



# CARE CONNECTION

## Resource Manual & Care Guide

Patient and Caregiver 24-Hour Line:

**(336) 889.8446**

Office hours, Monday through Friday, 8 a.m. to 5 p.m.

After hours, dial 336.889.8446, press 2 to reach staff on call or dial 336.571.0920.

1801 Westchester Drive • High Point, NC 27262  
[www.hospiceofthepiedmont.org](http://www.hospiceofthepiedmont.org)





# Contacting Care Connection

A nurse is available 24 hours a day to assist you. To avoid unnecessary transport or hospitalization, please call Care Connection first.

**Care Connection** is owned and operated by Hospice of the Piedmont. For after-hours concerns, you may access their on-call support.

- Patient and Caregiver Line (24 hours a day, every day) ..... **(336) 889.8446**
- Regular office hours, Monday through Friday, 8 a.m. to 5 p.m.
- After hours, press 2 to reach staff on call.

**When calling, please give the operator the following information:**

1. Your name (patient's name)
2. You are a Care Connection patient
3. The branch your are calling from: **Hospice of the Piedmont | Hospice of Randolph**
4. Your return phone number
5. Reason for the call

*\*In the event our system is down, please call 336-571-0920.*

## Your Care Connection Team

## Name

## Phone

Nurse		336.889.8446
Social Worker		336.889.8446

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# Things to Remember

## WHEN CALLING CARE CONNECTION, PLEASE NOTE:

- Your Care Connection team works from 8 a.m. to 5 p.m. on weekdays.
- When you need help after hours, our phone is answered by an answering service.
- A staff member will call back within 15 minutes.
- Please keep your phone line clear for the return call and set your phone to accept calls from unknown or private phone numbers.
- Always call again if your call has not been returned within 15 minutes.
- When talking with you on the phone, a staff member will answer your questions and visit you if needed.
- Please be sure to tell the nurse if you think a visit is what is needed for you to feel confident the situation is well-managed.

## EMERGENCIES MAY INCLUDE:

1. Symptoms not helped with medicine.
2. Unexpected changes, such as fever, confusion, shortness of breath, chest pain.
3. Death of the patient.

## AFTER DARK WHEN CARE CONNECTION STAFF VISITS:

1. Please turn your outside lights on near the door and house number.
2. Please ask someone to watch for the Care Connection staff person if your house number is not easily seen at night. Staff always wear a name badge for positive identification.
3. Please be aware of the need for safety. If the nurse or staff member feel they can not enter the home safely, they will call you and use other ways to help with the emergency.

## ADDITIONAL REMINDERS:

- To avoid long emergency room visits, call Care Connection first.
- Do not wait for a crisis. If you have questions or feel you are not able to control symptoms, don't wait—call.

# A Message from Care Connection

Care Connection™ is privileged to be working together with your physician to help you and your family manage and coordinate your healthcare better. Working directly with you, your Care Connection team of healthcare professionals will help you develop a healthcare plan geared towards helping you understand your healthcare condition(s) better.

This type of collaboration, between your physician and another healthcare provider, is an innovative approach known as home-based palliative care, which aims at helping you maximize your quality of life. As your palliative care team gets to know you, together we'll begin to set mutual goals and expectations for your health care. Care Connection will offer you an additional layer of support in your home setting and after hours.

This resource guide provides information about our services and answers questions often asked by patients, caregivers, and families. Every situation is different, so you may not need all of the information provided. Your Care Connection team always welcomes your questions and concerns.

Remember, help is only a phone call away, any time of the day or night. We are always ready to assist with changing conditions, as well as lend an understanding ear or caring hand.

**About Us** | Care Connection™ is owned and operated by Hospice of the Piedmont, a not-for-profit hospice organization. Our care is provided in a manner consistent with accepted standards of practice and principles. We are committed to exceptional service quality and meet the highest standards of a nationally recognized healthcare accrediting organization—the Accreditation Commission for Health Care. For more information about the agency, please visit our website at [www.hospiceofthepiedmont.org](http://www.hospiceofthepiedmont.org).

Rev. 2019

# About Palliative Care

## **Why was I referred to the Care Connection™ program?**

Your attending physician has partnered with Care Connection™ to assist you and your caregiver(s) in helping you achieve and maintain the best quality of life possible by offering you additional resources in your home and after hours.

## **Are cost of medications included in this program?**

No. While your Care Connection medical provider may prescribe certain medications to help you with your health condition, the out-of-pocket costs including co-pays, coinsurance and deductibles are not included in your enrollment in Care Connection. Your Care Connection team may be able to help identify resources if you have a demonstrated financial hardship to obtain medications.

## **Since Care Connection™ is owned and operated by Hospice of the Piedmont, a hospice care organization, does this mean I am a hospice patient?**

No. Hospice of the Piedmont has a broad knowledge base about managing chronic illnesses like heart disease, congestive heart failure, and chronic obstructive pulmonary disease (COPD), among many other types of chronic disease. This extensive knowledge allows Care Connection to help individuals living and coping with advanced chronic illnesses.

## **Since I'm receiving home-based palliative care services, am I eligible for hospice care?**

Eligibility for hospice care is based on many factors. Receiving home-based palliative care services from Care Connection™ does not mean you are eligible to receive hospice services.

# Your Care Connection Team

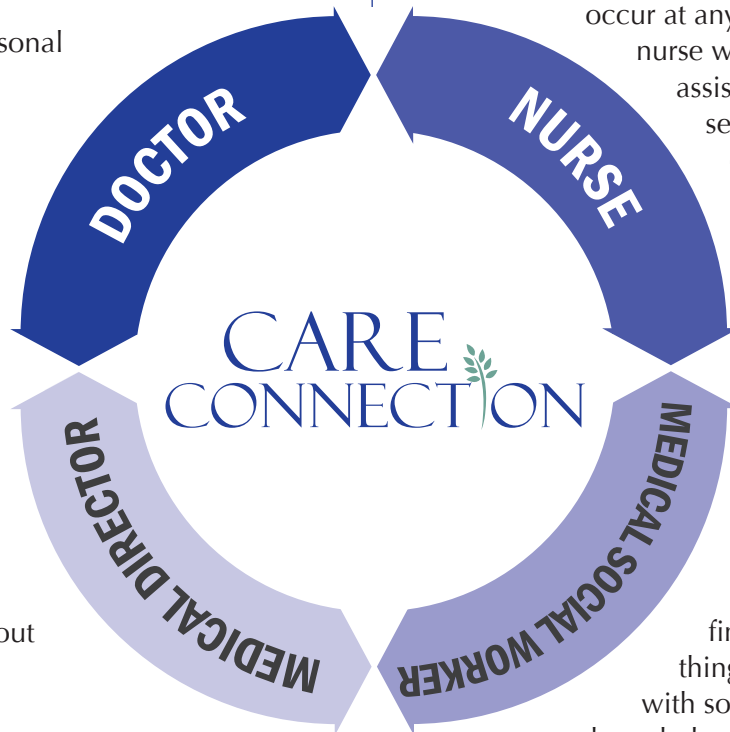
Because palliative care can be provided during all phases of a serious or chronic illness, Care Connection offers a group of highly skilled professionals to work with you and your family to determine what interventions will offer the most effective symptom management to improve quality of life.

**DOCTOR:** Your personal doctor is in charge of your care. Your doctor orders your medicines, treatments and palliative care services. Even if you do not feel well enough to visit your doctor's office, the Care Connection team will keep your doctor informed about your condition.

**MEDICAL DIRECTOR:** The Care Connection medical director will closely consult with the team on your care. A doctor or a nurse practitioner is also available to make a home visit if a special need arises.

**NURSE:** A nurse will be responsible for monitoring your condition and coordinating your care. Your nurse will visit routinely to assess your physical status, provide care for pain and symptom management, and to help you and your caregiver learn how to best manage your care. The frequency of visits is adjusted according to changes in your condition. Because these changes may occur at any time, an on-call nurse will be available to assist you 24 hours a day, seven days a week for emergencies.

**MEDICAL SOCIAL WORKER:** Illness creates new stresses and changes for you and the whole family. You may have changes in routine, responsibilities, feelings, and finances, among other things. It can help to talk with someone trained and knowledgeable about the kinds of stresses you are facing. For this reason, a medical social worker is part of your care team. Together with your nurse, the social worker provides education and counseling, and helps identify other resources that may be available to you.



# Patient's Bill of Rights

## *As a patient enrolled in Care Connection, you have the right to:*

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- Receive appropriate, adequate and compassionate care with a focus on patient/ caregiver education regarding disease process, medication reconciliation, interface with and connections to existing community resources, and advanced care planning in keeping with your goals and without discrimination, in compliance with relevant federal and state laws, rules and regulations
- Be fully informed orally and in writing in advance of services being delivered, the plan of care, the services/care to be provided including eligibility requirements, the disciplines that furnish care, the anticipated frequency of visits, procedure for discharge, service charges and anticipated payment from third parties, and any payment responsibility you may have.
- Participate in the development and periodic revisions to your service/care plan.
- Accept or refuse services or treatments with expected consequences of decisions fully presented.
- Be informed in advance of any modifications to the service/care plan and (including anticipated discharge from program services) and to receive a reasonable response to request of the agency.
- Have your property and person be treated with respect, consideration, recognition of your dignity and individuality, cultures, values and beliefs and right to privacy.
- Have a confidential medical record and be advised of agency policies regarding disclosure of clinical records (which meet criteria state and federal laws).
- Be free from mistreatment, neglect, exploitation or verbal, mental, sexual and physical abuse including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment/care, lack of respect of property or recommend changes in policy, staff, or service/care without restraint, interference, coercion, discrimination or reprisal.
- Have grievances/complaints promptly (within 72 hours) investigated.
- Be informed of any provider service/care limitations and of any financial benefits or formal business relationships that Hospice of the Piedmont, Inc. has with organizations to which we might refer you.
- Be able to identify visiting staff members through proper identification—a photo ID badge.
- Have a clear understanding of how to access services from Care Connection Home Care during normal business hours and through on-call service for other times. A supervisor available 24/7 in addition to the on call nurse.
- To be notified within 10 days if the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled or amended.



If you have any questions or concerns about your rights, concerns/complaints about care/treatment or need to voice other concerns, please discuss with your Care Connection team or call the Vice President of Quality and Compliance (336-672-9300). If you still have concerns, you have the right to contact the North Carolina Department of Health Services Regulations by phone (919) 855-3750, or through their website at <http://ncdhhs.gov/dhsr>. You may also contact them through their Complaint Intake Unit at 1-800-624-3004 or (919) 855-4500. These offices are open from 8 a.m. to 4 p.m., Monday through Friday.

- Provide accurate insurance information and apply in a timely manner for all resources that may be available to you to cover Care Connection charges.
- Be considerate and respectful of the rights of other patients and staff.

Your signature on the Care Connection Home Care consent form indicates that you have received and understand this full Bill of Rights.

### ***As a patient, you have the responsibility to:***

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- Participate in developing your plan of care and updating it as your condition or needs change.
- Provide Care Connection with accurate and complete health information and notify Care Connection of any changes in your condition.
- Remain under a doctor's care while receiving services.
- Assist staff in developing and maintaining a safe environment in which your care can be provided.
- Advise Care Connection of any problems or dissatisfaction with the service provided or if instructions are not fully understood or cannot be followed.
- Inform Care Connection of the existence of and/or any changes made to Advance Directives.

# Important Reminders

## THOUGHTS OF APPRECIATION

Our Care Connection team members feel privileged to be part of your care. While those we serve may wish to express their gratitude, please know that the agency has a strict policy against individual staff members accepting money or gifts for any reason. For information about opportunities to support the agency's work in other ways, please visit our website at [www.hospiceofthepiedmont.org](http://www.hospiceofthepiedmont.org).

## VOICING CONCERNS

If you have a concern or complaint, we want to know. Call the Care Connection office and ask to speak with the Director of Clinical Services or any member of the leadership team (Monday through Friday, 336.878.7251). After-hours concerns will be directed to the administrator on call. Please refer to the copy of the patient rights and responsibilities you were given at admission.

## AMBULANCE

Before calling for an ambulance, please call your Care Connection nurse or the nurse on call after hours. Our Care Connection team may be able to help you manage your symptoms by phone or with a home visit, helping you avoid unnecessary transport or hospitalization.

## PRIVACY PRACTICES

Care Connection's Notice of Privacy Practices are available for your reference online at [www.hospiceofthepiedmont.org](http://www.hospiceofthepiedmont.org). If you would like a copy mailed, please notify a team member.

## EMERGENCY PLANS

As your home care provider, we want you to be well prepared in the event of an emergency or a community disaster. Examples of disasters could include ice storms, hurricanes, tornadoes, heat waves, civil unrest, industrial or chemical accidents. These could limit our ability to reach you, and we want you and your family to be well prepared. The following suggestions will help you to prepare.

- Develop a plan before an emergency occurs.
- Meet with your family and discuss how you will respond if a disaster occurs.
- Discuss what to do in case of power outages. If you are using medical equipment that is powered by electricity, contact the provider/supplier about what to do if there is an outage.
- Check your medicine supply and do not let it fall below a three-day supply.
- Prepare an emergency kit that includes the following: candles or a battery operated lamp, lighter, flashlight and batteries, portable radio with batteries, bottled water and first aid kit.
- If a storm is approaching, listen to weather updates on your local radio or TV station.

CARE  
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**Essential Care Tips**



# Home Safety

## GENERAL HOME SAFETY GUIDELINES:

The following guidelines are offered to protect you and others from hazards in your home.

### FIRE SAFETY

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- In the event of a fire, call 911 and evacuate the area.
- Use smoke detectors on every floor of your home and near all bedrooms.
- Keep fire extinguishers in the home.
- Develop an evacuation plan and practice evacuation in the event of a fire. Those who require assistance should be removed first.
- Avoid smoking in bed.

### ELECTRICAL SAFETY

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- Check electrical cords and telephone cords for wear. Do not use cords that are frayed or have exposed wires. Be sure to check the junction between the cord and plug also.
- Check electrical outlets and switches.
- Never tie knots in cords.

### OXYGEN

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- Place “NO SMOKING” placards, provided by the oxygen company, on all entrances to your home.
- Do not use more than 50 feet of extra tubing between the oxygen source and the patient.
- Roll the tubing and carry it to avoid tripping and falling when walking.
- Oxygen cylinders contain gas under great pressure. Care must be taken not to allow the cylinder to fall over. Store cylinders upright in a stand or cart.
- Do not have open flames, such as pilot lights of gas stoves or water heaters, within 12 feet of any oxygen equipment. (This warning applies to the tubing, too.)

## FALL PREVENTION

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### *To prevent falls in the home:*

- Secure rugs and carpet edges with non-skid tape or remove area and throw rugs.
- Keep traffic areas free of clutter.
- Be sure traffic areas have sufficient light.
- Make sure electrical cords or oxygen tubing are out of the way.
- Use mobility and safety aids, if needed (walker, cane, wheelchair, transfer belt, or elevated toilet seat.)
- Store supplies in an out-of-the-way place, yet keep them easily accessible to the patient.

### *In the bedroom:*

- Put in a bedside light with a switch that is easy to turn on and off, like a touch lamp.
- Use a night light.
- Have a firm chair with arms to sit and dress.

### *In the bathroom:*

- Install secure grab bars near the toilet and shower/tub.
- Use a bathmat or other non-skid material in shower/tub and on floor surfaces that could get wet.
- Use a shower seat.

### *In stairways, hallways, and pathways:*

- Install tightly fastened handrails running the entire length and both sides of the stairs.
- Install non-skid treads on the stairs.

## INFECTION CONTROL

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To help prevent infection follow good infection control procedures.

### **What to do:**

- Practice good handwashing. Wash hands thoroughly with liquid anti-bacterial soap before and after patient care, before preparing and serving any food, and after use of the restroom.

# General Medication Management

Medicines are an important part of disease management. It is important that they are used appropriately.

## **What to do:**

- Keep a list of current medications, including over the counter medicines. Write down when they are to be given and their dosage.
- Take medications according to the schedule prescribed by your doctor.
- Keep a supply of fever reducing medication (such as Tylenol) available for unexpected fever.
- Keep all medications in their original containers (except for those placed in a pill box).
- Refill the medicines before you use the last dose.
- Store suppositories (medicines placed in the rectum) in the refrigerator.
- Keep old medicines in a separate container. Your nurse will let you know when and how to destroy them.
- Be sure that you do not crush or break pills without talking to your nurse. Many medicines are coated for delayed action and cutting them will destroy that action and could be dangerous.
- Remember that symptoms may be controlled more easily if treated early.
- It is standard practice for our nursing staff to review medications. The nurse may count medications.

## **MEDICATION STORAGE**

- Store all medications out of reach of children and/or pets.
- Secure all caps on medication bottles.
- Never expose medication, in or out of bottles, to sunlight. (This also applies to injectable medications, such as insulin.)

- Do not store your medicines in the bathroom. It is usually too humid.

## **MEDICATION & HAZARDOUS MATERIALS DISPOSAL**

### ***For all medications including opioids or narcotics:***

Unused portions of medications used to treat common conditions and diseases should be disposed of properly to avoid harm to others. Certain medications, such as opioids and narcotics, can be especially harmful and extremely dangerous if taken by someone other than the prescribed. According to the Federal Drug Administration (FDA), medicines, including opioids and narcotics, can be thrown away in household trash if these instructions are followed.

- Take the prescription drugs out of the original container.
- Mix with an undesirable substance, like kitty litter or coffee grounds.
- Put the mixture into a disposable container with a lid.
- Conceal or remove any personal information on the medication bottle, including the prescription number.
- Place the sealed container with the drug mixture and empty medication bottles into the trash, not recycling bins.

In addition to the above instructions, left over medications can also be put in collection receptacles for drug disposal, sent to mail back programs, or taken to drug take back programs sponsored by law enforcement. Family members are responsible for proper disposal of all medications. Keep all medications away from children. Keep all controlled substances, including opioids or narcotics, out of sight of visitors.

# Symptom Management

## SUGGESTIONS FOR PAIN MANAGEMENT

- Take your medication exactly as prescribed and don't wait until the pain is intense before taking your medicine.
- Make sure that you have a three-day supply of pain medication available at all times and call the pharmacy for another prescription before the last dose of medicine is given.
- Report your pain accurately. Your nurse will want to know—When did the pain start? Is this a new pain? How long have you had this pain? Where is the pain located? On a scale of 0-10 (0 being no pain; 10 the worst pain you could imagine), how would you rate your pain? Is there anything that makes you feel better or worse? When did you take your pain medication?
- Read the directions on your pain medicine. If the directions say to give one to two doses and you have only taken one and still have pain after 45-60 minutes, take the second dose. If the pain continues one hour after your second dose, let your nurse know.
- Try relaxation breathing—Breathe in slowly and deeply through your nose expanding your belly with air and breathe out through your mouth emptying your belly and letting it relax. Your social worker can help you with relaxation techniques.
- Try to focus on something besides the pain. Watching a movie, reading or having someone read to you, listening to music, visualizing a pleasant place or meditating are some ideas that may help.

## SIDE EFFECTS OF PAIN MEDICINES

Side effects may occur with the use of pain medications. These may include the following:

- Dry mouth: additional fluids, sugarless hard candy or gum, and/or artificial saliva may help.
- Increased heart rate: heart rate may slow within a few days of starting medicine or changing dose.
- Constipation: see section on constipation. Watch for an increase in constipation with increases in pain medication.
- Drowsiness: usually gets better within 1-3 days of starting medicine or increasing dose.
- Nausea and vomiting: note if this happens with each dose of medicine and tell your nurse so that a change in medicine can be discussed with your doctor.

***Please let your nurse know if you are experiencing any of these symptoms.***

## NAUSEA AND VOMITING

Nausea/vomiting may occur due to illness or as a side effect of treatment or medication.

### ***What to do:***

- Eliminate odors that may cause nausea. Avoid perfumes and deodorants that are scented. Serve cold foods rather than hot foods to avoid food odors.
- Avoid sudden movements or quick changes in position.
- Try lying on your side. Breathe slowly through your mouth.
- Be sure to lie on your side if you are vomiting so the vomit will not be inhaled or swallowed.
- Rinse your mouth often to get rid of any unpleasant taste.

## Symptom Management (continued)

- Be aware of your diet. Seek out foods you like. Highly seasoned or fried foods often cause nausea.
- Drink clear liquids until nausea goes away (Sprite, 7-Up, ginger ale, apple juice).
- Try sipping cool liquids slowly through a straw.
- If unable to tolerate liquids, do not take anything by mouth for awhile, then try sucking on ice chips.
- Advance to a soft, bland diet, as you are able to tolerate it.
- Some people are able to tolerate dry foods such as toast and dry cereal. This is especially true in the morning.
- Try small, frequent meals rather than three larger meals.
- Eat slowly and chew food well to make digestion easier.
- Relax after eating, but do not lie flat for at least two hours after eating.
- Uncontrolled pain may cause nausea and vomiting. Let your nurse know if your pain is not controlled.
- Your doctor may have to give you medication for your nausea. Talk to your nurse about this.

### CONSTIPATION

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Constipation occurs when bowel movements become less frequent than normal and the stool becomes hard and difficult to pass.

#### **What to do:**

- Try to have a bowel movement at the same time each day. If a person has limited mobility, take them to the bathroom or offer the bedpan at the same time each day.

- Do not delay having a bowel movement.
- Not everyone has a bowel movement each day, but most people should have a bowel movement at least every three days or twice a week.
- If you have not been instructed to limit fluids, increase the amount of water, juice and other liquids.
- Eat more fruits, vegetables, oatmeal and bran.
- Try to get some mild exercise everyday if this is possible. This helps the bowels to move.
- Try drinking a large glass of prune juice every morning or squeeze a lemon into a large glass of warm water and drink it.
- Keep track of the regularity of your bowel movements.
- Your doctor or nurse can suggest a stool softener or laxative to treat constipation. These over-the-counter medications are usually needed by people who are taking pain medicines or other medicines that may cause constipation.

### SHORTNESS OF BREATH

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Congestion or shortness of breath may occur. This can be frightening to a patient and their caregivers. With less activity and longer periods in bed, breathing becomes more shallow. Uncontrolled pain may also limit lung expansion. Sometimes secretions may gather in the lungs and throat.

#### **What to do:**

- Be calm. Shortness of breath can cause anxiety and anxiety can also cause shortness of breath. The caregiver should talk in a calm, reassuring voice to help decrease anxiety.



## Symptom Management (continued)

- If shortness of breath occurs with activity, stop and rest.
- If shortness of breath occurs while lying in bed, raise the head of the bed or position the patient on pillows.
- Keep the home environment cool. Provide a gentle breeze to the patient's face and chest. Open the windows or fan the area. A circulating fan may help.
- If a cough is present with shortness of breath, a cool mist vaporizer may help.
- If inhalers or other medications to help breathing are ordered, make sure that you are using them as ordered.
- Encourage slow, deep breathing. Breathe in until the belly expands and then breathe out emptying your belly. Do this 4-5 times and follow with 2-3 coughs. Repeat several times every 2-3 hours while awake.
- Try other relaxation exercises to help reduce stress.
- Call your nurse if severe shortness of breath or wheezing occurs or if you notice a change in skin color such as blueness around the lips or nails or if you notice an increase in confusion or lack of concentration.

### ***If oxygen is ordered:***

- Carefully follow all the instructions given by the equipment company to ensure that it will work properly and safely.
- DO NOT smoke or light matches in a room where oxygen is in use.

## **FEVER**

Fever is an elevated body temperature that is generally above 100.5° F by mouth, 99.5° F under the arm, or 101.5°F rectally. The skin is usually warm and flushed. The person with

fever may complain of headaches or body aches and may be more sleepy than usual. They may have no appetite. Irritability may also be present.

### ***What to do:***

- Remove heavy bedclothes. Provide lightweight, loose-fitting clothes. Cotton usually absorbs perspiration well and is more comfortable.
- Offer fluids to prevent dehydration. Dehydration can cause the temperature to remain elevated. Usually clear liquids or ice chips are tolerated best. Offer the liquids in small amounts frequently.
- Provide circulating room air, but do not allow a chill to occur.
- If fever continues, call your nurse to discuss possible medications.

# Caring for the Caregiver

Caring for your loved one is an important role. Because your loved one needs you, the best way to take care of them is to make sure you take care of yourself.

There is no way to make your journey easy, but many caregivers have found the following reminders to be helpful:

- Exercise (as approved by your physician) for at least 20 minutes 2-3 times per week. Walking and stretching your arms and legs are good ways to relieve stress and boost your energy.
- Eat a healthy, well-balanced diet at least 3 times per day. Take time to sit down when you eat because you digest food better when you can relax.
- Do not deny yourself pleasure foods but try to cut down on fatty foods, sugar, caffeine, tobacco, and alcoholic beverages.
- Rest and sleep are important. Treat yourself to a nap. Ask friends not to call during certain times of rest.
- Find time for yourself. Do something you enjoy on a regular basis. It may be visiting or talking with close friends and family, taking time to pray or meditate, even engaging in a favorite hobby. Try to get out of the house at least once a day.
- Start a help list. Many of us find asking for help an awkward and difficult thing to do, but you will probably find that most people - family, friends, and neighbors - are grateful for the opportunity to help. You might start a list of things that would

ease your day or brighten your loved one's day so that when someone asks, "How can I help," you could let them choose from the list. Some examples of tasks you might ask friends or family to perform include:

- Help with household chores – cut the grass, rake leaves, dust, vacuum, change bed linens, etc.
- Bring special gifts or a favorite food item, etc.
- Spend time with you or the loved one who is ill – sharing old photographs, writing letters, playing music, etc.

**Remember:** your medical social worker is an important person to talk with about the role of caregiving. Your social worker can help you explore ways to meet your needs as you care for your loved one.

# Advance Planning

When an individual faces a serious illness, there are many decisions that need to be made. Sometimes it is difficult to talk about personal issues, but it is usually beneficial for both the patient and the family if these are discussed before a crisis occurs. Making your personal and healthcare wishes known to your family will give you a sense of peace and provide your loved ones with the direction they need in order to carry out your wishes.

To start a conversation, the patient could say to the family: *“This is hard for me to talk about, but I need to tell you what I would or would not want in certain/ specific situations.”*

Or, the family could begin by saying: *“This is hard for me to talk about, but I really want to respect and carry out your wishes. I need to know what you want me to do in certain situations.”*

Your medical social worker can help guide you through this process.

## FINANCIAL MATTERS

Important financial activities may include establishing a will, appointing a power of attorney, and gathering information about bank accounts, life insurance, deeds and titles to property, other assets, outstanding loans, and information regarding military service. Your medical social worker can provide additional information.

## HEALTH CARE DIRECTIVES

Advance Directives is a common term for several documents completed by a patient describing treatments that should or should not be given, or identifying a person(s) who can make medical decisions in the event the patient is unable to speak for him or herself.

**Health Care Power of Attorney**, also referred to as a health care proxy or

medical durable power of attorney, is a legal form that authorizes a person of the patient’s choice to make health care decisions for the patient if he/she is unable to do so.

**A Living Will** is a guide for others in determining what medical treatments you would or would not want if you were dying. Technology and medical advances have given us more and more choices. It is important to understand the benefits and burdens of treatment decisions and make a decision based on your own value system.

The Care Connection team will ask to view these advance care documents if you already have them in place. If you have not completed them and would like to do so, your social worker can help. It is important to note that you can always change your mind about future choices. As long as you are able to make decisions, your plans can be changed. Our program does not require that you have these documents.

A **Do Not Resuscitate (DNR) form** is another document that the Care Connection team will ask you about. It is a document that specifically tells a health care team not to attempt CPR (cardiopulmonary resuscitation) if your heart and breathing stop. It is particularly important to have this document to show Emergency Medical Services (EMS) personnel and to take it with the patient in the event of ambulance transportation if CPR is not desired.

A **MOST (Medical Orders for Scope of Treatment) form** is another document that can be used to communicate health care decisions and wishes to your health care providers. Please tell your social worker or nurse if you have a MOST or want more information about the form.

