

Orange  Hospice

Patient Handbook

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MISSION STATEMENT

Orange hospice's mission is to provide the highest quality medical, social, and spiritual care and comfort to those who are nearing the close of their lines, and support and sustain their families those who grieve to that end. We are committed to serving and honoring each person's dignity, self-respect and individuality.

VISIONS

To enhance life through physical, emotional, spiritual, social comfort and provide support for individual and family members facing loss and grief. To be one of the leading hospice providers in the state of California through performance improvement and pursue excellence, to maintain financial stability through cost-effective operation to meet the hospice commitment to the community.

GOALS

1. To provide a program of care that acknowledges death as a normal event.
2. To provide direct patient care in various settings along with family/caregiver support through an interdisciplinary approach, emphasizing physical, emotional, psychological, and spiritual comfort.
3. To offer short term inpatient care when the patient's pain and symptoms require monitoring for control or when the family/caregiver needs a break from the stress of caregiving.
4. To integrate hospice care and its philosophy into the health ca system, increasing awareness about the needs of the dying.
5. To maintain a commitment to realistic, cost-effective management by utilizing available payment mechanisms and retaining responsibility for patient care through direct and indirect services.
6. To provide continuous care that recognizes and responds to the physical, social, spiritual, emotional and other needs of the patient/family/caregiver.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Orange Hospice is committed to protecting the privacy of your health information. We are required by law to give you notice of our legal duties and privacy practices concerning your "Protected Health Information." This Notice describes our privacy practices, as well as your rights, with respect to your Protected Health Information.

I. What is Protected Health Information?

Protected Health Information includes your name and date of birth, medical history, laboratory results, insurance information and other health information that we collect, generate, use, and share to produce genetic testing results, bill for our testing services, and for other purposes allowed or required by law.

II. Our Responsibilities

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the privacy of your Protected Health Information and notify you of any breach of unsecured Protected Health Information. We must follow the terms of this Notice when we use or share your Protected Health Information. We will not use or share your Protected Health Information other than as described in this Notice unless you give us written authorization to do so.

III. How We May Use and Share Your Protected Health Information Without Authorization

We may use or share your Protected Health Information in the following ways without your written authorization as permitted by law:

For Your Treatment

We may use or share your Protected Health Information to provide treatment. For example, we may use your Protected Health Information to perform our testing services and disclose your genetic testing results to your physician.

To Collect Payment for Our Services

We may use or share your Protected Health Information to obtain payment for healthcare services. For example, we may use and share your information to send a bill to your insurance company to receive payment for the services we provided to you.

For Our Health Care Operations

We may use and share your Protected Health Information for our internal health care operations. For example, we may use your Protected Health Information to monitor the quality of our testing services, make sure our testing systems are up-to-date, and review the competence and qualifications of our laboratory professionals.

To Your Personal Representative or Legal Guardian

If you have an authorized personal representative, such as an attorney-in-fact under a health care power of attorney, then we may share your Protected Health Information to your personal representative. If you are a minor, then we may share your Protected Health Information with your parent or legal guardian.

To Persons Involved in Your Care or Payment for Your Care

We may share your Protected Health Information to persons involved in your care or payment for your care, such as a family member; relative; or close, personal, friend; unless you ask us not to do so.

To Contact You About Our Services

We may use and share your Protected Health Information to contact you about other services which we believe may be of interest to you.

To Our Business Associates

We may share your Protected Health Information with our "business associates," which are companies or individuals that provide services to us. For example, we may use a company to perform billing services for us. Our business associates are required to protect the privacy and security of your Protected Health Information.

As Required by Law

We must share your Protected Health Information when required to

do so by any applicable federal, state, or local law.

For Public Health

We may share your Protected Health Information for public health and safety activities. For example, we may share your Protected Health Information when we report to public health authorities, cooperate with public health investigations, or notify a manufacturer of a product regulated by the U.S. Food and Drug Administration of a possible problem.

To Health Oversight Agencies

We may share your Protected Health Information to a healthcare oversight agency for activities that are authorized by law, such as audits, investigations, inspections, and licensure activities. For example, we may share your Protected Health Information with agencies responsible for ensuring compliance with Medicare or Medicaid program rules.

For Research

We may use or disclose your Protected Health Information for research purposes, such as to better understand genetic conditions, develop new tests, add new genes to our tests, engage in research collaborations with third parties, or support third parties' research activities. We may make these research uses and disclosures of your Protected Health Information if (1) an institutional review board or privacy board has determined the research meets certain criteria, (2) under certain circumstances if the Protected Health Information is about patients who are deceased, or (3) by using a limited data set as described further below. In addition, in preparation for research when permitted by law, we may review Protected Health Information to draft research protocols identify or contact prospective research participants, or for similar purposes provided that legal conditions designed to protect your privacy are met. All other uses and disclosures of Protected Health Information for research will require your written authorization.

To Create De-Identified Information and Limited Data Sets

We may use Protected Health Information to create de-identified

health information and limited data sets. Deidentified health information is health information that cannot reasonably be used to identify you. Once health information has been appropriately de-identified under HIPAA and other applicable law, we may use and share the de-identified health information for any purpose, such as to help advance medical care and the clinical practice of genetics. Limited data sets are Protected Health Information that do not include certain direct identifiers about you, such as your name or phone number. We may use and share limited data sets for purposes of research, health care operations, or public health activities as described in this Notice after entering into a HIPAA-compliant agreement with the recipient.

During Judicial and Administrative Proceedings

We may share your Protected Health Information during the course of a judicial or administrative proceeding in response to a court order, subpoena, or other lawful process.

To Law Enforcement

We may share your Protected Health Information with the police or other law enforcement officials as required by law or in compliance with a court order, warrant, subpoena, summons, or other legal process for locating a suspect, fugitive, witness, missing person, or victim of a crime.

To Respond to Threats to Health or Safety

We may share Protected Health Information to prevent or reduce the risk of a serious and imminent threat to the health or safety of an individual or the general public.

To Report Suspected Abuse, Neglect, or Violence

We may share Protected Health Information with a government agency, such as social services or a protective services agency, if we reasonably believe that an adult or child is the victim of abuse, neglect, or domestic violence.

IV. When We Must Obtain Your Authorization to Use or Share Protected Health Information

We will ask for your written authorization before using or sharing your

Protected Health Information for any purpose not described above. For example, we will request your written authorization before using or sharing Protected Health Information to send you "marketing" communications as defined by HIPAA. In addition, we will not sell your Protected Health Information to third parties unless you provide written authorization that specifically authorizes the sale of your Protected Health Information.

You may revoke your authorization, in writing, at any time, except to the extent that we have already acted upon your authorization. You may submit your revocation to the Privacy Officer by using the contact information provided at the end of this Notice.

V. Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your Protected Health Information. To exercise any of these rights, please send our Privacy Officer a written request by using the contact information provided at the end of this Notice.

Access to Protected Health Information

You may ask us to let you inspect or copy the Protected Health Information we maintain. We may deny access to certain information for specific reasons—for example, if the access requested is reasonably likely to endanger the life or safety of you or another person. If we deny your request, you may ask us to review the denial.

Restrictions on How We Use or Share Your Protected Health Information

You may ask us to restrict how we use or share your Protected Health Information. While we will consider all requests for restrictions carefully, we typically are not required to agree to your request. However, we must agree if you ask us not to share your Protected Health Information to a health plan for certain purposes, we are not legally required to share your Protected Health Information with the health plan, and your request relates to an item for which "out of pocket" payment has been made in full.

Confidential Communications

You may ask that we communicate with you about your Protected

Health Information in a specific way (for example, home or office phone) or send you mail to a specific address, such as your work address. We will agree to reasonable requests for confidential communications.

Correct or Update information

If you believe the Protected Health Information we maintain about you contains an error, you may request that we correct or update your information. We may deny your request under certain circumstances and will explain the denial.

Accounting of Disclosures

You may request a list, or accounting, of the instances in which we or our business associates have shared your Protected Health Information for purposes other than treatment, payment, health care operations and certain other purposes. The list will only include disclosures we or our business associates made within the six years before we received your request.

VI. Questions and Complaints

If you have questions or concerns about our privacy practices, would like a more detailed explanation about your privacy rights, or would like a paper or electronic copy of this Notice, please contact our Privacy Office using the contact information below.

If you believe that we may have violated your privacy rights, you may submit a complaint to our Privacy Office. You also may submit a written complaint to the U.S. Department of Health and Human Services ("HHS"). We will provide you with the address to file your complaint with HHS upon request.

Orange Hospice will not take retaliatory action against you and you will not be penalized in any way if you choose to file a complaint with us or with HHS.

VII. Changes to our Notice of Privacy Practices

We have the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If we change this Notice, we may apply its updated

terms to all Protected Health Information we maintain, including any Protected Health Information we received or created before we issued the updated Notice.

We will promptly post any changes to this Notice on our website at www.angelshospz.com. Please review this website periodically to ensure that you are aware of any updates.

VIII. Contact Information

To communicate with us regarding this Notice, our privacy practices, or your privacy rights, please use the following contact information:

Orange Hospice

Nattakan Tharadon, RN, BSN, PHN

Director of Patient Care Services

7430 Orangethorpe Ave

Buena Park, CA 90621

T(714)790-0594

F(714)790-0595

VOLUNTEER SUPPORT SERVICES

Orange Hospice volunteers are a special part of our care team, making a difference in patients' and their families' lives by providing a variety of support services. Here are some ways that our volunteers can help you:

- **Companionship** - A volunteer may listen, reassure, share worries and concerns, hold a hand, or just sit quietly. Other activities might include reading, playing or listening to music, playing games, doing arts and crafts, or watching TV or a movie.
- **Caregiver relief** - The volunteer may stay with the patient during scheduled periods of time when the caregiver needs to be away to run errands, go to appointments, or rest.
- **Practical services and errands** - The volunteer may assist the patient with grooming, changing bedding, doing light housekeeping duties, or preparing a simple meal. Volunteers may also do grocery shopping or other errands for the patient. Other helpful activities might include writing letters or taking telephone messages for the patient.
- **Photography and video services** – We have volunteers skilled in photography and film who can help capture portraits of patients and their families, or to help take Life Review videos for patients to keep and share their legacy after they pass.



One of our dedicated volunteers, Vivian, loves to spread joy and beauty through her passion of creating flower arrangements out of paper.

She loves visiting patients to demonstrate her craft or to teach them how to make their own flowers, and she also creates beautiful arrangements for Orange Hospice patient's birthdays.

HOW TO REQUEST VOLUNTEER SERVICES

Want to request a volunteer visit, or learn more? Please contact Orange Hospice at (714) 790-0594 or contact Orange Hospice Volunteer Coordinator at CL@orangehospice.net.

COMPLAINT / GRIEVANCE PROCESS

Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

Any difference of opinion, dispute, or controversy between a patient or family/caregiver or patient representative and Orange Hospice concerning any aspect of services, or the application of policies or procedures will be considered a grievance.

The Executive Director/Administrator will be informed of situations that may become detrimental to good patient relations and will be committed to maintaining a consistently high level of patient relations. This grievance procedure will be included in the Patient Bill of Rights document given to each patient upon admission.

PROCEDURE

- The organization personnel receiving the complaint will discuss, verbally and in writing, the grievance with the Clinical Supervisor/Nursing Supervisor within five (5) days of the alleged grievance. The Clinical Supervisor/Nursing Supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient's satisfaction. Response to the patient regarding the complaint will occur within ten (10) days of receipt.
- If the grievance cannot be resolved to the patient's satisfaction, the patient or his/her representative is to notify, verbally or in writing, the Executive Director/Administrator. The grievance must state the problem or action alleged and the date the Clinical Supervisor/Nursing Supervisor was notified. The Executive Director/Administrator or designee will then investigate the grievance and contact the patient or his/her representative regarding the grievance to resolve the differences. The Executive Director/Administrator will respond to the patient within ten (10) days of notification of failure to resolve the complaint.
- If the patient feels his/her grievance has not been resolved after working with ORANGE HOSPICE. personnel, he/she will be informed of his/her right to notify the state via the respective toll-free telephone

numbers, or other methods such as ombudsman, legal services, or adult protective services. The written admission guidelines, provided to the patient upon admission, list sources of assistance for complaint resolution.

- Complaints and any action taken will be documented on a complaint form. Corrective action will be specific and related to the complaint.
- Resolution information will be communicated in writing to the patient or his/her representative filing the complaint.
- Risk management personnel will be notified of any complaints which may involve litigation by the clinician involved in completing an organization incident report or unusual occurrence form and forwarding a copy to the Risk Management Department.
- Complaints received on patient satisfaction surveys (mail) will be documented on a complaint form and addressed as outlined above.
- All complaints from patients who believe their privacy rights have been violated will be forwarded for review to the designated organization personnel or office specified in the organization's Notice of Privacy Practices.
- All complaints will be logged, tracked, trended, and filed in the performance improvement office.
- The Performance Improvement Coordinator will prepare a quarterly report summarizing all complaints received that quarter.
- Reports may include:
 - a. Number of complaints received.
 - b. Types of complaints received.
 - c. Action and resolution of complaints
- The Performance Improvement Committee will review patient grievance trends on a quarterly basis. Identified trends will be followed through the established performance improvement process.
- All organization personnel (clinical and non-clinical) will be informed of this process during a formal orientation process.

HANDWASHING PROCEDURE

Keeping our hands clean is one of the most important things we can do to stop the spread of germs. This procedure takes 40-60 seconds.



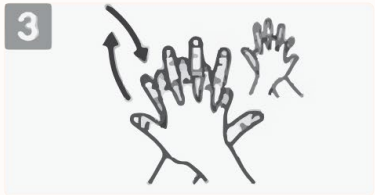
0
Wet hands with water



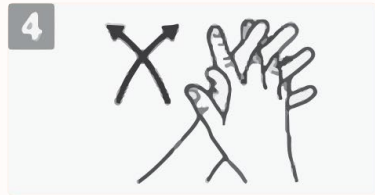
1
Apply enough soap to cover all hand surfaces



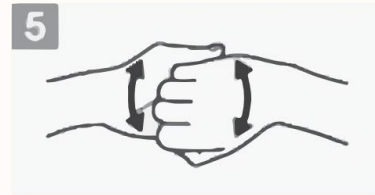
2
Rub hands palm to palm



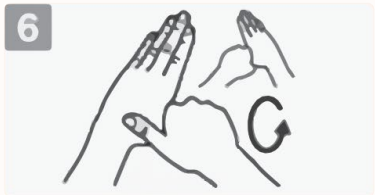
3
Rub palms over the backs of your hands with interlaced fingers on both hands



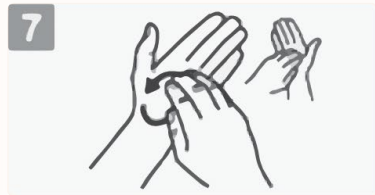
4
Rub palm to palm with fingers interlaced



5
Backs of fingers to opposing palms with fingers interlocked



6
Rotational rubbing of thumbs clasped in palms on both hands



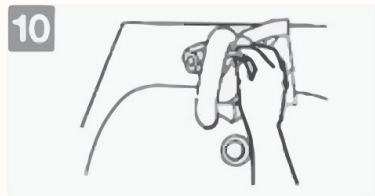
7
Rotational rubbing of fingertips and nails into opposing palm. Repeat for both hands.



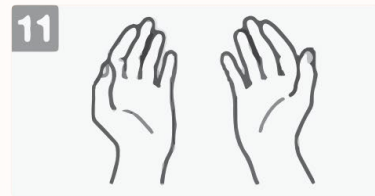
8
Rinse hands



9
Dry hands with a single use towel



10
Use the towel to turn off the faucet



11
Your hands are now clean

WHEN TO WASH YOUR HANDS

Washing hands keeps you healthy and prevents the spread of respiratory and diarrheal infections. You can keep yourself and your loved ones healthy by washing your hands often, especially during these key times.

KEY TIMES TO WASH YOUR HANDS

- After touching your eyes, nose, and mouth
- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

HAND SANITIZER

USE HAND SANITIZER WHEN YOU CAN'T WASH HANDS

If hand washing is not possible, use an alcohol-based hand sanitizer with at least 60% alcohol. Keep in mind that sanitizers do not get rid of all types of germs or harmful chemicals and are not as effective as hand washing when hands are visibly dirty or greasy.

HOW TO USE HAND SANITIZER

1. Apply the product to the palm of one hand (read the label for the correct amount)

2. Rub your hands together.
3. Rub the product over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

KEY TIMES TO WASH AND SANITIZE HANDS

- Before and after touching your eyes, nose, and mouth
- Before and after touching your mask
- Before and after entering and leaving a public place
- Before and after touching an item or surface that may be frequently touched by other people such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens

SAFETY INSTRUCTIONS

These safety instructions are provided to assist you in identifying safety hazards in your home. You are responsible for correcting any hazards that are identified.

GENERAL SAFETY

- Keep in touch with others. If you live alone, ask a neighbor, friend, or family member to check on you each day.
- Get up slowly. Because of certain changes in blood circulation, it is best to get up from a chair or bed slowly and to turn your head slowly to avoid dizziness.
- Many accidents happen because people try to do things too quickly. Take your time.
- When carrying objects, make sure your view isn't blocked. Get a firm grip. Lift with your legs (knees bent, back straight), and walk slowly. Get help for heavy or awkward objects.
- Use a solid step stool or ladder, not a chair or box, if you must climb to reach a high place.
- Check hot water temperatures to prevent burns. Experts suggest setting hot water at 100 degrees (F) or lower.

ENVIRONMENTAL SAFETY

Walkways

- Remove throw rugs whenever possible to avoid tripping.
- If you can't remove throw rugs, use rugs with non-skid backing to avoid slipping, or use double sided tape to keep the edges in place.
- Repair or replace torn carpeting to avoid tripping.
- Make sure the transition between types of flooring is as even and secure as possible to prevent slipping.
- Don't walk on freshly washed or waxed floors until they are dry.
- Wipe up spills immediately.
- Avoid wearing socks, smooth-soled shoes, or slippers on bare floors.
- Mark sliding glass doors with stickers.
- Install handrails on both sides of walkways to provide more support.

Stairs

- Make sure handrails are well anchored on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure the carpeting is secure.
- Ensure the area is well lit, you can install strip lights or wall lights.

Furniture Layout

- Arrange furniture so that pathways are not cluttered.
- Chairs/tables need to be sturdy and stable enough to support a person leaning on them.
- Pad furniture with sharp edges and corners.

Lighting

- Be sure that your lighting is ample to prevent falls and to ensure that you can read medication labels and instructions easily.
- Good lighting in hallways, stairs, and bathrooms is important.

BATHROOM SAFETY

Bathtub

- Install skid-resistant strips or a rubber mat on slippery surfaces.
- Use a bath seat if it is too difficult to stand during a shower or to get out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT use the soap dish or towel bars for balance.

Toilet

- Use an elevated toilet seat or commode if you need support getting on and off the toilet or you are not able to bend your hip normally after surgery.
- Install grab bars around the toilet if you need more leverage to get off the toilet.

Doors

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.

KITCHEN SAFETY

- Mark "ON" and "OFF" positions clearly on the dials on the stove.
- Use front burners of the stove to avoid reaching over burners. If there are children in the home, use back burners.
- Make sure pan/pot handles are not over other burners or over the edge of the stove.
- Do not wear loose or dangling sleeves while cooking-they could easily catch fire.

ELECTRICAL SAFETY

- Keep appliances away from water. Dropping water on an appliance or dropping the appliance into water can cause electrocution.
- Use only appliances in good repair. Don't use lamps or appliances that appear to have a "short" when operated.
- Inspect cords. Don't use appliances with cords that are frayed or have wires exposed.
- Grounded plugs. Use grounded plugs or 3-prong adapters for medical equipment.
- Proper use of extension cords. Keep cords out of pathways to avoid excessive wear and prevent tripping. Do not overload outlets.

MEDICAL EQUIPMENT SAFETY - OXYGEN

- No smoking while oxygen is in use.
- Do not permit oil, grease, or other combustible materials to come in contact with oxygen equipment. Transport cylinders in proper carrier, and secure cylinders to prevent falling. Keep cylinders/concentrator in well-ventilated area avoiding extreme heat.
- Avoid use of electrical appliances (razors, hair dryers, etc.) while oxygen is in use.
- Any electrical equipment in use near an oxygen system must be properly grounded with three pronged plugs.
- Properly assemble and test oxygen equipment before use.
- Set the flow meter to the prescribed rate per your physician orders.
- Make sure you have an adequate back-up supply of oxygen in case of emergency and/or evacuation.

MEDICAL EQUIPMENT SAFETY – DURABLE MEDICAL EQUIPMENT

- Refer to the supplier for any questions.

MEDICATION SAFETY

- Medications should be removed from storage only at administration times, and kept out of the reach of children, pets, and/or confused individuals.
- Store refrigerated drugs in a covered box inside the refrigerator, out of casual reach.
- Separate drugs labeled "For external use only" from internal drugs.
- Store each family member's drugs separately to avoid mix-ups.
- Do not take prescription drugs prescribed for another person.
- Do not keep drugs on windowsills or other surfaces where there is extreme exposure to light or heat.
- Re-fill prescription medications several days before you use the last dose in the container.
- Check medication expiration dates and discard expired medicine safely (see next section for safe medicine disposal)
- Do not "catch-up" doses if you miss taking a dose of your medicine. Ask your nurse or doctor what you should do.
- Dispose of contaminated/soiled materials by placing them in a plastic bag and sealing the bag before throwing it away.

FIRE PREVENTION AND RESPONSE

- Smoke detectors are recommended in each bedroom, hallway, and kitchen. Check them regularly. Mount or store a fire extinguisher (ABC type) in a central, accessible area. Make sure it functions well and that you know how to use it.
- DO NOT SMOKE IN BED or while sleepy.
- Keep space heaters/portable heaters away from furniture, cords, curtains, or other items that could ignite.
- Keep away from walkways where they can be bumped and cause burns. Make sure you have a screen in front of your fireplace.

- Make sure you and your caregivers know how to use 911 for emergencies. Notify your local fire department of any disabled persons at your residence.

EVACUATION PLAN

- Establish specific exit routes for safe evacuation and make sure they are free of clutter.
- Plan how to get someone who is ill out of an apartment that is not on the first floor.
- Know the location of all doors and windows.

EARTHQUAKE/DISASTER PREPAREDNESS

Before:

- Keep a 1-2 week supply of food and water on hand and consider any special dietary needs or formulas you may use. Place in a waterproof container.
- Store a 1-2 week supply of medications and/or medical supplies that you will need (insulin, syringes, and dressings).
- Know the procedure to follow if you are using medical equipment that runs on electricity and there is a power failure (ventilators, IV pumps, feeding pumps).
- Keep a flashlight and portable radio handy. These are helpful if the lights go out or for an emergency.
- Check the condition of and charge batteries, especially for special medical equipment. Block or lock wheels of items such as hospital beds, commodes, and refrigerators.
- Persons who live alone should appoint an official "buddy" who will check on them after an earthquake or disaster.
- Anchor tall furniture to the wall and remove heavy items from the top shelves.

During:

- If inside, stay inside and take cover under a heavy desk or table away from windows or objects which may fall. Drag a bed bound patient (or transfer them to a wheelchair) to move to a safe area.
- Lock the wheels on a wheelchair after moving to a safe area.
- If outside, stand away from trees, electrical lines, and buildings.
- Follow your evacuation plan.

After:

- Home infusion patients should go to the nearest emergency room if you run out of medications, solutions, or supplies and are unable to contact the Agency. We will try to contact patients as soon as possible after an earthquake. If necessary, use an ambu bag for a ventilator-dependent patient until you can connect to a back-up system.
- Turn off gas at the meter if you smell gas or hear hissing near gas appliances. **DO NOT LIGHT ANY MATCHES IF A GAS LEAK IS SUSPECTED.**
- Turn on a portable radio to listen for instructions from Public Safety Agencies.

EXTREME WEATHER CONDITIONS

How to Avoid Heat-Related Complications:

- Make sure that window air conditioners are installed snugly and window air conditioners and air conditioning ducts are insulated
- Weather strip doors and sills and place window reflectors made of cardboard covered with aluminum foil between windows and drapes.
- Drink plenty of water, especially when taking medication.
- Wear lightweight, light-colored and loose-fitting clothing.
- Avoid physical activities during periods of peak temperatures.
- Befriend a neighbor to check on you periodically to ensure that you are not being harmed by the heat.

- Watch for signs of heat-related illness, including fatigue, nausea, headache, and vomiting.
- Avoid drinks with caffeine and alcohol. Be sure to eat regularly.
- If in the sun wear sunscreen and a wide brimmed hat.
- Try to be less active during the hottest part of the day.

How to Avoid Cold Weather Complications:

- Have extra blankets on hand.
- Have a plan for meeting the needs of infants, children, seniors, and those with disabilities.
- Keep fire extinguishers on hand, and make sure everyone in your house knows how to use them. House fires pose an additional risk, as people turn to alternate heating sources without taking the necessary safety precautions.
- Do NOT bring heating devices into the home that are intended for outdoor use, such as barbeques and other cooking equipment or other fire burning devices. These items can produce deadly carbon monoxide.
- Learn how to shut off water valves (in case a pipe bursts).
- Hire a contractor to check the structural ability of the roof to sustain unusually heavy weight from the accumulation of snow - or water, if drains on flat roofs do not work.
- Wear several layers of loose fitting, lightweight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Wear mittens, which are warmer than gloves.
- Wear a hat.

Recognizing symptoms of exposure:

Confusion, dizziness, exhaustion, and shivering are signs of hypothermia. If you experience any of these symptoms, seek medical attention immediately.

Gray, white, or yellow skin discoloration, numbness or waxy skin are symptoms of frostbite. If you experience any of these symptoms, seek immediate medical attention. In the case of overexposure to freezing temperatures, remove wet clothing and immediately warm the body with a blanket or warm fluids like hot cider or soup. Avoid caffeine or alcohol.

For more information on preparing for emergencies, visit the Governor's Office of Emergency Services Website at www.oes.ca.gov. For health-related information, visit the Department of Health Services Website at www.dhs.ca.gov.

PROPER MEDICINE DISPOSAL METHODS

IMPROPER DRUG DISPOSAL MAY END UP IN DRINKING WATER

DON'T flush expired or unwanted medicine down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

In homes that use septic tanks, drugs flushed down the toilet can leach into the ground and seep into ground water.

In cities and towns where residences are connected to wastewater treatment plants, drugs poured down the sink or flushed down the toilet can pass through the treatment system and enter rivers and lakes. They may flow downstream to serve as sources for community drinking water supplies. Water treatment plants are generally not equipped to routinely remove medicines.

METHODS OF PROPER DRUG DISPOSAL

Drug Take-Back Events

To dispose of prescription and over-the-counter drugs, call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community. Some counties hold household hazardous waste collection days, where prescription and over-the-counter drugs are accepted at a central location for proper disposal.

Household Disposal Steps

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid or into a sealable bag.

4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.
5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

* Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009

SYMPTOM MANAGEMENT

PAIN

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Problems:

- Depression/Anxiety
- Change in person's lifestyle
- Anger
- Social Withdrawal

Causes:

- Trauma/Injury
- Infection
- Tumors or cancer
- Emotional and Spiritual stresses and worries

Treatments:

- Medications as directed by your Physician and the Hospice Interdisciplinary team.
- Emotional and Spiritual Support.
- Non-pharmaceutical therapies such as massage therapy, music therapy, and relaxation techniques.
- Socialization

ITCHING

An itch is a sensation of the skin causing the desire to scratch.

Problems:

Itching can cause:

- Redness or irritation to the skin
- Sleeplessness
- Agitation
- Infection

Causes:

- Dry flaky skin
- Rash
- Change in detergents or diet
- Some disease or cancer
- Medications

Treatments:

- Apply lotions to bath water in place of soaps
- Apply cornstarch to skin folds by first applying to hands
- Keep room cool
- Wear loose clothes
- Take warm baths with Aveeno powder or a cup of baking soda
- Take medications as directed by physician if needed

HICCUPS

A Hiccup is a spasm of the diaphragm (the muscle used in breathing found under the lungs).

Problems:

- Interruption in sleep
- Vomiting, it occurs when eating
- Pain at times

Causes:

- Excess air in the stoma
- Irritation of the nerve that controls the-diaphragm
- Tumors of the neck, lung and esophagus

- Metabolic disorders, uremia, sepsis, and hypocalcemia

Treatments:

- Breath slowly and deeply into a paper bag ten times and repeat if needed
- Rapid swallow two glasses of warm liquid
- Rapid wallow two teaspoons of granulated sugar
- Medications as prescribed

UNCONSCIOUSNESS

Unconsciousness is a condition in which the patient does not respond.

Problems:

- Unable to communicate their wishes
- Unable to eat or swallow
- Immobility which can lead to bedsores
- Dry mouth due to dehydration

Causes:

- Lack of Oxygen to the brain
- Change in the metabolic balance due to decreased intake
- Tumor spread to the brain
- Impending death

Treatments:

- The patient can still hear, so orient the patient by explaining who you are, what time of day it is, where he or she is and what are you doing during your care
- Turn the patient every 2 hours to prevent pressure sores
- Keep the lips moist and place ice chips or water droplets in the side of the patient's mouth
- Use natural tears or normal saline in the eyes to keep them moist
- Talk and touch the patient as if they were still conscious so they know you are there and they are not alone

FEVER

Change in body temperature from normal. Fever can be classified as low (99.0 to 100.4 F) moderate (100.5 to 104 F) or high (104+ F)

Problems:

- Chills
- Weakness
- Fatigue
- Sweating
- Dehydration

Cause:

- Infection
- Tumors
- Compromised Immune System

- Hypersensitivity to drugs
- Blood Transfusion

Treatments

- Increase Fluids
- Maintain stable room temperature
- Tepid sponge baths
- Antipyretic drugs such as aspirin and Tylenol as directed by your physician

URINARY INCONTINENCE

Urinary incontinence is the inability to retain urine.

Problems:

Urinary incontinence can cause:

- Skin excoriation and breakdown
- It can be painful
- It can be embarrassing

Causes:

- Infection
- Weak muscle tone
- Need to get the bathroom sooner

- Tumors of the bladder

Treatments

- Medications as directed
- Insertion of an Indwelling catheter
- Assist to the bathroom more often
- If patient is too weak to get to the bathroom, have a bedside commode next to the bed

DIZZINESS

Dizziness is a sensation of whirling or a feeling of falling.

Problems:

- Difficulty with balance
- Light-headedness
- Falls
- Nausea

Causes:

- Low blood pressure
- Weakness
- Anemia
- Infections

Treatment:

- Use corrective devices such as a cane or walker to prevent falls
- Avoid stooping to pick up something up from the floor
- Move from a lying position to an upright
- Medication as ordered by physician

SEIZURES

Convulsive movement and loss of consciousness followed by confusion or sleepiness

Problems:

- Seizures are frightening
- Injuries can occur

Causes:

- High fevers
- Injury to the head
- Tumor growth in the spine or brain

Treatments:

- Medications as directed
- During seizure, do not restrain

- Ease them to the floor
- Place a pillow along the side rails if the patient is in bed
- Do not place anything in the mouth
- After a seizure
 - Turn patient's head to the side, make them comfortable
 - Reorient the patient
 - Administer oral hygiene

SWELLING

Swelling, also called Edema, is an accumulation of fluid in the tissues.

Problems:

- Pain
- Interference with mobility
- Skin breakdown

Causes:

- Salt and water retention due to heart, kidney, or liver problems
- Malnutrition
- Tumor obstruction to the veins or lymph system

Treatments:

- Low salt diet
- Elevate your legs on pillows when in bed
- When sitting, keep legs up and supported from the knees down
- Change position in bed often if bed bound
- Take medications as directed

PRESSURE SORES

Pressure sores occur when oxygen flow to an area of the body stops and tissue dies.

Problems:

- Pain
- Decreased mobility
- Infections

Causes:

- Pressure of friction on the skin
- No change in position when a patient is either bed bound or chair bound
- Damp or wrinkled sheets

- Incontinence

Treatments:

- Do not massage the sore area
- Keep the sheets tight to prevent wrinkles
- Change position at least every 2 hours
- Change patient frequently in incontinent or urine or stool
- Wound care as ordered

DIFFICULTY SWALLOWING

Dysphagia is the medical term for difficulty swallowing.

Problems:

Dysphagia can cause:

- A sore mouth, drooling, excessive or no saliva
- Pain in the throat or chest when swallowing
- Oral monilia (white patches or coating on the tongue or mouth)
- Gagging or coughing

Causes:

- Infection in the mouth or esophagus
- Side effects of chemotherapy or radiation
- Cancer of the head and neck

- Weakness due to the disease progression

Treatments:

- Eat small meals of soft, high calorie foods such as puddings, yogurt, ice cream
- Keep head of the bed elevated for 1-2 hours after eating
- Puree foods such as fruits, meats and cereals
- Popsicles and crushed ice made from juices are soothing
- Cold compress to the throat 30 minutes before meals may help

DIFFICULTY BREATHING

Shortness of breath or difficulty breathing is called Dyspnea.

Problems:

Dyspnea can cause:

- Decrease in oxygen intake
- Weakness
- Fatigue
- Fear
- Anxiety

Cause:

- Anemia
- Infections (such as pneumonia)
- Other lung condition such as COPD, Pleural effusion, Lung Cancer

- Cardiac conditions such as CHF
- Ascites (accumulation of fluids in the peritoneal cavity) causing a pressure on the diaphragm under the lungs

Treatments:

- Oxygen
- Relaxation and reassurance
- Breathing exercises
- Nebulizer treatments
- Medication as ordered by physician

ABDOMINAL SWELLING

Accumulation of fluid in the abdomen making it appear swollen is called Ascites.

Problems:

Ascites may cause:

- Loss of appetite
- Nausea and vomiting
- Difficulty breathing
- Difficulty walking (off balance)
- Trouble sleeping

Causes:

- Tumors causing blockage of drainage
- Blood vessels may be damaged by disease and may not be able to handle the amount of blood flowing through them
- The heart may not be pumping properly

- The fluid then may seep into the abdomen from the blood or lymphatic vessels
- Cirrhosis of the liver

Treatments:

We may not be able to prevent it but these things may help:

- Restrict your salt intake
- Reduce sodium and MSG in your foods (read the labels)
- Medications as ordered by physician
- Wear loose fitting clothes

DEPRESSION

Depression is a feeling of sadness, despair, or discouragement that can last for weeks or months and interferes with a person's ability to manage their lives.

Problems:

Depression can cause:

- Fatigue
- Lack of sleep
- Isolation from family and friends
- Increase in pain
- Inability to concentrate

Causes:

- Loss of hope
- Disease process
- Feelings of abandonment
- Loss of control over one's life

- Medications
- Chemical changes in the body

Treatments:

- Relaxation
- Distractions-get involved in a pleasant activity with family and friends
- Music and a calm atmosphere
- Guided imagery/visualization
- Medications prescribed by physician

DIARRHEA

Diarrhea is the passage of loose or watery stools 3x a day or more.

Problems:

Diarrhea can cause:

- Abdominal cramps
- Dehydration
- Irritation to the anal area due to acidic digestive enzymes found in stool
- Weakness
- Interference

Causes:

- Tumor growth
- Anxiety
- Infection
- Diet and food supplements
- Medications (side effects)

Treatments

- Eat small meals and eliminate spicy foods, citrus, spices, and foods that produces gas such as beans, cabbage, broccoli, raw fruits, raw vegetables and carbonated soft drinks
- Avoid caffeine and milk products (if they make the problem worse)
- Drink clear liquids between meals such as broths, Gatorade, tea, apple, grape, and cranberry juices and ginger ale
- Medications as prescribed by physician

CONSTIPATION

Constipation is defined as small, infrequent, or difficult bowel movements. Because normal can vary in frequency from twice a day to once every other day, constipation must be determined in relation to the patient's normal elimination pattern.

Problems:

Constipation can cause:

- Headaches
- Anorexia (lack of appetite)
- Abdominal discomfort and pain
- Irritability
- Fecal impactions (hard stool which is difficult to pass and may have to be removed manually)

Causes:

- Low fiber diet
- Poor appetite
- Inadequate fluid intake
- Infrequent physical exercise
- Decreased urge to defecate
- Narcotics and other drugs

Treatments:

- Increase fiber in diet
- Increase fluid intake
- Bed bound patients should be repositioned frequently and should be helped to perform active or passive exercise
- The nurse will establish a bowel program depending on the individual's need

WEAKNESS

Problems:

Weakness can cause:

- Falls and injury
- Inability to perform activities of daily living (ADL)
- Decreased desire for socialization
- Sadness

Causes:

- Poor food and fluid intake
- Disease process
- Insomnia
- Depression and anxiety

Treatments:

- Rest between activities
- Schedule activities as tolerated and at time of the day that the patient appears more rested
- Eat foods high in protein
- Increased fluid intake as tolerated
- Use assistive devices to ambulate and provide a sense of security
- Medications if necessary for anxiety and or depression

COUGHING

Problems:

Coughing can cause:

- Poor appetite
- Sore Throat
- Lack of sleep
- Muscle pain, rib fracture
- Vomiting

Cause:

- Allergies
- URI Infections

- Thrush
- Diseases

Treatments:

- Medications as prescribed by physician
- Increase in fluids (unless you are told not by your nurse)
- Steam inhaler or room humidifier
- Change in position
- Ice chips with Honey

INSOMNIA

Problems:

Insomnia can cause:

- Interrupted sleep patterns
- Fatigue due to lack of sleep
- Irritability
- Difficulty focusing
- Restlessness

Causes:

- Worry and fears
- Pain
- Medication
- Difficulty breathing

Treatments:

- Deal with worries during the daytime
- Make sure your pain medications are adequate to last the night
- Exercise if possible
- Try taking less naps during the day
- Drink warm milk with honey at bedtime
- Take sleep medications as ordered

COMFORT MEASURES

POSITIONING

Pillows can be utilized to help achieve and maintain a few comfortable positions for the patient. The following information can act as a guide:

- To elevate the head and shoulders, use the pillow. Position two of the pillows across the person's back. Then place the third pillow across the upper position of the other two pillows.
- To support the arms, begin with the arrangement for elevating the head and shoulders. In addition to these pillows, add one additional pillow under each arm between the upper and lower arm regions.
- To support the legs, plant one fluffed pillow crosswise beneath the knees
- To elevate the legs, place two pillows beneath the legs slightly below the knee area
- To support the body in a side lying position, turn the patient on his/her side.
- Place one pillow under the patient's head and neck. Place one or two pillows, which have been rolled firmly against the back to help patient maintain his/her position. Place one or two pillows lengthwise between the legs.

SKIN CARE / INCONTINENT CARE

When the patient is spending large amounts of time in bed, it is important to remember that they need to be repositioned frequently to prevent skin breakdown, turning and repositioning at least every 2 hours is indicated.

- Keeping the skin moist and free of friction will also support good skin care.
- Avoid friction when changing the patient's sheets, clothing and incontinent briefs and pads.
- Using a skin barrier when the patient is incontinent will assist in keeping the skin intact.
- Change the patient's incontinent brief frequently.
- Ensure the patient's skin is clean without rubbing or scrubbing.

ORAL CARE

Cleansing the mouth provides several benefits for the hospice patient. Regular care helps to prevent sores and may improve the patient's appetite and desire to eat.

Things You'll Need:

- Soft toothbrush and toothpaste
- Cool water
- Small bowl
- Mouthwash
- Dry cloth
- Vaseline

Steps:

1. The patient may be able to do this unaided and, if so, will probably prefer to be independent. If the patient needs assistance, raise the head and trunk to a half-sitting position to prevent choking and put a dry cloth under the patient's chin.
2. Give the patient a sip of water to moisten the inside of the mouth.
3. Brush the teeth and gums gently with toothpaste, trying to thoroughly remove all food particles and crusted materials.
4. The patient can then spit into the bowl and rinse with cool water, followed by a mouthwash rinse.
5. After completing mouth care, apply a moisturizer such as Vaseline to the lips and both corners of the mouth to prevent cracking. Reapply the moisturizer throughout the day as needed.
6. Repeat twice daily.

Steps for Denture Patients:

1. After eating, remove and clean the dentures.
2. Gently clean the patient's mouth with a soft toothbrush or cloth.
3. Have the patient rinse with cool water, followed by a mouthwash rinse.
4. After completing mouth care, apply a moisturizer such as Vaseline to the lips and both corners of the mouth to prevent cracking. Reapply the moisturizer throughout the day as needed.
5. Repeat twice daily.

As the patient's weight goes down, they may find their dentures no longer fit properly. This may be caused by a change in the shape of the jaw. A poor denture fit may result in mouth sores. If refitting by a dentist is not possible, the dentures should be left out.

Things to Remember About Mouth Care

- Don't put the toothbrush too near the back of the patient's throat or the patient will gag.
- Do not give the patient mouth care as explained here if they are lying flat or are unable to swallow. The patient may choke on the liquid.
- If the patient cannot swish and remove liquid from the mouth, your primary nurse can give you special instructions for mouth care.
- If mouth soreness develops, tell your primary nurse.

NUTRITION FOR HOSPICE PATIENTS

For most of us, food is closely tied to life itself, but often appetite and food intake are lessened for the hospice patient. There are many possible causes for this loss of appetite.

HOW TO SUPPORT THE PATIENT DURING MEALS

- Do not force the patient to eat or constantly remind them of their decreased appetite. It is their choice whether or not they want to eat. Try an encouraging, gentle approach.
- Serve the meal in a comfortable, bright atmosphere. If possible, eat with the patient.
- Remove unpleasant odors and do not do unpleasant procedures around mealtime.
- Serve food cold or at room temperature to decrease its smell and taste. Serve beverages between meals instead of with meals (liquids at mealtime can lead to early fullness).
- Don't prepare large meals, this may be overwhelming and cause a sense of failure when large portions are left over. Give small, frequent meals of the patient's favorite foods.
- Serve easily consumed, high-calorie foods such as pudding, custard, Jello, ice cream, yogurt, milkshakes, eggnog, etc. Include high-protein supplements such as Ensure, Isocal, etc. Avoid greasy foods and rich sauces. Avoid food with a lot of spice or seasoning.
- Have the patient take a vitamin tablet each day to help meet their vitamin needs.
- Give oral care prior to meals to freshen the mouth and stimulate taste buds.
- Appetite tends to decrease as the day goes on; make the most of breakfast time.
- Give pain medicines on a schedule to reduce discomfort before and during meals.
- For example, give pain medicine a half hour prior to mealtime.
- Allow the patient to rest after meals but keep the head of the bed elevated to promote digestion.
- Adjustments to the diet may have to be made if the patient no longer wears their dentures. Soft foods or small, bite-sized portions of meat, softened with gravy are recommended.

- If nausea is a problem, your primary nurse can talk to the doctor about ordering medication to be given before meals to reduce nausea.
- When diarrhea is experienced, serve bland foods such as toast, rice, bananas, applesauce, etc. Avoid seeds, nuts, raw fruits and vegetables. To alleviate cramps, avoid gas forming foods such as dried peas, beans, and carbonated beverages.
- Encourage light activity one hour before meals.

Remember that the patient may ask for something and then not eat it. Patients may become nauseated by smells at times. Try not to show disappointment so that the patient will not feel guilty.

SWALLOWING WARNING SIGNS

Any of these signs can indicate a serious problem when swallowing.

- Clearing the throat frequently.
- A voice that sounds wet or gurgly.
- Spoken or verbal expression about fear of eating, swallowing, or choking.
- A delay in swallowing after food has been chewed.
- Holding food or liquid in the mouth without swallowing it.
- Exaggerated movements of the jaw, lips, or tongue.
- Tilling the head back to eat or drink.
- Swallowing several times on a bite.
- Food or liquid falling out of the mouth.
- Coughing during or after a meal.
- Fatigue or exhaustion before or after a meal.
- Significant weight loss over time.

CAREGIVER TIPS

- Eating should be slow and deliberate.
- Be sure the person is positioned properly.
- Choose food of appropriate texture and temperature.
- Report any coughing or choking to your nurse.
- Make sure the patient takes small bites and sips.
- Alternate solids and liquids.
- Have patient "dry swallow" or "double swallow" between bites.
- Have patients sit up after eating.

MANAGING SPIRITUAL DISTRESS

Spiritual distress is a disruption in a person's belief or value system. It may occur when a person is unable to find sources of meaning, hope, love, comfort, strength, and connection in life or when conflict occurs between their beliefs their life. It may affect their entire being.

SIGNS AND SYMPTOMS OF SPIRITUAL DISTRESS

- Sadness, anger, despair, depression, anxiety fear.
- Questions the meaning of life, suffering, and their belief system.
- Asks why this is happened, "Why now?", "Why me?"
- Feels a sense of emptiness, loss of direction, abandonment.
- Seeks spiritual help or guidance.
- Pain and other physical symptoms
- Talk about suicide, ending it all, asking for help to die, etc.

TIPS FOR GOING THROUGH SPIRITUAL DISTRESS

- Look for ways to keep and honor desired rituals and ways of life.
- Have at least one person to talk with whom you trust about your concerns, fears, or anger.
- Do not be hard on yourself for not feeling very spiritual.
- Listening to devotional recordings may offer comfort.
- Listening to instrumental music may be soothing.
- Allow someone to pray with/for you. Meditation may be helpful.
- Write, paint, or draw your feelings.
- Take your medication as prescribed.
- Forgive yourself, forgive others, and forgive God/higher power.

TIPS TO HELP SOMEONE THROUGH SPIRITUAL DISTRESS

- Provide a calm, relaxing setting.
- Treat the person with dignity and respect.
- Be willing to be present, listen, and reminisce.
- Enjoy the time together, look for ways to make memories.
- If asked, be open to contacting a spiritual leader.

MANAGING RESTLESSNESS

WHAT IS RESTLESSNESS?

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

SIGNS OF RESTLESSNESS

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

WHAT YOU CAN DO

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

WHAT TO REPORT TO THE HOSPICE CARE TEAM?

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

MANAGING DEMENTIA

Dementia is a term that describes a gradual, progressive loss of mental functions that may include thinking, memory, reasoning, and judgment. It also affects personality and the ability to interact with others. Dementia is not a specific disease; rather it describes a group of symptoms, caused by different disorders that affect the brain. Common causes of dementia are: Alzheimer's disease, alcoholism, and vascular disease (dementia caused by high blood pressure and stroke).

WHAT YOU CAN DO

- Treat the person with respect. Do not 'talk down' to them like a child
- Do not talk about them as if they are not in the room
- If they ask, remind them of the day, place and time, but do not feel the need to continually reorient them as it may increase agitation
- Try to understand the person's emotions and feelings. Persons with dementia often react to situations in a more emotional way
- Encourage daily routine with small rituals that are important. These can include prayers, washing hands, or preparing food
- Provide an explanation before doing a task
- Allow the person to do as much of his/her own care as he/she can. This will help maintain the person's self esteem
- Include former habits and memories. Things most recently learned are easily forgotten. Provide him/her with things to hold that represent part of his/her life. Pictures, piece of a child's clothing, football, etc. Music and gentle humming may be reminders of a familiar life
- Talk in a calm and reassuring manner
- The person may display unusual behavior. Try not to react negatively because this could upset the person and worsen the behavior
- Resist the impulse to control the behavior. All behavior may have meaning, even though it may not make sense to observers. If the person is showing signs of stress, redirecting him/her to a new activity may be helpful
- Watch for situations that could result in aggressive behaviors. Persons with dementia can become violent and may throw things or try to hit. Be aware of personal safety

MANAGING PSYCHOLOGICAL DISTRESS

Psychological distress is defined as uneasy feelings of anxiety or depression in response to physical, spiritual, or emotional demands that result in temporary or permanent harm.

SIGNS & SYMPTOMS OF PSYCHOLOGICAL DISTRESS

- Feelings of anxiety, sadness, anger. Wanting to be alone
- Feeling “out of control” or overwhelmed much of the time
- Difficulty coping with everyday problems
- Unable to talk about ways to solve problems or talk about fears
- Needing the help of others to make decisions
- Trouble sleeping
- Not taking care of self
- Looking sad, frowning. Crying easily. Loss of hope or sense of comfort
- Laughing at odd times
- Aches and pain. Feeling that your heart is racing
- Thoughts of suicide or hastening death
- Not wanting to follow the advice of the healthcare team

WHAT TO DO

- Do not feel you are bothering the hospice team by asking questions. Asking questions means you care.
- Provide a calm, relaxing setting.
- Be flexible. The patient may want to talk one day. The next they may need quiet and calm.
- Be willing to be with them without having to “do” something.
- If needed, help with medications. Report any medication side effects or changes in behavior.
- Treat the patient with dignity and respect.
- Don’t be afraid to ask for help. Do not be hard on yourself with comments like “I should have done this or that” or “I should have known that.”
- As much as you can, enjoy this time together and look for ways to make memories.

HOW TO PREPARE FOR POTENTIAL BLEEDING

Bleeding at the end of life is a distressing potential in some patients. Bleeding occurs for many different reasons such as clotting disorders, tumors that erode (wear away) blood vessels, and ulcers. Patients who have had previous bleeding are at increased risk. The most effective plan is to anticipate bleeding; have a plan in place to respond should bleeding occur.

SIGNS OF BLEEDING

Report any change in frequency or quantity of the following signs to the hospice care team.

- Previous bleeding from any site of the body including gums
- Blood-tinged coughing or vomiting
- Blood in urine or stool
- Nose bleeds
- Skin with excessive bruising or many pinpoint sized red areas on skin

WHAT TO DO

- Keep air humidified
- Have bandages/dressings available to apply as directed by care team
- Keep dark colored towels or blankets and waterproof underpads on hand in the event that bleeding occurs
- Keep non-sterile gloves in the home to use if you need to clean up after any bleeding episodes
- Discuss with your hospice/palliative care team:
 - Stopping any medications or remedies that can cause bleeding
 - The use of cough medicine for patients with a cough
 - What medications may be prescribed to lessen the problem
 - What medications may be present in the home that can provide sedation, anxiety relief, and pain relief

COMMUNICATING WITH SERIOUSLY ILL PATIENTS

WHAT TO DO

- Create a supportive environment where the setting is private for the patient and that is comfortable and quiet.
- Speak loudly but calmly, but do not shout
- Listen with full attention. Limit disruptions or distractions including the use of cell phones and texting.
- Acknowledge patient's emotions with caring and empathy. It doesn't mean that you agree with the emotion, but that you have some insight into how the patient feels.
- Give the patient time to ask questions and express thoughts.
- Use proper body language, tone of voice, and manners to show respect and understanding. Positive body language can include relaxed posture, facing the patient, and being at the same eye level.
- Sit face to face, making eye contact.

HELPFUL STATEMENTS TO START THE CONVERSATION

- "Tell me more about," or "how does this make you feel," will give you clues to patients' emotional states.
- Stating: "I hear your concern, your worry, or your frustration," is a helpful way to acknowledge that you heard what they say.
- "What are you most concerned about at this time?"
- Offer supportive comments to your patients for controlling pain and other symptoms.

MOBILITY AND SAFE TRANSFERS

Here are some tips when helping a patient move about.

- Evaluate the weight of the person being moved and that person's ability to help in the move.
- Do not attempt to lift anyone alone if you have any doubts of your ability to do so in a safe manner for you and the person involved.
- Establish a firm base of support by placing your feet 12-18 inches apart.
- Remember to flex your knees and to use the muscles in your arms and legs.
- Avoid straining your back muscles when lifting or moving anyone.
- Whenever possible, use push and/or roll techniques rather than direct lifting processes.
- Remain close to the person you are moving to maintain control.
- Lift smoothly to avoid the strains of jerky and awkward movements.
- Do not twist your body to turn. Instead, move your feet with your turning motion to change positions.

MANAGING COVID SYMPTOMS AT HOME

If you have possible or confirmed COVID-19

- Stay home except to get medical care.
- Monitor your symptoms carefully. If they worsen, call your healthcare provider immediately.
- Get rest and stay hydrated.
- If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have or may have COVID-19
- For medical emergencies, call 911 and notify the dispatch personnel that you have or may have COVID-19.
- Cover your coughs and sneezes with a tissue or use the inside of your elbow.
- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- As much as possible, stay in a specific room away from other people in your home. If possible, use a separate bathroom. Wear a mask if you need to be around others.
- Avoid sharing personal items with others in the household such as dishes, towels, and bedding.
- Clean all surfaces that are touched often such as counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

MANAGING ANXIETY & UNEASINESS

Anxiety is a feeling or deep sense that things are not right, which gets in the way of you living your daily life. Being a caregiver comes with many tasks, you may feel like you need to do all these at once, which can be overwhelming. This is why it's common for caregivers to feel anxious.

ANXIETY SYMPTOMS

- Fear, worrying, shaking, sweating, or tension
- Sleeplessness, disturbing dreams, or nightmares
- Rapid breathing or heartbeat
- Inability to relax or get comfortable
- Problems paying attention or concentrating, confusion

WHAT TO REPORT TO THE HOSPICE TEAM

- Feelings that may be causing anxiety (For example, fear of dying or worrying about money)
- Concerns about illness
- Problems with relationships with family or friends
- Spiritual concerns
- Signs and symptoms that anxiety is changing or getting worse

WHAT TO DO

- Do things that have helped anxiety in the past
- Write down your thoughts and feelings
- Treat physical problems such as pain that can cause anxiety
- Do relaxing activities like deep breathing or yoga, play soothing music
- Keep things calm
- Limit visitors
- Massage arms, back, hands or feet
- Count backwards from 100 to 0
- Avoid caffeine and alcoholic beverages
- Exercise
- Reach out to family, friends and other members of your team
- Use ordered medications as prescribed

DRUG COVERAGE UNDER HOSPICE

Hospice covers for the medications under the patient’s admitting diagnosis, **PLUS** the following drugs below:

Antibiotics	Levaquin, Cipro, Bactrim, Z-Pak
Analgesics	Acetaminophen, Norco, Ultram, Morphine, Codeine
Anti-Emetics	Compazine, Zofran, Scopolamine, Meclizine, Benadryl, Raglan, etc.
Anti-Fungals	Clotrimazole, Econazole, Fluconazole
Anti-Neoplastics or Hormonal Neoplastics	Methotrexate, Tamoxifen, Anti-Estrogen
Antispasmodics / Motility	Levsin, Donnatal, Bentyl, Protonix, Pepsid, Prevacid, Zantac, Turns, Gas X
Anti-Virals	Acyclovir, Combivir, Inosine, Interferons, Tamiflu, Valtrex, Relenza
Anxiolytics	Xanax, Valium, etc.
Digestants	Lactase, Beano, Alpha-lac, Bromelain, Cephulac, Digest Aide
Expectorants and Cough Products	Robitussin, Mucinex, Tessalonperle
Glucocorticoids	Betamethasone, Cortisone, Hydrocortisone, Cortef, Decadron, Prednisone
Laxatives / Cathartics	Dulcolax, Magcitrate, Suppository, Senna, DSS, DOK, Cascara, Lactulose
Palliative Medications (Mucositis / Stomatitis)	Peridex, Betcept, Chlorostat, Denti-rinse, Carafate
Sedatives / Hypnotics	Valium, Lunesta, Ambien, Restoril

SIGNS AND SYMPTOMS APPROACHING DEATH

We offer the following information to help you prepare for and anticipate symptoms which will indicate approaching death. Not all these symptoms will appear at the same time; some symptoms may never appear. All the symptoms described are indicative of how the body prepares itself for the final stage of life.

- The arms and legs of the patient may become cool to the touch, and you may notice the underside of the body becoming darker in color. These symptoms are a result of a slowdown in blood circulation.
- The patient will gradually spend more time sleeping during the day. At times it may be difficult to wake them up. These symptoms are a result of a metabolic change.
- The patient may become increasingly confused about time, place, and the identity of close familiar people/
- Incontinence, loss of control of urine and bowel movements, is often not a problem until death becomes imminent. The hospice can help you prepare bed linens to prevent stains.
- Oral secretions may become more profuse and collect in the back of the throat. This symptom is a result of a decrease in the body's intake of fluids and inability to cough up normal saliva production.
- Clarity of hearing and vision decreases slightly.
- You may notice the patient becoming more restless, pulling at bed linens, and having visions of people and things that do not exist. These symptoms are a result of a decrease in oxygen circulation to the brain and a change in the body's metabolism.
- The patient will have a decreased need for food and drink because the body will naturally begin to conserve energy.
- During sleep, at first, you will notice breathing patterns changing to an irregular pace where there may be 10-30 second periods of no breathing. This is referred to as periods of apnea. This symptom is common and indicates a decrease in circulation and build up in the body waste products.
- If the patient has a bladder catheter in place, you will notice that the amount of urine will decrease as death approaches.

COMFORT CARE AS DEATH APPROACHES

- Keep warm, non-electric blankets on the patient's body.
- Family members are encouraged to visit when they seem most alert. Remind the patient frequently about what day it is, what time it is and who is in the room talking to them.
- Consult the hospice nurse about pads to place under the incontinent patient and for hygiene techniques for cleanliness.
- Provide a cool mist humidifier to increase the humidity in the room when oral secretion builds up. Elevating the head of the bed with pillows or elevating the head of a hospital bed will make breathing easier. Cool, moist washcloths will relieve feelings of dehydration.
- Keep lights on in the room when vision decreases. Always assume the patient hears you. Hearing is the last of the 5 senses to be lost.
- Talk calmly and assuredly with the confused person so as not to startle or frighten them further.
- Elevating the head of the bed often relieves the person who has irregular breathing patterns.
- Consult with the hospice nurse as the urine output decreases. If the patient has a catheter, there is a possible need to irrigate the catheter to prevent blockage.

TIMELINE OF SYMPTOMS APPROACHING DEATH

1-3 Months

- Withdrawal from the world and people
- Decreased food intake
- Increase in sleep
- Less communication

1-2 Weeks

Disorientation

- Agitation
- Confusion
- Talking with the unseen
- Picking at clothes

Physical

- Decreased blood pressure
- Color changes, pale, bluish
- Respiration irregularity
- Sleeping but responding
- Not eating, taking little fluids
- Pulse increase or decrease
- Increased perspiration
- Congestion
- Fatigue
- Increase or decrease in body temperature

Days or Hours

- Intensity in 1-2 week signs
- Surge of energy
- Decrease in blood pressure
- Eyes glossy, tearing, half open
- Irregular breathing, stop/ start
- Restlessness or no activity
- Purplish knees, feet, hands, and blotchy skin
- Weak pulse
- Decreased urine output

Minutes

- "Fish out of water" breathing
- Cannot be awakened

SIGNS OF DEATH

- No pulse and no breathing. Check for pulse by listening to the heart or feeling for a pulse in the neck for a full minute. Listen and look for breathing for a full minute.
- Skin may look very blue, pale and waxy.
- Eyes are often half open and will not close.
- Jaw may relax causing the mouth to be partially open and may not close.
- Bowels and/or bladder may empty.

WHEN THE PATIENT PASSES

INITIAL STEPS AFTER PASSING

- **DO NOT CALL 911**. Call Orange Hospice as soon as possible to inform us of your loved one's passing. Our team will be there within the hour to pronounce the death, handle medical documentation and to make the arrangements with the mortuary to pick up your loved one.
- Select a funeral service provider if you have not done so already. Our team has a list of mortuaries that we can recommend to you.

PLANNING THE FUNERAL OR MEMORIAL SERVICE

- Decide which type of service best honors your loved one and any wishes they had (traditional funeral, cremation, memorial service).
- Select a meaningful location and suitable date for the service. This can be a religious setting, a funeral home, or an outdoor venue.
- We can help coordinate with a clergy member, celebrant, or guide you to lead the service.

PERSONALIZING THE CEREMONY

Some common ways to add a personal touch to your loved one's service:

- Choosing individuals for eulogies and readings
- Selecting music that resonates with their life and tastes
- Displaying their photos, artwork, or other personal items
- Hosting a reception at a meaningful place to your loved one

CONTINUING BEREAVEMENT SUPPORT

Orange Hospice continues to provide emotional, psychosocial, and spiritual support to you and your family through counselors, social workers, chaplains, and spiritual counselors. This service is available to you up to 13 months after your loved one's passing.

We encourage you to make use of these resources as you navigate this period of mourning. We are here to support you in making it a meaningful tribute to your loved one and to help you move forward.

GRIEF AND MOURNING

Grief is the normal, emotional response to a loss. Each person grieves in his or her own way. There is no right way to grieve. There is no specific timetable for completing the grief process. While grief is often associated with the death of a loved one, it may also be experienced at the time of other losses such as the loss of function due to illness, loss of a pet, loss through divorce, loss of future dreams or role changes, and many other changes in life or health.

Mourning is the outward expression of grief and includes rituals and customs such as funerals, viewing of the body, cremation, and other customs. Each religion, culture, ethnicity, and even different parts of the same country may have different expressions of mourning.

GRIEF REACTIONS

- Tightness in the chest and throat, breathlessness
- Headaches and dizziness
- Exhaustion or weakness
- Dry mouth
- Muscle aches
- Disbelief and shock
- Confusion and difficulty concentrating
- Hallucinations
- Preoccupation with the deceased
- Sadness or helplessness
- Anger, which may be directed at God, family, health care providers, or the person who died
- Shock, guilt, or anxiety
- Numbness or ambivalence
- Yearning
- Shame
- Fear
- Sleeping more or less
- Eating more or less
- Withdrawal from usual activities
- Crying

- Over activity or keeping busy
- Dreaming of the deceased

WHAT TO DO

- Give yourself permission to grieve
- Get plenty of rest, exercise and eat a healthy diet
- Try to have at least one close person with whom you share your feelings and receive support
- Consider keeping a journal to write down your feelings
- Don't push yourself to make changes in your life too quickly
- Reminiscing and putting together a memory book provide an active way to heal
- Get information about the normal grief process
- Attend a community grief support group

WHAT TO REPORT TO THE HOSPICE TEAM

- Persistent intense grief reactions months after the loss (not just occasional intense grief reactions)
- Thoughts of suicide or self-harm
- Social isolation
- Unplanned changes in weight
- Increase in use of alcohol or drugs

Orange Hospice cares about your well-being long after your loss. Take care to ensure you recover from your loss by creating a “new normal” way of life.

GRIEF AND MOURNING FOR CHILDREN

Adults sometimes feel that children are too fragile to face the reality of death, or too young to understand. Children experience the same emotions adults do; most are emotionally strong enough and want to know about death. The truth helps them understand what is real and what is not. It is important to remember that grieving is natural. Support for their unique grief processes helps children heal and learn to live with a painful loss. With help, a child may find grief a growing process. It is important to make sure that the help offered is age appropriate.

INFANTS AND TODDLERS AGES 0-3

Children this age:

- May not understand death, but may react to the emotions of adults around them
- May sense a change in his/her schedule
- May show distress if someone who has taken care of him/her is suddenly gone, or unable to care for him/her any longer

Signs and Symptoms of Grief/Mourning:

- May cry more than usual
- May have temper tantrums
- May be clingy

What to Do:

- Stay physically close to help the child feel safe. The child may need lots of hugs; allow him/her to sit on your lap
- Reassure him/her that he/she will be cared for and is loved
- Certain books may be read to the child and may be a good tool to help the child. Children may identify with a character in a book, learning they have similar feelings, which helps the healing process. Ask the nurse about books.

What to Report to the Hospice Team:

- Extreme behavior changes
- Withdrawal
- Frequent Nightmares

Should They Visit the Dying?:

Depends on the situation. If the child is old enough to understand what is happening and the dying person has played an important role in his or her life, then it may be good for both the child and the dying person

- The child needs to be prepared for what he/she will see and hear. A picture and description of equipment in the room may help.
- May be useful to children, to help diminish the mystery of death.
- May help the child develop more realistic ways of coping.
- A child should never be forced to visit a dying person or go to a funeral, not should he/she be made to feel guilty for not wanting to be involved.

Should They Attend Funerals?

Yes, if a child wants to go and is old enough to understand the event. Rituals can be an important part of the grieving process. Prepare the child for the event by explaining what they will see and hear, especially if there will be a viewing. Give the child a choice but try to understand the child's reasons so you can address any fears or misconceptions and answer questions.

The grieving process is normal, and the process helps both adults and children heal from their pain. If you have questions or concerns, please contact Orange Hospice. Your child and you may need support during a time of grief. Please don't hesitate to ask for help.

PRESCHOOL AGES 3-5

Children this age:

- May have some understanding about death but may think it is reversible like they see on cartoons.
- May ask when a loved one will return or may need the facts repeated.
- May believe that his/her thoughts or feelings have power over others and may believe they caused a loved one's illness or death.
- Do not understand that every living thing will die and may question if other people or pets die.

Explaining Death:

- The person talking to the child should be someone the child knows and trusts and it should be done in a quiet, private place.

- Tell the truth; explain what dead means. Keep it simple by saying the person's "body stopped working" and the doctors could not fix it. Tell the child he/she will never see that person again except in his/her memory or pictures.
- State the facts that the person "died/is dying" not that he/she "went/going away," "Passed/ing to the other side," or "went/going to sleep." The child may expect the person to return or wake up/
- Tell the child it is okay to cry or feel angry or sad. Acknowledge that it is a scary, confusing time. Allow him/her to see adults crying and express their emotions. Allow the child to ask questions.

Signs and Symptoms of Grieving and Mourning:

- Anxiety. The child may be clingy or demanding. He/she may lose his/her sense of security, or fear the loss of another loved one
- Difficulty sleeping. This is common, especially if "sleep" was used to describe death.
- Nightmares
- Behavior changes or acting out. The child may be angry at death, God, or other adults or themselves.
- Withdrawal. The child may not want to talk about the dying loved one, hide in his/her room or behind furniture.
- School problems. The child may have difficulty concentrating.
- Physical complaints. The child may experience, such as a headache, stomachache or similar symptoms as the person who is ill or died.

What to Do:

- Reassure the child that it was not his/her fault, that he/she will be cared for and is loved.
- It may take some time for a child to react. Be present and attentive.
- Allow the child to play and have fun.
- Certain books may be a good tool to help the child become aware of his/her feelings and talk about them. Children may identify with a character in a book, learning they have similar feelings, which helps the healing process. Ask the nurse about books.
- Report any extreme behavior to the hospice care team

Should They Visit the Dying?:

- It depends on the situation. If the child is old enough to understand what is happening and the dying person has played an important role in his or her life, then it may be good for both the child and the dying person.
- The child needs to be prepared for what he/she will see and hear. A picture and description of equipment in the room may help.
- May be useful to children, to help diminish the mystery of death.
- May help the child develop more realistic ways of coping.
- A child should never be forced to visit a dying person or go to a funeral, nor should they be made to feel guilty for not wanting to be involved.

Should They Attend Funerals?:

Yes, if a child wants to go and is old enough to understand the event. Rituals can be an important part of the grieving process. Prepare the child for the event by explaining what they will see and hear, especially if there will be a viewing. Give the child a choice but try to understand the child's reasons so you can address any fears or misconceptions and answer questions.

The grieving process is normal, and the process helps both adults and children heal from their pain. If you have questions or concerns, please contact the hospice or palliative care team, a bereavement group, religious advisor, or a mental health professional. Your child and you may need support during a time of grief. Please don't hesitate to ask for help.

SCHOOL AGED 6-9

Children this age:

- Are beginning to understand that death is final.
- May need more details about death, or how a loved one died. They may be curious about the physical details.

Explaining Death:

- The person talking to the child should be someone the child knows and trusts and it should be done in a quiet, private place
- Tell the truth; explain what dead means. Keep it simple by saying the person's "body stopped working," and the child will never see that person again except in their memories or pictures

- State the facts. State that a person “died/is dying,” not that he/she “went/going away,” “Passed/ing to the other side,” or “went/are going to sleep.” The child may then expect the person to return or wake up. Also, if the person died of illness, explain that they were very, very sick so the child will not be scared when he/she gets a minor illness.
- Address emotions. Tell the child it is okay to cry or feel angry or sad. Acknowledge that it is a scary, confusing time. Allow him/her to see adults crying and expressing their emotions. Allow the child to ask questions.

What to Do:

- Reassure the child that it was not his/her fault, that he/she will be cared for and is loved.
- It may take some time for a child to react. Be present and attentive.
- Allow the child to play and have fun.
- Rituals are important at this stage and help the situation seem more real. Allow the child to participate in a funeral or memorial if he/she desires.
- Certain books may be a good tool to help the child become aware of his/her feelings and talk about them. Children may identify with a character in a book, learning they have similar feelings, which helps the healing process. Ask the nurse about the books.
- Report any extreme behavior to the hospice care team.

Signs and Symptoms of Grieving and Mourning:

- Anxiety. The child may be clingy or demanding. They may lose their sense of security or fear the loss of another loved one.
- Sleep difficulty. This is common, especially if “sleep” was used to describe death. The child may have nightmares.
- Behavior changes, such as “acting out.” The child may be angry at death, God, other adults, or themselves. They may feel responsible.
- Withdrawal or attempts to hide feelings. The child may not want to talk about the dying loved one, hide in his/her room.
- School problems. They may have difficulty concentrating.
- School complaints. They may experience headaches, stomach aches or similar symptoms as the person who is ill or died.
- Denial that the death happened. Fear that other loved ones will die.

Should They Visit the Dying?:

- Depends on the situation. It may be useful to the child to help diminish the mystery of death. If the child is old enough to understand what is happening and the dying person has played an important role in his/her life, then it may be good for both the child and the dying person.
- The child needs to be prepared for what he/she will see and hear. A picture and description of the equipment in the room may help.
- It may help the child develop more realistic ways of coping.
- A child should never be forced to visit a dying patient, go to a funeral or funeral home, nor should he/she be made to feel guilty for not wanting to be involved.

Should They Attend Funerals?:

Yes, if a child wants to go and is old enough to understand the event. Rituals can be an important part of the grieving process. Prepare the child for the event by explaining what they will see and hear, especially if there will be a viewing. Give the child a choice but try to understand the child's reasons so you can address any fears or misconceptions and answer questions.

The grieving process is normal, and the process helps both adults and children heal from their pain. If you have questions or concerns, please contact the hospice care team, a bereavement group, religious advisor, or a professional counselor.

PRETEENS AND TEENS AGES 10+

Children this age:

- May have developed an understanding of death; that death is final, but remains a mystery.
- While understanding death, they still may be careless with their own health and safety because they have a feeling that it will never happen to them.
- May want to talk about death and other abstract topics.
- May begin to question the family faith and other beliefs.

What to Do:

- Refer to professional counseling, if needed

- Access grief and bereavement support groups
- Certain books may be a good tool to help the preteen/teen become aware of their feelings and talk about them. The preteen/teen may identify with a character in a book, learning they have similar feelings, which helps the healing process. Ask the nurse about books.
- Allow them to participate in any family rituals such as funerals, wakes, and memorial services.
- Allowing them to speak to someone other than a parent about their feelings may be best. Encourage them to seek another trusted adult such as a counselor, teacher, pastor, or coach.
- Report any extreme behavior to the hospice care team

Explaining Death:

- Should be done by a person they know and trust.
- Know the facts and be honest. Make sure they understand that death could not be prevented, such as when a person dies of cancer.
- Provide needed structure, support, and guidance. They are no longer children, but not yet an adult. Allow them to express anger or guilt. They may try to hide their feelings, so let them know their emotions are okay and normal.
- Maintain family closeness but respect their privacy.

Signs and Symptoms of Grieving and Mourning

- Anger or guilt
- Withdrawal or attempts to hide their feelings
- Aggressive behavior
- Resistant to help and may react by trying to take care of others
- May have difficulty concentrating in school

Should preteens/teens visit the dying?:

- This depends on the situation. If the child is old enough to understand what is happening and the dying person has played an important role in his or her life, then it may be good for both the child and the dying person.
- The preteen or teen needs to be prepared for what he/she will see and hear. A picture and description of the equipment in the room may help.

- The preteen or teen should never be forced to visit a dying patient, go to a funeral or to the funeral home, nor should he/she be made to feel guilty for not wanting to be involved.

Should Preteens/Teens Attend Funerals?

Yes, they want to go and understand the event. Rituals can be an important part of the grieving process. Prepare them for the event by explaining what they will see and hear, especially if there will be a viewing. Give them a choice but try to understand the child's reasons so you can address any fears or misconceptions and answer questions.

The grieving process is normal, and the process helps both adults and children heal from their pain. If you have questions or concerns, please contact the hospice care team, a bereavement group, religious advisor, or a professional counselor.