminates from the insurance or benefit plan which covers home health services.
12. The patient moves out of the service area.
13. The patient is admitted to an acute hospital, long-term care facility or hospice.
14. The physician fails to renew the plan of care, or orders cannot be obtained.
15. The patient dies.
16. Torrance Memorial discontinues a particular service, or all of its services.

Medical Supplies for Patients with Medicare

With the change to its new payment system, called the Prospective Payment System, Medicare will pay agencies a standard, set amount for each patient.

Home care agencies must provide any medically necessary medical supplies needed while home care is active. This includes supplies that you may already have been using for a long time. An example might be someone who has a colostomy and now needs a nurse to do wound care. The home care agency will be required to provide the ostomy supplies and wound dressing supplies during the time when they are seeing the patient. The patient's previous supplier of ostomy supplies will not be able to bill Medicare for the ostomy supplies while the patient is receiving home care service while the agency is providing care. Once the agency discharges the patient from home care, the patient will be able to obtain medical supplies from their previous source. This will not affect hospital beds, walkers, wheelchairs, or other types of medical equipment. It will also not affect any supplies or equipment you may need to monitor your diabetes.

Please let your nurse or therapist know what types of medical supplies you are using from a medical supply company. If for any reason (including your preference for another brand name), you choose to obtain these supplies from another supply company, you will be completely responsible for the cost, since Medicare will not pay another supplier while you receive home care services.

Important Notice about Senior Medicare Health Plans

Currently, there are many Medicare Senior Health Plans marketed in our area, such as Health Net Seniority Plus, Secure Horizons, Scan and others. After careful evaluation, you may decide that one of these plans meets your needs and choose one for your health care coverage.

Should you select one of these plans, the new plan will become responsible for your bill. Therefore, it is very important that you notify us as soon as possible, so that we can continue to work with your doctor and health care plan to provide your care.

Failure to notify the agency before the effective change date will make you be liable for payment of all services not previously authorized by your plan.

A resource to help answer questions regarding health insurance choices is the Health Insurance Counseling and Advocacy Program (HICAP). This is a volunteer supported program which provides unbiased information to help you make the best choice for your individual health care needs.

Health Insurance Counseling
and Advocacy Program (HICAP)
(530) 898-6716 or
(800) 434-0222

Home Health Agency
Outcome and Assessment Information Set(OASIS)
STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

  We are required by law to collect health information to make sure:
  1) you get quality health care, and
  2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

  You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

  We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Agencia de Servicios de Salud en el Hogar
Conjunto de Información de Evaluación y Resultados (OASIS)

DECLARACION DE LOS DERECHOS DE PRIVACIDAD DE LOS PACIENTES

Como paciente de servicios de salud en el hogar, usted tiene los derechos de privacidad listados a continuación.

- **Usted tiene derecho a saber por qué nosotros necesitamos hacerle preguntas.**

  La ley requiere que nosotros recaudemos la información sobre su salud para asegurar:
  1) que usted obtenga cuidados de salud de calidad, y
  2) que los pagos para los pacientes de Medicare y Medicaid sean los correctos.

- **Usted tiene derecho a que la información sobre el cuidado de su salud se mantenga en forma confidencial.**

  Puede ser que le pidamos que nos de información sobre usted para poder saber que tipo de servicios de cuidado de la salud en el hogar es el mejor para usted.
  Nosotros mantenemos todo lo que sabemos sobre usted en forma confidencial.
  Esto significa que sólo aquellos que están legalmente autorizados a saber, o que tienen una necesidad médica de saber, verán su información personal de salud.

- **Usted tiene derecho a rehusarse a contestar preguntas.**

  Puede ser que nosotros necesitemos su ayuda para recaudar la información sobre su salud.
  Si usted elige no contestar, nosotros completaremos la información lo mejor que podamos.
  No es necesario que usted conteste todas las preguntas para obtener los servicios.

- **Usted tiene derecho a revisar su información personal de salud.**

  - Nosotros sabemos lo importante que es que la información que obtenemos sobre usted sea correcta. Si usted cree que cometimos un error, pídanos que lo corrijamos.

  - Si no está satisfecho con nuestra respuesta, usted puede pedirle a Centros de Servicios de Medicare y Medicaid, la agencia federal de Medicare y Medicaid, que corrija su información.

Usted le puede pedir a Centros de Servicios de Medicare y Medicaid ver, revisar, copiar o corregir la information personal de su salud que la agencia Federal mantiene en su sistema de archivos OASIS de la Agencia de Servicios de Salud en el Hogar. Véase la parte de atrás de este aviso y obtenga la INFORMACION PARA PONERSE EN CONTACTO. Si usted quiere una descripción más detallada sobre sus derechos de privacidad, lea la parte de atrás de este aviso: DECLARACION DEL ACTA DE PRIVACIDAD - ARCHIVOS DEL CUIDADO DE LA SALUD.

Este es un aviso aprobado por Medicare & Medicaid.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

Centros de Servicios de Medicare y Medicaid		**Departamento de Salud y Servicios Humanos de los Estados Unidos**
Este es un aviso aprobado por Medicare & Medicaid.		

Agencia de Servicios de Salud en el Hogar
Conjunto de Información de Evaluación y Resultados
(OASIS)

AVISO SOBRE PRIVACIDAD

Para Pacientes que no tienen la cobertura de Medicare o Medicaid

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•• Como paciente de servicios de la salud en el hogar, hay algunas cosas que usted debe saber sobre nuestra recolección de información personal sobre el cuidado de su salud.

- Los gobiernos Estatales y Federal supervisan el cuidado de la salud en el hogar para asegurarse que nosotros proveemos dichos servicios de calidad, y que usted, en particular, obtiene servicios de cuidado de la salud en el hogar de calidad.
- Nosotros necesitamos hacerle preguntas porque la ley requiere que recolectemos la información relacionada a su salud para asegurar que usted obtiene servicios para el cuidado de la salud de calidad.
- Nosotros haremos su información anónima. De ese modo, Centros de Servicios de Medicare y Medicaid, la agencia Federal que supervisa esta agencia de servicios de salud en el hogar, no puede saber que esa información le corresponde a usted.

•• Nosotros mantenemos todo lo que sabemos sobre usted en forma confidencial.

Centros de Servicios de Medicare y Medicaid		**Departamento de Salud y Servicios Humanos de los Estados Unidos**
Este es un aviso aprobado por Medicare & Medicaid.		

Additional Policies

Patient Privacy & Confidentiality

Staff members will record information and place copies of key documents in your Little Company of Mary Home Health folder. This is an important tool for communication and coordination of patient care. Please keep this folder safe, confidential and available for Little Company of Mary Home Health employees when they visit your home.

Conflict of Interest

The affairs of the agency by all personnel, (including governing body and advisory board members) will be conducted in accordance with the highest standards of integrity. There can be no deviation from complete honesty in business transactions. Use of agency funds or internal business information for improper purposes and dishonest practices is absolutely forbidden

Non-Discrimination Policy

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, the Agency (directly or through contractual arrangement) admits and treats all persons without regard to sex, age, color, sexual orientation, religion or national origin in its provision of services and benefits, including assignments or transfers within the Agency and referrals to and from the Agency.

In accordance with Section 504 of the Rehabilitation Act of 1975 and its implementing regulation, the Agency does not directly or through contractual arrangement discriminate regarding admission, access, treatment or employment on the basis of handicap.

In accordance with Age Discrimination Act of 1975 and its implementing regulation, the Agency does not directly, or through contractual arrangement, discriminate regarding the provision of services on the basis of age, unless age is a factor necessary to the normal operation or achievement of any statutory objective.

Patient's Right to Choose/Advance Directives

You will be asked during the initial visit if you have executed an advance directive. If you have not executed an advance directive, you will be provided with literature stating your rights under federal and state law to execute such a document.

The Agency recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to refuse medical care. It is the policy of Little Company of Mary Home Health to encourage patients and their families to participate in decisions regarding care and treatment. Valid advance directives such as Living Wills, Durable Powers of Attorney and Do Not Resuscitate (DNR) or Do Not Intubate (DNI) Orders will be followed to the extent permitted and required by law. In the absence of advance directives, the Agency will provide appropriate care according to the plan of care authorized by the prescribing physician. The Agency will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

In the event of cardiac or pulmonary arrest, cardiopulmonary resuscitative measures will be promptly initiated unless a Do Not Resuscitate (DNR) or Do Not Intubate (DNI) Order has been written by the physician in charge and documented in the patient's clinical record.

Your Rights to Make Medical Decisions

The following explains your rights to make health care decisions and how you can plan what should be done when you can't speak for yourself.

Who decides about my treatment?

Your doctors will give you information and advice about treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to any treatment you don't want even if the treatment might keep you alive longer.

How do I know what I want?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have "side effects". Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you --and people have different ideas about what is best. Your doctor can tell you which treatments are available to you, but your doctor can't choose for you. That choice depends on what is important to you.

Can other people help with my decisions?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with relatives and friends. They can ask the doctors and nurses questions for you.

Can I choose a relative or friend to make healthcare decisions for me?

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare "surrogate" in your medical record. The surrogate's control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

What if I become too sick to make my own healthcare decisions?

If you haven't named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time, that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you say in *advance* what you want to happen if you can't speak for yourself.

Do I have to wait until I am sick to express my wishes about healthcare?

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want. These documents are called "advance" because you prepare one before healthcare decisions need to be made. They are called "directives" because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a **Power of Attorney for Health Care**. The part where you can express what you want done is called an **Individual Health Care Instruction.**

Your Rights to Make Medical Decisions (cont)

Who can make an advance directive?

You can if you are 18 years of age or older and capable of making your own medical decisions. You do not need a lawyer to fill it out.

Who can I name as my agent?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

When does my agent begin making my medical decisions?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that your want the agent to begin making decisions immediately.

How does my agent know what I would want?

After you choose someone, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also, write down your wishes in your advance directive.

What if I don't want to name an agent?

You can still write out wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that your would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family member s or friends. But it will probably be easier to follow your wishes if you write them down.

What if I change my mind?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, your must sign a statement or tell the doctor in charge of your care.

What happens when someone else makes decisions about my treatment?

The same rules apply to anyone who makes healthcare decisions on your behalf—a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for your. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. In this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

Your Rights to Make Medical Decisions (cont)

Will I still be treated if I don't make an advance directive?

Absolutely. You will still get medical treatment. We just want you to know that, if you become too sick to make some decisions, someone else will have to make them for you. Remember that:

- A POWER OF ATTORNEY FOR HEALTH CARE lets you name an agent to make treatment decisions for you. Your agent can make most medical decisions – not just those about life-sustaining treatment – when you can't speak for yourself. You can also let your agent make decisions earlier if you wish.
- You can create an INDIVIDUAL HEALTHCARE INSTRUCTION by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.
- These two types of ADVANCE HEALTHCARE DIRECTIVES may be used together or separately.

How can I get more information about making an advance directive?

Ask your doctor, nurse, social worker or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

Who can I call to file a complaint regarding non-compliance with my advance directive?

You may file a complaint with the Department of Health Services or the State Medical Board concerning non-compliance with the advance directives by calling:

Department of Health Services
(Available 7 days/week)
(800) 228-5234

OR

State Medical Board
(800) 633-2322

Think Safety

Walk around your home and check the following.

- Throw rugs should be avoided.
- Anchor large throw rugs in place on a no-skid surface.
- Always wear firm supportive shoes. Loose slippers can cause you to trip and fall.
- Wipe up spills immediately.
- Keep floors clear.
- Handrails should be present, placed securely and easily grasped.
- Contrasting color along the edge of the steps can help differentiate the steps.
- Keep drawers and cabinets closed.
- Keep stairs clear and lighted.
- Remember: Feet on floor! Never Climb!
- Don't be too busy to watch where you are going!

Bathroom & Kitchen Safety

- Raised toilet seats and shower seats can help a patient who has difficulty standing or getting up.
- Bathtub and showers should have sturdy rails and skid-proof mats or surfaces.
- Check the water temperature with your hand before entering the tub or shower.
- Long sleeves and loose clothing should not be worn while cooking.
- Keep a sturdy stool with handrails handy to reach items on high shelves.
- Turn pot handles to the back of the stove.
- Cupboards should be organized so that frequently used items are on lower shelves.
- Heavy items should be stored flat on lower shelves to avoid falls and injuries.

Electrical Safety

Electric blankets can be hazardous if parts are worn, broken or blanket is damp. Do ***not*** cover with additional blankets or set on high.

THE USE OF ELECTRIC BLANKETS IS NOT RECOMMENDED

Electrical Appliances

- Cords and plugs should be checked regularly.
- Kept in good repair.
- Kept away from heavy traffic areas.

Electrical Equipment

- Should be grounded, labeled "UL" and not used near liquids.
- **Electrical** equipment should be reported to Southern California Edison if it is life-sustaining equipment.

Electric cords must not be placed beneath furniture or rugs.

Electrical circuits should not be overloaded. Do not use multiple outlet adapters.

Electric nightlights are helpful to light the way to the bathroom.

Electricity goes out occasionally. Always keep a flashlight handy in case of a power outage.

Electric Extension cords can be dangerous. Use of surge protectors instead of extension cords is strongly recommended.

Some Tips for Using Medications Safely

- **Read Label Carefully** and re-read it every time you take a dose.
- **Take a Medication on Time.** Skipping a dose or waiting too long between doses can make the medication ineffective. Taking doses too close together can result in an overdose. Some medications should be taken with meals, others without. Do not take a double dose, unless instructed to do so. Check with your pharmacist.
- **Know Your Medicine.** Understand the side effects and how this medication may affect you.
- **Keep a Chart of Your Medications.** List them by name and when each medication should be taken.
- **Always Call Your Doctor** if an illness recurs or you feel suddenly ill after taking a new medication.
- **Never Mix Drugs With Certain Foods**
  - Dairy products can reduce the effectiveness of some antibiotics.
  - Aged or fermented foods like cheese, wine, beer, or salami, taken with some medications can cause headache, rise in blood pressure, or even death.
- **When Treated Away From Home** INSIST your physician be notified.
- **Follow Directions** EXACTLY as instructed by your doctor.
- **Keep ALL Medication Away from Children and Out of Sight.** Leave safety caps ON!
- **Watch for Signs of Deterioration in Medications.** If you notice color changes or other changes, ask your pharmacist if you should still take these medications.
- **Be Sure Your Doctor is Aware** of all medications you are taking.
- **Do Not Take Over-the-Counter-Drugs** unless you check with your pharmacist or physician. Mixing medications can cause side effects.
- **Dispose of Syringes Properly.** Used syringes and needles should be stored in a puncture poof container.
- **Never Mix Drugs With Alcohol.** Some medications - when mixed with alcohol - can slow breathing, heart rate and dull reasoning ability. In larger amounts, they may cause nausea, coma or death.
- **When Traveling,** carry a health card and bracelet with your name, address, phone, physician's name, address and phone number and medical information.
- **Remember,** a prescription CANNOT always be filled if your physician is from another state. In an emergency, call a hospital.
- **Store Medications Properly** in a dry place away from direct sunlight, at room temperature, unless otherwise instructed. Don't store it in the bathroom cabinet. Dampness can cause medicine to deteriorate.
- **Discard After Expiration Date** by dumping immediately.
- **Do Not Take Medications** in the dark or medications prescribed for someone else.
- **Plan Ahead**...Do not run out of medicine in the middle of treatment. Renew your prescription ahead of time.
- **If You Have More Than One Doctor,** be sure each is aware of the drugs you take - both prescription and over-the-counter drugs. Take this list to doctor appointments.
- **Never Mix Drugs With Tobacco.** Smoking reduces the effectiveness of some medications. Mixed with oral contraceptives and related medications, smoking may increase the risk of heart attack ,stroke and other circulatory diseases in women.

IF YOU ARE TAKING

DIURETICS

Bumex (bumetanide)	Diuril (chlorothiazide)	Edecrine (ethacrynic acid)	Lozol (indapamide)
Demadex (torsemide)	Esidrex (hydrochlorothiazide)	Lasix (furosemide)	Zaroxolyn (metolazone)

Certain diuretics may cause you to lose potassium. The following foods are high in Potassium: Apricots, asparagus, avocado, bananas, broccoli, cantaloupe, dates, grapefruit or grapefruit juice, milk, molasses, mushrooms, oranges or orange juice, pineapple, potatoes, prunes, raisins, sweet potatoes, tomatoes, watermelon. NOTE: Patients with kidney problems often have special dietary requirements limiting the intake of potassium-rich foods.

THYROID (synthroid, levothyroxine) Avoid iron within 4 hours of taking thyroid because it may decrease absorption.

COUMADIN (warfarin) Avoid quick changes in eating habits. Eat like you normally do. Certain foods containing Vitamin K can make this drug less effective. These include beef liver, green leafy vegetables (broccoli, spinach, kale), boiled or fried onions, green tea, and soybean oil.

LANOXIN (digoxin) Take separately from high fiber foods or bran products. Foods high in fiber (such as bran muffins, whole grain breads and cereals) can make this drug work less *effectively*.

MONOAMINE OXIDASE (MAO) INHIBITORS Eldepryl (selegiline), Marplan (isocarboxazid), Nardil (phenelzine), Parnate (tranylcypromide). (Taking foods high in tyramine can cause sudden dangerous increases in blood pressure, muscle twitching, and possible confusion.)

Avoid the following: All aged or mature cheeses, cheese spreads or products made with aged cheese (salad dressing). Aged, dried, fermented, salted, smoked, or pickled meats and fish, processed meats (bacon, sausage, hot dogs) and luncheon meats (corned beef, pepperoni, salami, bologna, ham), meat extracts, and herring. Yeast extracts. brewer's yeast, fermented soybean products (miso and some tofu products), soy sauce. Fava, broad, or Italian beans and Chinese pea pods. Overripe or spoiled fruit and sauerkraut. Some alcoholic beverages including Chianti, Burgundy, sherry, vermouth, beer, ale. Sourdough and fresh, homemade yeast-leavened breads.

Limit the following: Caffeine in coffee, tea, soft drinks (limit to two 8 oz servings per day.) Chocolate (candy, ice cream, pudding, cake, cookies) Cultured dairy products (buttermilk, yogurt, sour cream). Bananas, avocados, canned figs, raisins, red plums, raspberries. White wine, port wine, distilled spirits. Fish roe (caviar), patè.

CALL YOUR DOCTOR, NURSE, or PHARMACIST IF:

- You don't understand these instructions.
- You have any difficulty swallowing your medications.
- You feel dizzy, sick, or unusual after taking your medicine.

POINTS TO REMEMBER:

- Always take your medicine as your doctor has prescribed.
- Never take someone else's prescriptions.
- Be sure to tell your doctor about all medications, vitamins, and/or herbal products you take.

Food - Drug Interactions

Did you know?

Food and Medicine don't always mix. Some medicines work better with food; others work best on an empty stomach. Some foods cause medicines not to work as well as they should. You may need to make dietary adjustments and follow special instructions to get the full benefit from your medicine. These pages will help you understand how best to take your medicines.

GENERAL INSTRUCTIONS

TAKE ON AN EMPTY STOMACH -1 hour before you eat or 2 hours after.

Bumex (bumetanide)
Carafate (sucralfate)
Crixivan (indinavir)
Dyazide (HCTZ/triamterene)
Fosamax(alendronate)
Hivid (zalcitabine)
Isoniazid
Lasix (furosemide)
Penicillin & derivatives
Phenazopyridine
Retrovir(zidovudine)
Rifampin(rifampicin)
Videx(dinanosine)
Tetracyclines: (Achromycin, Sumycin, Declomycin, Minocin, Terramycin, Tetracycline

TAKE JUST BEFORE A MEAL - within 30 minutes before you eat
Lopid (gemfibrozil), Prevacid (lansoprazole), Prilosec. (omeprazole), Reglan (metoclopramide)

ALWAYS TAKE WITH FOOD:

NSAIDS:
Aspirin
Feldene (piroxicam)
Motrin (ibuprofen)
Naproxyn (naproxen)
Tylenol (acetaminophen)
Etc.

Antibiotics:
Augmentin (amoxicillin)
Ceftin (cefuroxime)
Erythromycin
Macrodantin (nitrofurantoin)
Vibramycin

Pain Medicines:
Codeine
Hydrocodone
Methadone
Morphine
Oxycodone
Percocet
Percodan
Vicodin etc. [these cause constipation]

Miscellaneous:
Cytotec (misoprostol)
Invirase (saquinavir); Iron,
Mevacor (lovastatin); Potassium,
Prednisone & other steroids,
Mexitil (mexiletine)
Norvir (ritonavir), Ticlid (ticlopidine)
Viracept (melfinavir),
Zocor (simvastatin).

AVOID ANTACIDS, IRON OR DAIRY PRODUCTS within one hour of taking:

Cipro (ciprofloxacin)
Coumadin (warfarin)
Crixivan (indinavir)
Lanoxin (digoxin)
Levaquin (levofloxacin)
Nizoral (ketoconazole)
Quinadex/Quinaglute (quinidine)
Rescriptor (delavirdine)
Rifadin (rifampin)
Trovan (trovaf/oxacin)
Tetracyclines (Achromycin, Oeclomycin, Minocin, Sumycin, Terramycin, Tetracycline.)

AVOID GRAPEFRUIT OR GRAPEFRUIT JUICE (it can increase drug activity) when taking

Calcium Channel Blockers:
Adalat or Procardia (nifedipine)
Calan or Isoptin (verapamil)
Nimotop (nimodipine)
Plendil (felodipine)

Statins:
Mevacor (Lovastatin)
Zocor (simvastatin)

Miscellaneous:
Estrogens (premarin)
Halcion (triazolam)
Propulsid (cisapride)
Sandimmune (cyclosporine)

AVOID COFFEE AND ORANGE JUICE within 1 hour of taking: Foasmax (alendronate). For best results take with water only

Oxygen Safety

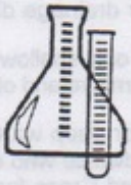
- **Oxygen** supports combustion. This means some things will burn hotter and faster when oxygen is present.
- **Oxygen** and smoking ***do not*** mix. Use of open flame or lit cigarettes, within 15 feet of oxygen user and equipment is not safe.
- **Oxygen** should never be near open flames, matches, stoves, BBQ grills or space heaters.
- **Oxygen** tanks must be secured upright in a well ventilated area at all times. Keep oxygen tanks and patients' beds at least 15 feet from radiator or heater.
- **Oxygen** can cause burns when petroleum based products (i.e. Vaseline, A&D Ointment) are used in and around your nose.
- **Oxygen** vendor's name and phone number should always be kept near the telephone and attached to the tank in case of machine problems.
- **Oxygen** cylinders should be in appropriate stands to prevent tipping or placed on their side on the floor.

Poison Safety

- **Poison and Children Do Not Mix**

Accidental poisoning occurs most frequently in small children. Even if you do not have small children of your own, it is smart to take a few precautions to protect any child that visits our home.

- **Poison** is ***not*** candy. Do not tell a child that medicine is candy! They may take later when unsupervised and become severely ill or die.
- **Poison Control Hotline** phone number should be kept in an easily accessible place. If you think a poisoning has occurred, call **1-800-876-4766.**
- **Poison** should never be put into food or drink containers.
- **Poison** should never be stored under sinks or on the garage floor.
- **Poison** comes in all containers. Purses can be full of interesting things that have the potential to cause serious damage. Keep purses out of children's reach.
- **Poison** is commonly found around your home. Common household plants, such as ivy, azalea, holly, daffodils, tulips and rhubarb are toxic. They cause more accidental poisonings than the rare or unfamiliar species of plants. Keep out of reach of small hands.
- **Poison** should always be destroyed when outdated. Flush medications down the toilet.
- **Poison** should always be kept in their original container and should always be handled as directed
- **Poison** can cause toxic fumes when mixed with cleaning products that contain bleach.



Fire Safety

Rescue those in immediate danger
Alert the authorities
Contain the fire
Extinguish the fire if safe to do so; evacuate if unable to fight the fire.

***REMEMBER:* If your clothing catches fire, STOP, DROP AND ROLL!**

- **Fire kills**. Install a smoke detector. Fire is more readily detected with smoke detectors. By law, smoke detectors are required in every bedroom. They are also required in hallways outside of bedrooms. They should be placed no lower than 12 inches from the ceiling. It is also recommended that they be placed on every level of a multi-story home. Check with your local fire department, they may have a program that issues smoke detectors.
- **Fire** cannot be sensed by smoke detectors unless they are functioning properly. Make sure that they are installed at least four inches away from corners or from where the hall and ceiling meet. If installed on a wall, it can be no further than 12 inches from the ceiling. Test your smoke detectors monthly according to package directions. Change the batteries every six months (i.e. when you change your clocks for Daylight Savings Time and Standard Time). Any smoke detector over 10 years old should be replaced.
- **Children can cause fire**. Keep matches and lighters out of their reach.
- **Fire** can be caused by electrical sources. Malfunctioning extension cords cause fires. It is best to avoid them. Use a surge protector instead.
- **THE USE OF ELECTRIC BLANKETS IS NOT RECOMMENDED**

***REMEMBER:* Fires in beds are usually fatal! NEVER smoke in bed!**

- **NEVER** fall asleep with the heating pad on.
- **Fire** loves flammable materials. Keep these materials at least 3 feet away from other heat or ignition sources such as matches, heaters, stoves, electrical cords or surge protectors. Always keep any ignition source away from oxygen and liquid oxygen as well.
- Fire can happen when you least expect it. Plan at least two emergency exits. If an exit is through a ground floor, make sure it opens easily. Know locations of exit stairs.
- Fire can create panic. Remain calm. Close doors; seal cracks with DRY not wet materials to hold back smoke. Signal for help at the window. If there is a phone that is still working, call the Fire Department and tell them where you are in the building.
- Fire can cause injury and confusion. Have and practice a home fire escape plan. Be sure that your plan includes assisting those people who cannot get outside without help.

Evacuation Plan:_____

Emergency Preparedness Tips for Physically Challenged Patients

Hearing Impairments

- **Install a flashing light**, battery-operated fire and smoke alarm.
- **Keep a TDD at home.** Keep a smaller, portable TDD with batteries handy.
- **Stock extra batteries** for hearing aids.
- **Keep pads and pencils** in a handy spot for emergency communication.

Earthquake Safety

- **Prepare your individual family plan!** Stock up on at least 72 hours of emergency supplies.
- **Prevent injuries!** Stay away from bookcases, windows, heavy mirrors, hanging plants and other heavy objects that may fall. Watch out for falling plaster or ceiling tiles. If possible, crawl under a desk, or sturdy table. Stay there until the shaking stops.
- **Prevent isolation!** Use the buddy system Do not isolate yourself from family and friends.
- **Prepare!** Have all your written information in an easily accessible spot! Things like; special diagnosis, medication needs, personal care assistance, communication needs, the name, address and phone number of your doctor, your address and phone number, special diet and equipment needs, telecommunication access needs and your primary language.
- **Prepare!** If you are wheelchair bound, stay in your chair and move to a doorframe or doorway. Lock your wheels if possible and protect your head.
- **Prevent kitchen injuries!** If you are in the kitchen, move away from the refrigerator, stove and overhead cupboards. Take the time ***now*** to anchor appliances and install security latches on cupboard doors to reduce hazards.

Environmental Illness
Multiple Chemical Sensitivities

- **Carry a card explaining sensitivities, symptoms and most helpful treatments.**
- **Keep supplies**, such as masks and medications with you.
- **Update prescriptions** for oxygen each year. Keep extra tubing and canula for oxygen.
- **Prevent losing your mobility!** Keep your mobility aids (cane, walker, etc.) near you at all times. If possible, have extra aids in several locations in your home.
- **Prepare!** Keep a whistle as an alarm, and a small battery operated radio and flashlight with you at all times. For persons with impaired hearing, purchase a small, portable battery operated television.
- **Prepare!** Keep extra medication and supplies for pets, companion guide or service dogs.
- **Prepare!** Keep emergency supplies in a backpack on the back of your wheelchair.

Earthquake: Duck, Cover & Hold

No matter where you are, know how to protect yourself and your family during an earthquake. Practice taking cover as if there were an earthquake and learn the safest places in your home and work. Practice getting out of your home and check to see if the planned exits are clear and if they can become blocked in an earthquake. Practice turning off your electricity and water. Know how to turn off the gas, but do not practice this step. In the event of an earthquake, once you turn off your gas, only your utility company should turn it back on for safety reasons.

Tips

- When in a HIGH-RISE BUILDING, move against an interior wall if you are not near a desk or table. Protect your head and neck with your arms. Do not use the elevators.
- When OUTDOORS, move to a clear area away from trees, signs, buildings, or downed electrical wires and poles.
- When on a SIDEWALK NEAR BUILDINGS, duck into a doorway to protect yourself from falling bricks, glass, plaster and other debris.
- When DRIVING, pull over to the side of the road and stop. Avoid overpasses and power lines. Stay inside your vehicle until the shaking stops.
- When in a CROWDED STORE OR OTHER PUBLIC PLACE, move away from display shelves containing objects that could fall. Do not rush for the exit.
- When in a STADIUM OR THEATER, stay in your seat, get below the level of the back of the seat and cover your head and neck with your arms.

DUCK or DROP down on the floor.

Take COVER under a sturdy desk, table or other furniture. If that is not possible, seek cover against an interior wall and protect your head and neck with your arms. Avoid danger spots near windows, hanging objects, mirrors or tall furniture.

If you take cover under a sturdy piece of furniture, HOLD on to it and be prepared to move with it. Hold the position until the ground stops shaking and it is safe to move.

Ready To Ride It Out?

Tips for the Elderly

Before an Earthquake

✓

- ☐ Eliminate hazards. Make it as easy as possible to quickly get under a sturdy table or desk for protection.
- ☐ Anchor special equipment such as telephones and life support systems. Fasten tanks of gas, such as oxygen, to the wall.
- ☐ Keep a list of medications, allergies, special equipment, names and numbers of doctors, pharmacists and family members. Make sure you have this list with you at all times.
- ☐ Keep an extra pair of eyeglasses and medication with emergency supplies.
- ☐ Keep walking aids near you at all times. Have extra walking aids in different rooms of the house.
- ☐ Put a security light in each room. These lights plug into any outlet and light up automatically if there is a loss of electricity. They continue operating automatically for four to six hours, and they can be turned off by hand in an emergency.
- ☐ Make sure you have a whistle to signal for help.
- ☐ Keep extra batteries for hearing aids with your emergency supplies. Remember to replace them annually.
- ☐ Keep extra emergency supplies at your bedside.
- ☐ Find two people you trust who will check on you after an earthquake. Tell them your special needs. Show them how to operate any equipment you use. Show them where your emergency supplies are kept. Give them a spare key.

During and After an Earthquake

- ■ If you are in bed or sitting down, do not get up.
- ■ If you are standing, duck and cover or sit down. You could be thrown to the floor if you are standing.
- ■ Prepare to be self-sufficient for at least three days.
- ■ Turn on your portable radio for instructions and news reports. For your own safety, cooperate fully with public safety officials and instructions.
- ■ Prepare for aftershocks.
- ■ If you evacuate, leave a message at your home telling family members and others where you can be found.

Ready To Ride It Out?

Planes Sugeridos Para Personas de Edad Avanzada

Tenga Un Plan

Tanto los terremotos fuertes como los moderados pueden causar muertes, heridas y daños de propiedad a miles de personas. También pueden interrumpir seriamente nuestra rutina diaria y todo lo que percibimos para nuestro bienestar. Desarrollando un plan de terremoto individual, de familia y para la vecindad, mejorara las posibilidades de sobrevivir un terremoto sin sufrir lesiones o daños severos.

Procure frecuentarse entre familia, amigos y vecinos después de un terremoto. (Posiblemente las lineas telefónicas estén sin funcionar, así que este procedimiento se iniciara entre vecinos y familiares cercanos.)

Prepare y mantenga una lista de sus medicamentos, alergias y equipo especial. Incluya el nombre, dirección y números telefónicos de su doctor, farmacéutico, miembros de familia, clérigo o amistades intimas. Si es necesario salir de su hogar después de un terremoto, llévese esta lista con usted.

Tome el Tiempo Para Prepararse

Los objetos que pueden caerse son el mayor peligro durante un terremoto. Las personas de edad avanzada pueden ser menos ágiles o mobiles, haciendo dificultoso o imposible el agacharse rápidamente para meterse debajo de un mueble fijo tal como una mesa o escritorio para protegerse. Por esta razón hay que eliminar peligros que pueden causar daños. Si no puede hacerlo solo, pida la asistencia de algún familiar o amistad:

- ❑ Asegúrese de fijar equipo medico, aparatos pesados, libreros, gabinetes para loza, plantas colgantes y otros artículos.
- ❑ Acomode los artículos pesados en las repisas bajas.
- ❑ Aleje su cama de las ventanas.
- ❑ Asegúrese de que las puertas, pasillos y salidas estén despejadas para tener un acceso seguro.
- ❑ Para que las puertas y cajones de sus muebles no se habrán durante un terremoto, póngales aldabas de seguridad.

-continúa-

Planes Sugeridos para Personas de Edad Avanzada
Página 2

Mantenga almacenado un surtido de alimentos y agua para por lo menos 72 horas en caso de una emergencia. Mantenga su botiquín de primeros auxilios surtido, tenga una lampara de mano, pilas adicionales, radio portátil y medicamentos esenciales.

Protéjase Durante un Terremoto
Familiaricese con lugares en donde refugiarse al empezar un terremoto. Identifique un lugar seguro en cada habitación tal como: debajo de un mueble pesado, un escritorio o mesa firme, contra paredes interiores, o debajo de arcos con buen sostenimiento.

Si no puede llegar a un lugar seguro, siéntese en donde esté y cúbrase la cabeza con los brazos. No se mueva hasta que haya pasado el terremoto.

Si se encuentra afuera, recurra a un lugar seguro alejado de edificios, cables elevados de alta tensión y ventanas.

Necesidades Especiales
Muchas personas de edad avanzada tienen necesidades especiales. Tomando en cuenta las precauciones siguientes, aumentara la posibilidad de salir sano y salvo de un terremoto:

- ❑ Si usa equipos de sostén de vida, tal como oxígeno, pida que alguien le asegure el tanque para prevenir que se venga abajo en caso de un terremoto. Si usa silla de ruedas, andadera, muletas, bastón o cualquier otro tipo de aparato auxiliar para caminar, manténgalos a la mano. Si es posible, mantenga colocados al rededor de su hogar aparatos adicionales para mobilizarse .
- ❑ Coloque luces de seguridad en cada habitación en caso de una emergencia. Estas luces se pueden conectar en cualquier contacto de luz y prenden automáticamente al cortarse la luz. Estas luces duran de cuatro a seis horas y se pueden prender o apagar manualmente.
- ❑ Tenga un silbato para pedir auxilio en caso de una emergencia.
- ❑ Si usa equipo que requiere pilas, mantenga almacenadas pilas adicionales y repóngalas anualmente.
- ❑ Si su equipo de sostén de vida requiere corriente eléctrica, compre un generador de emergencia.
- ❑ Instale detectores de humo y alarmas contra incendio. Si tiene dificultad para oír, instale un sistema que tenga sondas de luz que se prendan y se apaguen para llamarle la atención. Si tiene detectores que requieren pilas, repóngalas anualmente.
- ❑ Si usa un auxiliar para oír, mantenga pilas adicionales y acuérdese de reponerlas anualmente.
- ❑ Si usa lentes, mantenga un par adicional con sus provisiones de emergencia.

Preparado por la Oficina de Servicios de Emergencia del Gobernador de California
PLANNING GUIDE FOR SENIORS 4/00 (SPANISH)

¿Está Preparado?

Disposal Tips for Home Health Care

EPA

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home.

You should place:

- **Needles**
- **Syringes**
- **Lancets**
- **Other sharp objects**

in a hard-plastic or metal container with a screw-on or tightly secured lid.

Many containers found in the household will do,or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape.

Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers (see additional information below).

Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets.

We also recommend that:

- **Soiled bandages**
- **Disposable sheets**
- **Medical gloves**

be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

Preventing Injury and Pollution

Containers With Sharps Are not recyclable

EPA promotes all recycling activities and therefore encourages you to discard medical waste sharps in sturdy, nonrecyclable containers, when possible. If a recyclable container is used to dispose of medical waste sharps, make sure that you don't mix the container with other materials to be recycled. Since the sharps impair a container's recyclability, a container holding your medical waste sharps properly belongs with the regular household trash. You may even want to label the container, **"NOT FOR RECYCLING."** These steps go a long way toward protecting workers and others from possible injury. (Although disposing of recyclable containers removes them from the recycling stream, the expected impact is minimal.)

Local Programs

Your state or community environmental programs may have other requirements or suggestions for disposing of your medical waste. You should contact them for any information you may need.

For additional copies of these disposal tips, please call the RCRA Hotline Monday through Friday, 8:30 a.m. to 7:30 p.m. EST. The national toll-free number is (800) 424-9346; for the hearing impaired, it is TDD (800) 553-7672.

Adapted from Information Provided by: United States Environmental Protection Agency

EPA530-F-93-027B
November 1993

Solid Waste and Emergency Response (5305)

Consejos para Desechar Objectos que se Usan en el Cuidado de la Salud en el Hogar

EPA

Usted puede ayudar a prevenir lesiones, enfermedades y contaminación con sólo tomar unas sencillas medidas al desechar los objetos afilados y materiales contaminados que usa para la atención de la salud en su hogar.

Debe colocar:

- **Agujas**
- **Jeringas**
- **Lancetas y**
- **Otros objetos afilados**

en un recipiente de metal o plástico rígido que tenga una taps de rosca o que cierre bien y quede apretado.

En su hogar puede encontrar una variedad de recipientes que puede usar o puede comprar unos que hayan sido específicamente diseñados para desechar artículos médicos. Antes de desechar un recipiente, asegúrese de reforzar la tapa con cinta muy resistente.

No introduzca objetos afilados en ningún recipiente que quiera reciclar o devolver a una tienda y no use recipientes de vidrio ni de plástico transparente (vea la información adicional que aparece a continuación). Por último, asegúrese de mantener todos los recipientes que contengan objetos afilados fuera del alcance de los niños y las mascotas.

También recomendamos que:

Antes deponer

- **Vendajes usados**
- **Sábanas desechables y**
- **Guantes médicos**

en el basurero con la demás basura, los coloque en bolsas de plástico bien cerradas.

Cómo prevenir las lesiones y la contaminación

Los recipientes que contienen objectos afilados no son reciclables

La EPA promueve todas las actividades de reciclaje y por lo tanto le pide que cuando sea posible, deseche los artículos médicos afilados en recipientes resistentes no reciclables. Si usa un recipiente reciclable para desechar objetos afilados de este tipo, asegúrese de no mezclarlo con otros materiales que va a reciclar. Debido a que los recipientes que contienen objetos afilados no pueden reciclarse, por favor deposítelos en la basura normal del hogar. Hasta sería recomendable que escribiera la frase **(NO DEBE RECICLARSE)**. Estas precauciones ayudan en gran medida a proteger a los trabajadores y otras personas de posibles lesiones. (A pesar de que desechar de esta forma los recipientes reciclables los retira del flujo de reciclaje, el impacto esperado es mínimo).

Programas locales

Los programas medioambientales de su estado o comunidad podrían tener otros requisitos o sugerencias para el desecho de sus desperdicios medicos. Si necesita información, debe comunicarse con los encargados de esos programas.

Para obtener copias adicionales de estos consejos, por favor llame a la Línea Directa de RCRA de lunes a viernes, de 8:30 a.m. a 7:30 p.m. hora del este. El número nacional pars llamar sin costo es (800) 424-9346; para las personas con problemas auditivos, el teléfono TDD es (800) 553-7672.

Adaptado de Información Proveida Por:

La Agencia de Protección del Medio Ambiente de Estados Unidos

EPA530-F-93-027B

Noviembre de 1993

Respuesta a Emergencias y Desechos Sólidos (5305)

Know Your Rights
Are you Limited English Proficient? (LEP)

Have you tried to get benefits or services from the government or an organization but were unable to because you cannot read, speak, write, or understand English well enough?

Did you know that this could be a form of national origin discrimination?

What is national origin discrimination?

A federal law, Title VI of the Civil Rights Act of 1964, protects your civil rights, including your right to be free from national origin discrimination. The Supreme Court of the United States of America said that one type of national origin discrimination is discrimination based on your inability to speak, read, write, or understand English. This means that states or local governments or any organization that receives money or other types of assistance from the federal government cannot discriminate against you because of your national origin.

Here are some examples of what might be national origin discrimination:

- A hospital only has forms or documents in English and does not know how to help you if you don't speak, read, write, or understand English well enough.
- You call the police to report an emergency, but they cannot help you because they only speak English and they cannot understand your language.
- Your child's school communicates important information to you only in English, but you do not read or understand English well enough to understand the information.
- You seek help at a government office but there is not an employee or interpreter who can speak your language. You are told to return with someone who can interpret for you.
- A government office sends important documents to you -- such as applications, letters regarding reduction, denial, or termination of money, or any letter that requires your reply – in English only.
- A company or group receives funds from the federal government to conduct a research study that impacts your community. As part of the study, they have to talk with the community, but they only speak with individuals in the community who are fluent in English.

If you believe that you have experienced national origin discrimination and want help or more information, please call this number:

Torrance Memorial Home Health & Hospice
(310) 784-3751 Director

Or contact:

Office of Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza, Rm 322
San Francisco, CA 94102
(415) 437-8310 Voice
(415) 437-8329 Fax
(415) 437-8311 TDD

National Origin Discrimination is Against the Law

Fall Prevention Checklist

- ☑ Have a lamp or light switch that you can easily reach without getting out of bed.
- ☑ Use night-lights in the bedroom, bathroom and hallway.
- ☑ Keep a flashlight handy.
- ☑ Have light switches at both ends of the stairs and halls. Install handrails on both sides of stairs.
- ☑ Turn on the lights when you go into the house at night.
- ☑ Add grab bars in shower, tub and house at night.
- ☑ Use bath mats with suction cups.
- ☑ Use nonslip adhesive strips or a mat in shower or tub.
- ☑ Consider sitting on a bench or stool in the shower.
- ☑ Consider using an elevated toilet seat.
- ☑ Wear nonslip, low-heeled shoes or slippers that fit snugly. Don't walk around in stocking feet.
- ☑ Remove all extraneous clutter in house.
- ☑ Keep telephone and electrical cords out of pathways.
- ☑ Tack rugs and glue vinyl flooring so they lie flat. Remove or replace rugs or runners that tend to slip or attach nonslip backing.
- ☑ Make certain that carpets are firmly attached to the stairs.
- ☑ Use helping devices, such as canes, when necessary.
- ☑ Purchase a step stool with high and sturdy handrails. Repair or discard wobbly step stools. Do not stand on a chair to reach things. Store frequently used objects where you can reach them easily.
- ☑ Paint the edges of outdoor steps and any steps that are especially narrow or are higher or lower than the rest.
- ☑ Paint outside stairs with a mixture of sand and paint for better traction. Keep outdoor walkways clear and well lit.
- ☑ Keep snow and ice cleared from entrances and sidewalks
- ☑ Review medications with your doctor or pharmacist. Some drugs, including over-the-counter drugs, can make you drowsy, dizzy and unsteady.
- ☑ Watch your alcohol intake. More than two drinks per day can cause unsteadiness.
- ☑ Have your hearing and eyesight tested. Inner ear problems can affect balance. Vision problems make it difficult to see potential hazards.
- ☑ Exercise regularly to improve muscle flexibility and strength.
- ☑ If you feel dizzy or light-headed, sit down or stay seated until your head clears. Stand up slowly to avoid unsteadiness.

Is it Time for a Medical Alarm?

To find out if it's the right time to consider a medical alarm for yourself or someone you care for, answer the following 9 simple questions. Place a check mark next to those that apply to you or the person of interest to you and then total the points. Your level of need for a medical alarm is explained bel

Q1	Are you alone for several hours during the day and/or night?	☐ 2 POINTS
Q2	In the past year, have you fallen, been anxious about falling or otherwise been at risk for falling in your home?	☐ 3 POINTS
Q3	Have you been hospitalized, or been to the emergency room in the past year?	☐ 2 POINTS
Q4	Do you have at least one of these chronic ailments (heart disease, stroke, COPD, osteoporosis, diabetes, arthritis)?	☐ 2 POINTS
Q5	Do you use a cane, walker, wheelchair, stair climber or other assistive device to help with balance or walking?	☐ 3 POINTS
Q6	Are you required to take several daily medications?	☐ 3 POINTS
Q7	Do you require assistance with at least one of the following activities (bathing, toileting, dressing, meal prep, etc.)?	☐ 3 POINTS
Q8	Would a medical alarm provide peace of mind for your loved ones?	☐ 1 POINT
Q9	Is it important to you to continue to live independently?	☐ 1 POINT

IMPORTANT NOTE: This self-assessment is useful in identifying the need for a medical alarm, but every situation is unique, so if you have any particular concerns, contact a trusted health professional.

TOTAL POINTS ☐

Your total points indicate the level of need for a medical alarm.

FROM 15 TO 20 URGENT NEED	A medical alarm is likely to be recommended with some urgency by hospitals, doctors, nurses and professional caregivers in this situation.
FROM 8 TO 14 ELEVATED NEED	A medical alarm is likely to be highly recommended by hospitals, doctors, nurses and professional caregivers in this situation.
FROM 4 TO 7 MODERATE NEED	Hospitals, doctors, nurses and professional caregivers might well advise you to consider a medical alarm.
FROM 0 TO 3 LIMITED NEED	A medical alarm might not be required immediately, but need should be re-evaluated as time goes on and the situation changes.

Lifeline
Lifeline is for living.

For more information about Lifeline please call:

1-800-543-3546 ext: 2110

Mention Code: CA229

Speak Up to Help Prevent Errors in your Care

Joint Commission

Everyone has a role in making health care safe — family members, caregivers, physicians and health care professionals. Home care organizations across the country are working to make health care safety a priority. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your health care team.

An Institute of Medicine (IOM) report has identified the occurrence of medical errors as a serious problem in the health care system. The IOM recommends, among other things, that a concerted effort be made to improve the public's awareness of the problem.

*The "Speak Up" program, **sponsored by the Joint Commission on Accreditation of Healthcare Organizations**, urges patients to get involved in their care. Such efforts to increase consumer awareness and involvement are supported by the Centers for Medicare and Medicaid Services. This initiative provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their health care are more likely to have better outcomes.*

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know. Your health is too important to worry about being embarrassed if you don't understand something that your home care professional tells you. Don't be afraid to ask about safety. If you're receiving medications mailed to your home, always check the label for the correct drug and dose. Don't be afraid to tell your home care professional if you think you are about to receive the wrong medication or therapy, or if you have received a piece of equipment that you don't think you need. Don't hesitate to tell your home care professional if you think he or she has confused you with another patient.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right home care staff. Don't assume anything. Tell your home care professional if something doesn't seem quite right. Expect home care workers to introduce themselves when they enter your home and look for their identification badges. If medical equipment such as a suction machine, oxygen or wheelchair is used, make sure you or responsible family members have been taught to use and care for the equipment in the home. Make sure your home care organization has a 24-hour telephone number you can call when you have questions or complaints. Notice whether home care workers have washed their hands. Hand washing is the most important way to prevent the spread of infections. Don't be afraid to gently remind your caregiver to do this. Make sure your home care professional confirms your identity before he or she administers any medication or treatment.

Educate yourself about your diagnosis, the services the home care organization will be providing to you, and your care plan. Gather information about your condition. Good sources include your doctor, your home care organization, your library, respected websites and support groups. Write down important facts your doctor tells you about the home care services you will be receiving, so that you can look for additional information later. And ask your doctor if he or she has any written information you can keep. Thoroughly read all forms and make sure you

understand them before you sign anything. If you don't understand, ask your home care staff person to explain them. Make sure you are familiar with the operation of any equipment that is being used in your home. If you will be using oxygen at home, do not smoke or allow anyone to smoke near you while oxygen is in use.

Ask a trusted family member or friend to be your advocate. Your advocate can ask questions that you may not think of while you are under stress. Ask this person to be with you during home care visits. Your advocate can help to make sure you get the right medications, equipment and treatments. Your advocate can also help remember answers to questions you have asked, and speak up for you if you cannot. Make sure this person understands your preferences for care and your wishes concerning resuscitation and life support. Review consents for treatment with your advocate before you sign them and make sure you both understand exactly what you are agreeing to. Your advocate should know what to look for if your condition is getting worse and whom to call for help.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes. Ask about the purpose of the medication and ask for written information about it, including its brand and generic names. Also inquire about the side effects of the medication. If you do not recognize a medication, verify that it is for you. Ask about oral medications before swallowing, and read the contents of bags of intravenous (IV) fluids. If you're not well enough to do this, ask your advocate to do this. If you are given an IV, ask the nurse how long it should take for the liquid to "run out." Tell the nurse if it doesn't seem to be dripping properly (that it is too fast or too slow). Whenever you are going to receive a new medication, tell your doctors and home care professionals about allergies you have, or negative reactions you have had to medications in the past. If you are taking multiple medications, ask your doctor or pharmacist if it is safe to take those medications together. This holds true for vitamins, herbal supplements and over-the-counter drugs too. Make sure you can read the handwriting on any prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either.

Use a home care organization that has undergone a rigorous on-site evaluation against established, state-of-the-art quality and safety standards, such as that provided by the Joint Commission. Ask about the home care organization's experience in treating your type of illness. What specialized care do they provide in helping patients get well? If you have more than one home care organization to choose from, ask your doctor which one offers the best care for you. Before you are discharged from home care services, ask about follow-up care and make sure that you understand all of the instructions. Go to Quality Check at www.qualitycheck.org to find out whether your home care organization is accredited by the Joint Commission.

Participate in all decisions about your treatment and the home care services you are receiving. You are the center of the health care team. You and your home care organization should agree on what will be done during each step of your care. Know who will be taking care of you, what services you will be receiving, how long the treatment will last, and how you should feel. Understand that more treatments or medications may not always be better. Ask your home care professional what a new treatment or medication is likely to achieve.