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TRI CITY HOSPICE INC.

Hours of Service

TRI CITY HOSPICE INC. shall provide hospice care twenty four (24) hours as day, seven (7) days a week in accordance with physician and patient needs. RN supervisor coverage is provided twenty four (24) hours a day, seven (7) days a week.

On admission to the hospice care program, the patient, family and significant other and care provider(s) shall be instructed that **TRI CITY HOSPICE INC. is NOT emergency services.**

A schedule of intermittent visits will be established based on necessary and approved care.

Business Hours:

The ON-CALL Nurse may be reached by contacting (818) 433-4524

Skilled Nurse	
Hospice Aide	
Physical Therapist	
Occupational Therapist	
Speech Therapist	
Medical Social Worker	
Physician's Name/Phone No.	
Chaplain	
Volunteer	
Medical Director	
Registered Dietician	

TRI CITY HOSPICE INC.

What to do in case of emergency?

Call TRI CITY HOSPICE INC. FIRST

In the event that you experience any situation that causes an increase in concern of distress, for you or the patient, please contact the hospice nurse at our office. Our office locations and hours are:

MONDAY THRU FRIDAY AT 10:00 AM TO 5:00 PM
13096 Borden Ave Sylmar, CA 91342

The ON-CALL Nurse may be reached by contacting (818) 433-4524

Note:

Contacting 911 or transporting a patient may impact your hospice benefits and payments for services. The ambulance and/ or hospital must receive authorization from hospice before providing transport of care. You will be responsible for any transport or emergency room bills incurred without prior authorization from the hospice. Notify us ASAP should anyone panic because of your loved one's symptoms and dial 911. We are here to help you through these difficult and emotionally draining occurrences.

Dear Patient:

In the event of an emergency, please contact one of the following:

Emergency Services: 911

Family Phone #: ____

TRI CITY HOSPICE INC. (818) 433-4524

Equipment /Supply Co Phone 14:________________________________

Pharmacy Phone #: ____

MD's Phone #: ____

All DME companies that **TRI CITY HOSPICE INC.** is associated with -hive back-up oxygen tanks. If you hive any

questions, please call the DME Company.

Sincerely,

TRI CITY HOSPICE INC.

L.A. County Utility Companies and Fire Departments for power outage

City	**Utility Company #**	**Fire Department #**	**City**	**Utility Company #**	Fire Department #
Alhambra	**(800) 655-4555**	**(656) 570-5190**	**Lakewood**	**(800) 655-4555**	**(323) 881-2411**
Altadena	(800) 655-4555	(626) 744-4675	**Long Beach**	**(800)** 655-4555	(562) 570-2537
Arcadia	**(800) 655-4555**	**(626) 574-5100**	**Los Angeles**	**(213) 367-6080**	**(323) 881-2411**
Azusa	(626) 812-5225	(626) 444-2581	**Lynwood**	(800) 655-4555	(310) 886-0416
Baldwin Park	**(800) 655-4555**	**(626) 444-2581**	**Monrovia**	**(800) 655-4555**	**(626) 256-8181**
Bell Gardens	(800) 655-4555	(323) 890-4132	Montebello	(800) 655-4555	(323) 887-4510
Bellflower	**(800) 655-4555**	**(310) 638-6121**	**Monterey Park**	**(800) 655-4555**	**(626) 307-1262**
Burbank	(800) 342-5397	(818) 328-3480	N. Hollywood	(800) 342-5397	(818) 756-8660
City of Industry	**(800) 655-4555**	**(626) 444-2581**	**Pasadena**	**(626) 744-4005**	**(626) 744-4655**
Covina	(800) 655-4555	(626) 858-5500	Pico Rivera	(800) 655-4555	(323) 721-0705
Diamond Bar	**(800) 655-4555**	**(909) 629-9674**	**Porn ona**	**(800) 655-4555**	**(909)620-2216**
Dow ney	(800) 655-4555	(562) 904-7345	Rosem ead	(800) 655-4555	(626) 444-2581
Duarte	**(800) 655-4555**	**(626) 444-2581**	**Rowland Hts.**	**(800) 655-4555**	**(626) 444-2581**
El Monte	**(800) 655-4555**	**(626) 580-2150**	**San Dim as**	**(800) 655-4555**	**(323) 881-2411**
Glendale	**(818) 548-4814**	**(818) 548-4814**	**San Gabriel**	**(800) 655-4555**	**(626) 308-2828**
Glendora	(626) 914-8239	(626) 969-7876	San Marino	(800) 655-4555	(626) 300-0735
Granada Hills	**(800) 342-5397**	**(818) 756-8618**	**Santa Monica**	**(800) 655-4555**	**(310) 458-8651**
Hacienda Hts.	**(800) 655-4555**	(626) 444-2581	Sierra Madre	**(800) 655-4555**	(626) 366-2185
Haw. Gardens	**(800) 655-4555**	**(213) 458-5971**	**S. El Monte**	**(800) 655-4555**	**(626) 444-2581**
Hawthorne	(800) 655-4555	(310) 263-2732	South **Gate**	(800) 655-4555	(310) 638-6121
Hollywood	**(800) 342-5397**	**(323) 262-2111**	**S. Pasadena**	**(626) 744-4409**	**(626) 403-7300**
Hunt. Park	(800) 342-5397	(323) 262-2111	Temple City	(800) 655-4555	(626) 287-9521
Inglewood	**(800) 655-4555**	**(310) 412-5350**	**Tujunga**	**(800) 342-5397**	**(818) 790-4686**
La Canada	(800) 342-5397	(626) 793-7176	**Walnut**	**(800) 655-4555**	**(909) 629-9671**
La Puente	**(800) 655-4555**	**(626) 968-1720**	W. **Covina**	**(800) 655-4555**	**(626) 814-8505**
La Verne	(800) 655-4555	(909) 596-5991	**Whittier**	(800) 655-4555	(562) 868-0411

PROCEDURES WHEN DEATH OCCURS AT HOME

Call hospice at (818) 433-4524 .

It is not necessary to call 911 or the police when a hospice home death occurs.

The hospice nurse will notify the physician and mortuary if you wish. If you prefer, you can call the doctor and the mortuary yourself. You will need to provide the following basic information:

- Name of the Deceased
- Date and Time of Death
- Date the Patient Last Saw the Doctor
- Your Address and Telephone Number
- Patient's Birth Date
- Patient's Social Security Number
- Name and Address of Patient's Physician

It will take mortuary staff about one hour to arrive. If you wish to have more time, let them know. In most cases, the mortuary will arrange for the death certificate to be signed at the doctor's office. It is not necessary to have a doctor or nurse present to pronounce the d

THE HOSPICE TEAM

The **Registered Nurse** is the coordinator of the hospice care team and works closely with the patient, caregivers, family members and the patient's physician to control pain and other physical symptoms. The nurse makes regularly scheduled visits to provide hands-on care, education and support. The nurse teaches physical comfort measures and medication administration, monitors the patient's condition, and explains changes that are occurring and are expected to occur. A hospice nurse is available for telephone consultation 24 hours a day, 7 days a week.

The **Hospice Social Worker** assists the patient and family in coping with the psychological, emotional, social and financial realities of a life-threatening illness. The social worker can provide individual and family counseling, information regarding community resources, eligibility requirements for additional services, guidance in preparing for a home death and help with funeral arrangements.

The **Hospice Chaplain** provides spiritual support to patients and families. This support includes individual care to those in need, regardless of belief or religious affiliation. The chaplain can provide or arrange for religious services when appropriate.

Home Health Aides are available to assist with the patient's personal care needs, such as bathing, linen changes and skin care.

The **Registered Dietician** is consulted when there are concerns or problems related to the patient's nutritional needs.

Physical, Occupational and Speech Therapists are available to patients on an as-needed basis, as assessed by the hospice staff.

Hospice Volunteers are trained and supervised to assist patients and family members in a variety of ways, including respite for the caregiver, companionship, meal preparation, errands and emotional support.

The **Hospice Medical Director** is a medical consultant to the hospice team and to the patient's physician.

The **Hospice Bereavement Staff** supports family members, friends and significant others who are experiencing loss and grief.

HOSPICE CARE AND CRITERIA FOR ADMISSION

Hospice care is based on the belief that the patient and family is the unit of care. Services are provided by the Hospice Interdisciplinary Team in an effort to meet the medical, emotional, practical and spiritual needs of the patient and family. The core services available to patients and families include, but are not limited to nursing, social work, home health aide, volunteer and chaplain visits, nursing consultation 24 hours a day, 7 days a week, and bereavement support for families for one year following the death of the patient. **Eligibility for hospice care is not based on the patient's race, color, creed, sex, age, handicap (mental or physical), communicable disease, ability to pay, or place of national origin.**

Patients admitted for Hospice care meet the following criteria:

1. The patient has a life limiting illness as determined by the attending physician and the Hospice Medical Director, utilizing standard clinical prognosis criteria.
2. The patient is under the care of a physician who orders and approves the provision of hospice care, and who participates in the patient/ caregiver/ family Plan of Care.
3. The patient desires hospice services and understands the focus of the care provided is comfort rather than cure.
4. The patient/ caregiver/ family agrees to 'participate in the Plan of Care, and sign the consent form for hospice care.
5. The patient resides within the geographical area that TRI CITY HOSPICE INC. serves.

SERVICES OF THE HOSPICE MEDICARE / MEDI-CAL BENEFIT PROGRAM

1. Nursing Care on an intermittent basis for pain and symptom control, emotional support and teaching interventions related to preparation for expected death
2. Medical Consultation: the patient's primary physician is responsible for care; the Hospice Medical Director is available to consult with the hospice team, the primary physician and, with the primary physician's approval, the patient and family
3. Physician, Nurse and Pharmacist Consultation 24 Hours a Day, 7 Days a Week
4. Certified Home Health Aide/ Homemaker Services on an intermittent or shift basis for bathing, personal care and some light housekeeping
5. Spiritual Counseling to Patient and Family: Spiritual counseling by a chaplain
6. Nutritional Counseling to Patient and Family: Nutritional counseling by a registered dietitian
7. Medical Social Worker for individual and family support and counseling, assistance with decision-making and problem-solving
8. Volunteers for caregiver UNION, companionship, transportation, errands, emotional and spiritual support
9. Physical, Occupational and Speech Therapy as needed for transfer techniques, diversionary activities, communication devices
10. Pharmacy Services for medications for symptom management, including infusion services
11. Approved medical supplies and equipment
12. Inpatient General Care at contracted facilities for uncontrolled symptoms
13. Inpatient Respite Care at contracted nursing facilities for up to 5 days
14. Continuous Care Services at home in medical emergencies provided by an RN, LVN and/ or CHHA
15. Bereavement Support for family members for one year following the death of the patient.

SERVICES COVERED BY MEDICARE / MEDI-CAL INSURANCE

Hospice Services	Medicare Hospice	Medicare Senior Plus	Medi-Cal	Other HMOs, PPOs & Private
Pharmacy Inpatient	95%·	**95%[4]**	**100%**	**Insurances**
Respite Medical	5 days	5 days	5 days	Varies by plan'
Equipment	**100%**	**100%**	**100%**	**Varies by plan'**
Intermittent patient care services	100%	100%	100%	Varies **by** plan' Varies by plan‾
Limited continuous care services[3](wh**en medically indicated)**	**100%**	100%	100%	Varies by plan'
Authorized hospitalizations (ECHI contract hospitals only)	100%	100%	100%	Varies by plan‾
Hospice services	100%		100%'	Varies by plan'
100% **available to patients in skilled nursing facilities**				
Patient able to elect	Yes	Yes		In most cases‾

Yes **ECHI as a hospice care provider**

Upon request, ECHI also provides spiritual care, individual bereavement support and volunteer services at no cost to all patients.

After share of cost, if applicable

`Contact ECHI for verification of coverage

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[3] Continuous care services are longer than regular visits and provide assistance to families or skilled care for acutely ill patients to avoid hospitalization.

[4] **FUN! chooses to waive the remaining 5% cost of pharmacy services at this time**

Medi-CAL Hospice program:

Nledi-CAL patients are accepted and provided hospice services as part of their **Medi-CA L** hospice benefit. They have the same benefit periods, except that they can receive care for a 13 month period.

Private Insurance Hospice:

Many private insurances provide for hospice services or those services can be negotiated under specific individual policies.

Providing Hospice Services in a Skilled Nursing Facility (SNF) or a Residential Care Facility (RCFE)

Providing care to patients in their homes is always possible. There are several reasons which may necessitate the patient being cared for in a Skilled Nursing Facility (SNF) or Residential Care Facility (RCFE):

- The patient's caregiver is unable to manage the medical needs of the patient or has no caregiver.
- Effective pain and symptom management are not being achieved at home.
- The stress of the terminal illness becomes overwhelming for the patient or the family.

The hospice team provides supplemental services above and beyond the routine care and services provided by the skilled nursing facility/ residential care facility. They remain in control of the patient's medical care, and they work closely with the facility's staff in providing optimal care.

HOSPICE LEVEL OF CARE

There are four hospice level of care. The level to be provided is based on the patient's need for care, the hospice team's recommendations and the order from the patient's physician. The levels of care are:

Routine Home Care

Advice the agency of any problems or dissatisfaction with our care, without being subject to discrimination or reprisal.

_ Contact the Director of Patient Care Services of **TRI CITY HOSPICE INC.** at the phone number or address sown below.

TRI CITY HOSPICE INC.

13096 Borden Ave Sylmar, CA 91342
Phone: (818) 433.4524

Routine care is provided at your home on an average day. The hospice team and services are available at scheduled times, and on-call to respond to emergencies 24 hours a day, 7 days a week.
Services include:

- Interdisciplinary case management by a team comprised of:
    - Skilled Nurses
    - Hospice Medical Director
    - Medical Social Worker
    - Certified Home Health Aides
    - Volunteers
- On-call services (Home visits can prevent ER visits and hospitalizations)
- Visits by nurses, home health aides, medical social workers and spiritual counselors.
- Family counseling and education regarding care.
- Hospice physician employed by hospice to provide clinical direction to the hospice team.
- Volunteer support.
- Bereavement counselor evaluation and plan for caregiver & family support for up to 13 months.
- All durable medical equipment and medical supplies as required for treatment of the terminal diagnosis.

- Medications related to terminal illness.
- Dietary counseling and diversified therapies for comfort care.

Continuous Care

Continuous level of care is hourly care in the home for a brief period; skilled nurses and home health aides/ homemakers who may be necessary for acute pain and symptom management or during times of crisis, continuous care must be short term and available only as ordered by your physician and the Hospice Interdisciplinary Team.

Respite Care

Respite level of care is provided in an institutional setting: nursing facility or in-patient hospice, to support the in-home caregiver during times of fatigue, stress or illness. Respite care is available for 5 consecutive days and must be approved by your physician and the Hospice Interdisciplinary Team.

In-Patient Care

In-patient level of care is a substitute for acute hospitalization in that palliative care, not curative care is the focus. Short periods of in-patient care may be appropriate for patients whose needs cannot be adequately met at home. The goal is symptom UNION and a safe return to the home setting.

MEET THE CHAPLAIN

Often people think of the Chaplain as someone who comes to pray, read scripture or lead a closure ceremony or memorial service. These, of course, are quite important and very much a part of what a chaplain's work is about. In addition, however, chaplains work with patients and their families as they struggle with the tough questions around grief, conflicts, forgiveness and letting go.

Each person's life story is unique and amazing. Many people have parts of their life story that they never shared. We at TRI CITY HOSPICE INC. value the opportunity to share these.

A chaplain's visit can be a time to sort through emotional and spiritual struggles. These are times of open sharing to work with all sorts of issues, without judgment, and with the assurance of confidentiality. These may include exploring such questions as

What is the meaning of life? What am I leaving behind? Are there wounds I have not allowed to heal? Are there resentments that are still controlling me or those around me? Is there guilt I cannot release? Fears that seem too much? Regrets about things in my life that I wanted to say or do? Do I fear death or have concerns about it? Are there unspoken feelings about the religious or spiritual areas in my life — including anger — which I wish to express?

The hospice chaplain contacts each person by telephone shortly after admission to hospice care. At that time a visit with the chaplain may be scheduled, declined or postponed. The hospice chaplain may be reached at any time by calling the hospice office.

May God's spirit of peace, love and wholeness be with you at these difficult times?

MEET THE VOLUNTEERS

Hospice volunteers are a very important part of the Hospice Team. They are people from all walks of life — retirees, students, professional people — who believe in Hospice and want to help patients and families during this difficult time.

Hospice volunteers go through a strict screening process, complete a specialized training program and report to the Coordinator of Volunteers. Volunteer Services are provided at no additional cost to patients and families.

What can Hospice volunteers do? For a few hours a week they are available to help in many ways, big or small. They can be with the patient so a caregiver can take a break; they can provide transportation to doctors' appointments; they can walk the dog, fix lunch, or go to the grocery store. Most importantly, they can offer companionship and emotional support to both the patient and family members. Even for patients who are very weak, a volunteer's gentle presence can provide added comfort and a sense of security.

We encourage you to consider requesting a volunteer as part of your hospice team. Because volunteers donate their time, availability varies. We will do our utmost to accommodate your request.

If you would like to know more about hospice volunteers, ask any member of the hospice team or call the hospice office and speak with the Coordinator of Volunteers. We are here to help.

HOW A HOSPICE SOCIAL WORKER CAN HELP YOU

The Hospice Social Worker is a member of your hospice care team, working with the nurses, home health aides, chaplain, volunteers, and others to assist you. He/ She is experienced in helping with the special needs of hospice patients, caregivers and their families. He/ she needs to make at least one home visit to complete her assessment of the patients and caregiver's support network and resource.

Assessing Various Patient and Caregiver Needs and Problems:
The Hospice Social Worker will assist you with such issues as out of home placement, coordination of services between the patient and service providers such as aides and homemakers, and the unique safety concerns of hospice patients.

Making Referrals to Community Resources and Providing Advocacy Services:
The Hospice Social Worker is aware of various community agencies and their resources and limitations. With the patient and caregiver's consent, he/ she will make appropriate referrals to in-home supportive services, financial assistance programs, self-help and support groups, etc. He/ she is a skilled advocate for patients who are having problems with an agency.

Providing Emotional Support and Counseling:
The Hospice Social Worker has special training to help patients, caregivers and their families to cope with the adjustments and losses that come with terminal illnesses. He/ she will provide counseling and encouragement, aiding especially in communication of feelings and expectations. He/ she is an advocate for the patient's rights of self determination in quality of life issues.

Teaching Non-invasive Pain and Symptom Control Techniques:
With the recommendation of the nurse case manager, the Hospice Social Worker will teach relaxation, guided imagery, or visualization techniques to maximize pain and symptom control treatment.

Discussing Financial and Legal Issues and Final Arrangements:
The Social Worker can help in applying for, understanding and dealing with Medi-Cal, Medicate and the financial programs of Social Security (SS, SSD, and SSI). He/ she is able to discuss the alternatives of patient care from a monetary perspective. He/ she will present information and assistance with the Durable Power of Attorney for Health Care form. He/ she provides information on the how-to's of making decisions on funeral, mortuary, cemetery, and cremation services.

A Hospice Social Worker will be assigned to assist the patient and their caregiver and families, after his/ her initial assessment, you may expect him/ her to stay in touch on a regular basis to see if you need assistance or wish to have him/ her visit.

THE ON-CALL SYSTEM

TRI CITY HOSPICE INC. office hours are 10:00 am — 5:00 pm, Monday thru Friday. During office hours, please call (818) 433-4524 However, a patient's condition may change and your family may have important caregiving questions after our office has closed.

Our On-call system is designed to assist with your concerns that arise after office hours.

If you do not have a touch-tone phone and need to reach the TRI CITY HOSPICE INC. nurse, or other TRI CITY HOSPICE INC., staff person after hours, please call the On-call Hospice nurse at (818) 433-4524 The On-call nurse will assist you or appropriately connect you with the staff person you are calling. The On- call nurse receives a daily report of changes on all TRI CITY HOSPICE INC. Hospice patients and directions to each patient's home. The nurse will help with your questions and come to the home when the patient's condition cannot be managed with phone contact.

Some examples of when you need to call the On-call nurse include:

- Questions about medicines, especially if there have been recent changes in the medicines or the doses.
- If you have question about symptoms. If the patient seems to have changes, for example, is having trouble swallowing, is becoming restless, has difficulty breathing, or you feel something is wrong, but you are not sure what it is.
- If you are feeling anxious and unsure. "Is this something important?"
- "Do we need to do something right away?"

Please do not hesitate to call if you have any questions or concerns. A reassured

patient and caregiver are best support that we can provide to you and your family.

Information Regarding Your Medication Regimen

Your doctor has prescribed medication to help you treat your condition. This medication w ill help you only if you take it correctly. Here's how:

How to fill your prescription

- Your hospice nurse will have your prescription filled at the

  TRI CITY HOSPICE INC. assigned pharmacy. That way, the pharmacist can keep a complete record of your medications.

How to take Your Medication

- Take your medication in a well-lit room. Double check the label to make sure you are taking the right medication at the right time. If you don't understand the directions, call the hospice nurse.
- If you forget to take a dose or several doses, do not take two or more doses together. Contact the hospice nurse for directions.
- Make sure you shake the liquid medicine bottles (if directed to do so) effectively before taking.
- If you have any questions regarding your medication, please contact the hospice nurse.

How to Store Your Medication

- Keep your medication in its original container in a properly labeled prescription bottle. If you are taking more than one medication, do not store them together in a pillbox or container.
- Store your medications in a cool, dry place or as directed by your pharmacist. Do not keep it in a bathroom medicine cabinet where heat and humidity may cause it to lose its effectiveness, some medications require refrigeration. Please read labels carefully.
- If you have children, make sure your medication containers have childproof caps. Always keep the containers beyond the reach of children.
- Wash your hands before taking your medications to avoid contamination.

HIPAA N OTICE OF PRIVACY PRACTICES

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

USE AND DISCLOSURE OF HEALTH INFORMATION

TRI CITY HOSPICE INC. may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

1. **To Provide Treatment.** The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.
2. **To Obtain Payment.** The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.
3. **To Conduct Health Care Operations.** The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all the Agency's patients. Health care operations includes such activities as:
    - Quality assessment and improvement activities.
    - Activities designed to improve health or reduce health care costs.
    - Protocol development, case management and care coordination.
    - Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
    - Professional review and performance evaluation.
    - Training programs including those in which students, trainees or practitioners in health care learn under supervision.

- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency should such be implemented.

For example the Agency may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

4. **For Appointment Reminders.** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.
5. **For Treatment Alternatives.** The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **When Legally Required.** The Agency will disclose your health information when it is required to do so by any Federal, State or local law.
7. **When There are Risks to Public Health.** The Agency may disclose your health information for public activities and purposes in order to:
   - Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
   - Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements ofthe Food and Drug Administration.
   - Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading disease.
   - Notify an employer about an individual who is a member of the workforce as legally required.

8. **To Report Abuse Neglect Or Domestic Violence.** The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
9. **To Conduct Health Oversight Activities.** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

/0. **In Connection With Judicial and Administrative Proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. *[e.g. a court order is required for the release of any confidential medical information (alcohol or drug abuse/dependency or psychiatric disorders).]*

11. **For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

    - As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
    - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
    - Under certain limited circumstances, when you are the victim of a crime.
    - To a law enforcement official if the Agency has a suspicion that your death was the result of crim inal conduct including criminal conduct at the Agency.
    - In an emergency in order to report a crime.

12. **To Coroners and Medical Examiners.** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

13. **To Funeral Directors.** The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.
14. **For Organ, Eye or Tissue Donation.** The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation or organs, eyes or tissue for the purpose of facilitating the donation and transplantation.
15. **For Research Purposes.** The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.
16. **In the Event of a Serious Threat to Health or Safety.** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
17. **For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.
18. **For Worker's Compensation.** The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other that what were stated above, the Agency will not disclose your health information without your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following right regarding your health information that the Agency maintains:

1. **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care.H owever, the Agency is not required to agree to your request. If you wish to make areque st for restrictions, please con tact **our HIP AA Liaison officer at 818-433-4524.**
2. **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact our **HIPAA Liaison officer at 818-433-4524.**

The Agency has the right to request that you provide a reason for your request and will attempt to honor your reasonable requests for confidential communications.

1. **Right to in.sect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to our **HIPAA Liaison officer at 818-433-4524** If you request a copy of your health information, the Agency may charge a real onable fee for copying and assembling costs associated with your request.
2. Right **to amend health care information.** You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to our **HIPAA Liaison officer at 818-433-4524.** The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records your are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.
3. **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to our **HIPAA Liaison officer at 818-433-4524** The request should specify the time period for the accounting starting on or after February 13, 2008. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any I2-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
4. **Right to a gaper copy of this notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this

Notice previously. To obtain a separate paper copy, please contact our HIPAA Liaison officer at 818-433-4524.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You (or your personal representative) have the right to express complaints to the Agency and to the Secretary of DHHS if you (or your representative) believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to our **HIPAA Liaison officer at 818-433-4524.** The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated the **Director of Patient Care Services as the HIPAA Liaison officer as** its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **818-433-4524.**

THIS NOTICE IS EFFECTIVE: ______________________________________

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT OUR HIPAA LIAISON OFFICER AT 818-433-4524.

NON-DISCRIMINATION POLICY

In accordance with **Title VI of the Civil Rights Act of 1964 and its implementing regulation, Hospice** (directly or through contractual arrangement) admits and treats all persons without regard to race, religion or national origin, gender, age, handicap, sexual orientation, veteran status or lifestyle in its provision of services and benefits, including assignments, transfers, and referrals to or from Hospice.

In accordance with **Section s 504 of the Rehabilitation Act of 1973** and its implementing regulation, Hospice does not directly, or through contractual arrangement, discriminates regarding admission, access, treatment or employment of the basis of handicap.

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

PATIENT BILL OF RIGHTS

As a patient, you have the right to:

- Be informed of your rights. The Agency must protect and promote the exercise of these rights
- The Agency must provide you with written notice of these ***Rights,*** including the ***Statement Patient Privacy Rights*** and ***The Privacy Act Statement*** and ***Notice ofPrivacy Practict*** advance of furnishing care or during the initial evaluation procedure.
- Be free from abuse and neglect.
- Be treated without regard to race, color, religion, sex age, gender preference, national orig handicap or decision regarding advance directives.
- Exercise your Rights as a patient of the Agency.
- Have you and your property treated with dignity, consideration and respect by qualifit professional staff.
- Know in advance of Agency charges payment policies and if you will be responsible f payment.
- Be informed both orally and in writing in advance of any change in charges and/ or payme] responsibilities within 30 days from the day the Agency becomes aware of such changes.
- Be informed, in advance, of care to be furnished
- Refuse treatment; be told of the consequences of your actions.
- Be informed and provided with written information, in advance, about the policy on Advanc Directive.
- Participate in the development of the plan of care/ services and discharge plan and be inform(of all treatments the agency is to provide, when and how services will be provided and name functions of any person and affiliated agency providing care/ services.
- Confidentiality of all records, and to refuse release of records to any individual outside t agency except in the case of client transfer to a health care facility or as required by law or thir party payment contract.
- Have you and your family taught about your illness and treatment required so that you ct help yourself and the family can understand and help you.
- Have access to or receive a copy of your clinical record upon request.
- Receive timely prior notice of impending transfer or discharge, continuing care requirement and other available services if needed at the time of discharge from the Agency services.
- Be spoken to in a language that you understand, have your communication needs met througl reasonable assistive device.
- Voice grievances to the agency regarding lack of respect without being subject to discriminatio or reprisal.
- Have appropriate assessment and management of your pain.
- Privacy and security.
- Have your family or guardian to exercise your Rights and Responsibilities in the event you ar(unable.
- Contact the state regulatory to file a complaint.

PATIENT RESPONSIBILITIES

As a patient, you have the responsibilities to:

- Agree to accept all caregivers without regard to race, color, religion, sex, age, gender preference, national origin, handicap or decision regarding advance directives.
- Remain under a doctor's care while receiving skilled Agency services.
- Sign require consents and releases prior to care being given or received.
- Provide the Agency all requested insurance and financial records, and assume responsibility for services not covered by a third party payor.
- Provide the Agency with complete and accurate health history.
- Have appropriate assessment and management of your pain.
- Participate in developing and following your plan of care.
- Accept the consequences for any refusal of treatment or choice of noncompliance including changes in reimbursement eligibility.
- Provide a safe home environment in which your care can be given.
- Treat Agency personnel with respect and consideration.
- Advise the Agency of any problems or dissatisfaction with care.
- Notify the Agency when unable to keep appointments.
- Provide a copy of an advance directive, if one exists.

To report any concern/ grievance about any aspect of the hospice care received from any representative of TRI CITY HOSPICE INC. without discrimination or reprisal, please call:

1. The ***Patient Care Manager*** at the TRI CITY HOSPICE INC. at the phone number listed in the front of this booklet, during the hours of operation — Monday thru Friday, 10:00 AM to 5:00 PM.
2. Before 10:00 AM or after 5:00 PM on weekdays or anytime on weekends or holidays, call the phone number in the front of this booklet and ask for the **Administrator on Call.**

If the problem is not resolved to your satisfaction, you may contact:

3. The **Director of Patient Care Services**
   13096 Borden Ave Sylmar, CA 91342
   Phone: (818) 433-4524 * Fax: (818) 452-5011

If you do not receive satisfaction, you may contact:

4. The **President, TRI CITY HOSPICE INC.**
   13096 Borden Ave Sylmar, CA 91342 Phone:
   (818) 433-4524 * Fax: (818) 452-5011

If you still do not receive satisfaction, you may contact:

5. **The California Public Health Department**
   1.800.228.5234
   Or write to:

The California Public Health Department

681 South Parker Street, Suite 200

Orange, CA 92868

If you have questions regarding your Medicare Benefits, you may call the Medicare Beneficiary Hotline (California Medical Review) Monday through Friday, 8:00 AM — 5:00 PM at **1.800.841.1603**

Complains may remain confidential at your request. You will be informed of the resolution of any complaint registered. If you invoice a grievance regarding treatment, care or respect for property, you have the right to document a response from **TRI CITY HOSPICE INC.** regarding investigation and resolution of that grievance.

INFORMATION REGARDING AD VAN CE DIRECTIVES IN CALIFORNIA

The California Health Care Directive protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

The Power of Attorney for Health Care section lets you name someone to make decisions about your medical care in the event you can no longer care speak for yourself or immediately if you designate this on the document. This permits you to appoint someone to speak for you any time you cannot or do not choose to make your own medical decisions, not only at the end of life.

The Instructions for Health Care functions as your state's living will. It lets you state your wishes about medical care in the event that you can no longer speak for yourself.

The Donation of Organs at Death is an optional section that allows you to record your wishes regarding organ donation.

There is another option section that allows you to designate your Primary Physician.

Note: This document will be legally binding only if the person completing it is a competent adult who is 18 years or older and it is properly witnessed.

Witnesses

Sign your document in the presence of two witnesses, who must also sign the document to show that they personally know you (or you provided convincing evidence of identity) and believe you to be of sound mind and under no duress, fraud or undue influence.

Neither of your witnesses can be:

- The person you appointed as your agent;
- Your health care provider, or an employee of your health care provider;
- The operator or employee ofa community facility;
- The operator or employee of a residential care facility for the elderly;

In addition, only one of your witnesses may be:

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

OR

Sign your document in the presence ofa notary public.

If you are a resident in a skilled nursing facility, one of the witnesses must be a patient advocate or ombudsman designated by the State Department of Aging.

ADVANCE DIRECTIVES/WITHHOLDING OF RESUSCITATIVE SERVICES

Hospice recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is hospice policy to encourage individuals and their families to participate in decisions regarding care and treatment. Valid advance directives, such a living Wills, Powers of Attorney and DNR (Do Not Resuscitate) or DNI (Do Not Intubate) orders will be followed to the extent permitted and required by law. In the absence of advance directives, Hospice will provide appropriate care according to the plan of care authorized by the attending physician and the Hospice Interdisciplinary Group including the Hospice Medical Director. Hospice will conform to state laws regarding implementation of an advance directive. Hospice will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

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

Resuscitative measures to be withheld include chest compressions, assisted ventilation, and endotracheal intubation, defibrillation, and cardio tonic drugs. The DNR/ DNI order does not affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions. (Source: California Medical Association)

GUIDELINES

1. A DNR and/ or DNI decision is to be made by the physician in consultation with the patient and/ or other legally responsible person, when, in the judgment of the physician, the patient suffers from an incurable illness, death is reasonably imminent in all medical probability, and resuscitation will do nothing to relieve the underlying disease condition, nor would the probability of death be changed by resuscitation.
2. The DNR/ DNI order will be reevaluated at the request of the patient or patient's legal representative.
3. It will be the responsibility of the nurse to communicate to the attending physician any change in the patient's condition which may make a continuing

DNR/ DNI order questionable, so that the physician may reevaluate the appropriateness of the order.

4. The DNR/ DNI order may be revoked at any time by a competent patient, an incompetent patient's representative, or by the attending physician acting in concurrence with the patient's wishes.
5. The DNR/ DN I order(s) will be kept in the patient's clinical record and a copy kept in the patient's home.

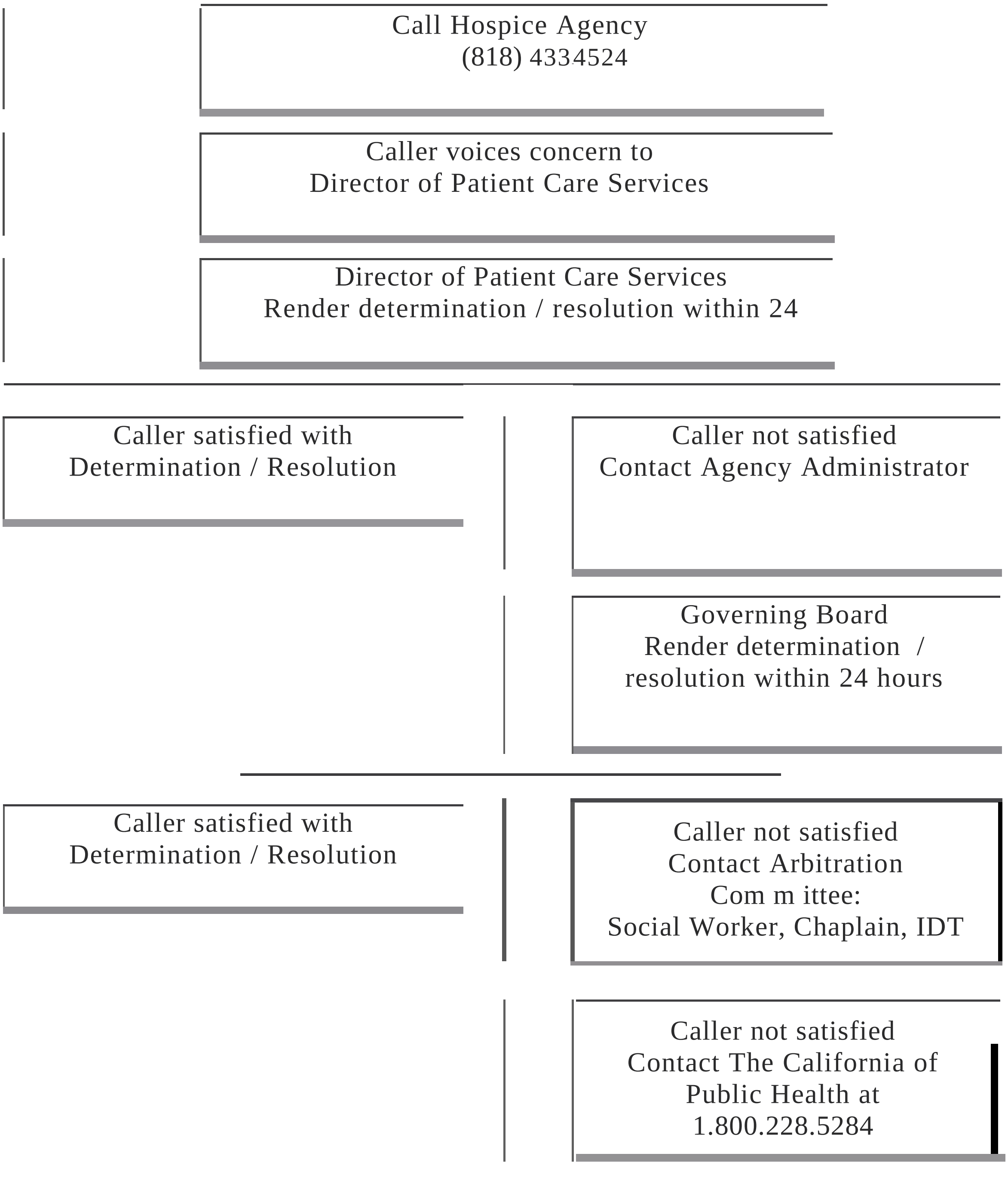
Any Hospice personnel who is informed of or provided with a revocation of consent to a DNR/ DNI order will immediately record the revocation request in the patient's clinical record, cancel the order, and notify the physician and the Hospice Interdisciplinary Group responsible for the patient's care of the revocation and cancellation.

It is also Hospice policy that if any of the Hospice personnel informs management that he/ she cannot implement an advance directive and/ or DNR/ DNI order on the basis of personal belief/ conscience, those Hospice personnel will be reassigned.

As a consequence of the complex technical and ethical issues arising today in the provision of care at home, Hospice has ethics advisors. The advisors assist Hospice in responding to the challenges confronting those in health care that are involved in difficult treatment choices and care decisions. Care decisions may involve ethical issues regarding withholding, or withdrawal of treatment. You or your representative has the right to participate in any discussions concerning ethical issues arising from your care. If you have any questions concerning your rights, these related policies or other hospice policies, please discuss them with your nurse or social worker, or call the office and ask to speak with the Patient Case Manager.

GRIEVANCE PROCESS / PATIENT'S CONCERN

Dear Patient and Family Members:
Our Hospice Agency staff strives to ensure quality Hospice healthcare of patients that is consistent with the agency philosophy. We appreciate the opportunity to assist you with any difficulties that may arise.



Call Hospice Agency
(818) 4334524

Caller voices concern to
Director of Patient Care Services

Director of Patient Care Services
Render determination / resolution within 24

Caller satisfied with
Determination / Resolution

Caller not satisfied
Contact Agency Administrator

Governing Board
Render determination /
resolution within 24 hours

Caller satisfied with
Determination / Resolution

Caller not satisfied
Contact Arbitration
Com m ittee:
Social Worker, Chaplain, IDT

Caller not satisfied
Contact The California of
Public Health at
1.800.228.5284

THE FINAL STAGES OF LIFE

When a person is dying, the systems of the body begin to fail or slow down. As this happens, changes occur. Some of these changes or symptoms are outlined below and occur in no particular order. The outline will help you understand what is taking place, and what you can do to provide comfort.

It is difficult to predict the time of death. Patients work through these processes within their own pace. Once these signs appear, it may be hours, or sometimes even days, before death occurs. We understand that during this time you may feel overwhelmed, relieved or afraid. These are normal responses. The hospice team is available to support you and answer your questions.

SYMPTOMS	COMFORT MEASURES
Difficulty in swallowing or inability to swallow (Dysphagia) **Dry lips, tongue and gums**	Muscle weakness usually causes this difficulty. Finely crushed ice chips or drops of water can keep the patient's mouth moist. Caution: Never put liquids into the mouth of a patient who cannot swallow. Use Vaseline to keep lips moist. Use saliva substitute or K-Y Jelly and toothettes to keep the inside of the mouth, tongue and gums moist. Finely crushed ice may also offer some HEAVEN.
Agitation	Some patients become agitated and pull at the bed clothes, unable to find a comfortable position. Sometimes medications are helpful in relieving this agitation.
Confusion and/or Hallucinations	Some patients talk or ramble as part of their preparation for death. They discuss the past and talk about or see family members who have died before them. A patient's request to get up or "get out of here" is normal. A caregiver's quiet presence is sufficient; it is not important to try to re-orient the patient to reality.
Changes in skin color (Mottling)	Changes in circulation cause mottling. The skin may have some reddish or bluish colorations or blotches. The patient's body temperature may be uneven, with some areas being hot and other cold. The patient will not feel these temperature changes and may want to be uncovered.
Changes in breathing pattern (Cheyne Stokes respirations)	This is an irregular breathing pattern in which the patient takes a few breaths, ceases breathing for a while and then breathes again. This pattern does not cause the patient discomfort. Little needs to be done except to position the patient comfortably.
"Rattling" respirations	Many patients accumulate secretions in the throat, (which they cannot clear because of weakness) that cause a disturbing sound or rattle. These secretions do not interfere with the patient's ability to breathe. You can alleviate this sound by turning the patient to either side and elevating the patient's head.
Changes in vital signs	As the dying process progresses, the pulse rate may go up while blood pressure may go down. These changes do not cause the patient any discomfort.

Decreased responsiveness	The patient's energy to respond and interact will probably diminish; however, it is important for you to continue your relationship with the patient. Be sensitive to the fact that hearing remains acute up to the time of death. Patients may be listening to sounds and conversations in the room; refrain from speaking about them as if they are no longer present. Family gatherings can be held in the patient's room. This keeps the patient involved and is usually comforting. You may want to take this opportunity to express to the patient any final thoughts or feelings you wish to share.

People usually know when they are dying and, as physical changes occur, they may seem to withdraw from family members and friends. Even though this is a normal part of the dying process, it can be difficult for loved ones. Your love together can be a unique opportunity to reminisce, say goodbye and affirm the positive impact of the patient's life.

HOW WOULD YOU KNOW DEATH HAS OCCURRED

Although you may he prepared for the death process, you may not be prepared for the actual death moment. It may be helpful for you and your family to think about and discuss what you would do if you were the one present at the death moment. The death of a hospice patient is not an emergency. Nothing must he done immediately.

The signs of death include such things as no breathing, no heartbeat, release of bowel and bladder, no response, eyelids slightly open, pupils enlarged, eyes fixed on a certain spot, no blinking, jaw relaxed and mouth slightly open.

A Hospice nurse will come to assist you if needed or desired. If not, phone support is available.

The body does not have to be moved until you are ready. If the family wants to assist in preparing the body by bathing or dressing, that may be done. Call the funeral home when you are ready to have the body moved, and identify the person as Hospice patient. The police do not need to he called. The Hospice nurse will notify the physician.

SIGNS AND SYMPTOMS OF APPROACHING DEATH

PROCEDURE

SYMPTOMS TO OBSERVE	ACTION TO TAKE
I The arms and legs may become cool to touch and you may notice underside of the body becoming darker in color.	Keep warm blankets on the family member's body to prevent him/ her from feeling overly cold. Do not use electric blankets.
2 The patient will gradually spend more and more time sleeping during the day and at times will be difficult to arouse.	Plan your time with your family member for those occasions when he/ she seems more alert.
3.The patient may become increasingly confused about time, place and identity of close and familiar people.	Remind your family member frequently what day it is, what time it is, and who is in the room and talking to him/ her.
4. • Incontinence (loss of control) of urine and bowel movements is often not a problem until death becomes imminent.	Consult your nurse/ aide about buying pads to place under the incontinent patient.
5.0ral secretions may become more profuse and collect in the back of the throat. You may have heard friends refer to a "death rattle".	Provide cool mist humidifier to increase humidity in the room. Elevating the head of the bed with pillows will make breathing easier. Turn the patient often to either side, keeping off the back. Ice chips, a straw, and cool, moist washcloths will relieve feelings of dehydration. Let the nurse know if this is a significant change.
6. Clarity of hearing and vision - decrease slightly.	Keep lights on in the room when . vision . decreases and never assume that the patient cannot hear you. Hearing is the last ofthe five (5) senses to be lost.
7. You may notice your loved one becoming restless, pulling at bed linen, and having visions of people or things which do not exist.	Talk calmly and assuredly with the confused person so as not to startle or frighten him/ her further.
8. Your family member will have decreased need for food and drink.	Ask the nurse for a nutrition sheet for information about supplements.
9. During sleep, you may notice breathing patterns change to an irregular pace. This pattern is referred to as periods of	Elevating the head of the bed often relieves the person who has irregular breathing patterns.

PREPARATION FOR APPROACHING DEATH

When a person enters the final stage of the dying process, two different dynamics are at work that is closely interrelated and interdependent.

On the **physical plane,** the body begins the final process of shutting down, which will end when all the physical systems cease to function. Usually this is an orderly and un-dramatic progressive series of physical changes which are not medical emergencies requiring invasive interventions. These physical changes are a normal, natural way in which the body prepares itself to stop, and the most appropriate kinds of responses are comfort-enhancing measures.

The other dynamic of dying process at work is on the **emotional-spiritual-mental plane,** and is a different kind of process. The spirit of the dying person begins the final process of release from the body, its immediate environment, and all attachments. This release also tends to follow its own priorities, which may include the resolution of whatever is unfinished of a practical nature and reception of permission to "let go" from family members. These events are the normal, natural way in which the spirit prepares to move from this existence into the next dimension of life. The most appropriate kinds of responses to the emotional-spiritual-mental changes are those that support and encourage this release and transition.

When a person's body is ready and wanting to stop, but the person is still unresolved or un-reconciled over some important issue or with some significant relationship, he or she may tend to linger in order to finish whatever needs finishing even though he or she may be uncomfortable or debilitated. On the other hand, when a person is emotionally-spiritually-mentally resolved and ready for this release, but his or her body has not completed its final physical shut down, the person will continue to live until that shut down process ceases.

The experience we call death occurs when the body completes its natural process of shutting down, and when the spirit completes its natural process of reconciling and finishing. These two processes need to happen in a way appropriate and unique to the values, beliefs, and lifestyle of the dying person.

Therefore, as you seek to prepare yourself as this event approaches, the members of your Hospice care team want you to know what to expect and how to respond in ways that will help your loved one accomplish this transition with support, understanding, and ease. This is the great gift of love you have to offer your loved ones as this moment approach.

The emotional-spiritual-mental and physical signs and symptoms of impending death which follow are offered to help you understand the natural kinds of things which may happen and how you can respond appropriately. Not all these signs and symptoms will occur with every person, nor will they occur in this particular sequence. Each person is unique and needs to do things in his or her own way. This is not the time to try to change your loved one, but the time to give full acceptance, support, and comfort.

PHYSICAL SIGN S

The following signs and symptoms described are indicative of how the body prepares itself for the final stage of life.

Coolness

The person's hands and arms, feet and then legs may be increasingly cool to the touch, and at the same time the color of the skin may change. This normal indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use one that is electric.

Sleeping

The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or unresponsive and at times be difficult to arouse. This normal change is due in part to changes in the metabolism of the body. Sit with your loved one, hold his or her hand, but do not shake it or speak loudly. Speak softly and naturally. Plan to spend time with your loved one during those times when he or she seems most alert or awake. Do not talk about the person in the person's presence. Speak to him or her directly as you normally would, even though there may be no response. Never assume the person cannot hear; hearing is the last of the senses to be lost.

Disorientation

The person may seem to be confused about the time, place, and identity of people surrounding him or her including close and familiar people. This is also due in part to the metabolism changes. Identify yourself by name before you speak rather than to ask the person to guess who you are. Speak softly, clearly, and truthfully when you need to communicate something important for the patient's comfort, such as, it is time to take your medication, and explain the reason for the communication, such as, so you won't begin to hurt. Do not use this method to try to manipulate the patient to meet your needs.

Incontinence

The person may lose control of urine and/ or bowel matter as the muscles in that area begin to relax. Discuss with your hospice nurse what can be done to protect the bed and keep your loved one clean and comfortable.

Congestion

The person may have gurgling sounds coming from his or her chest as though marbles were rolling around inside these sounds may become very loud. This normal change is due to the decrease of fluid intake and an inability to cough up normal secretions. Suctioning usually only increases the secretions and causes sharp discomfort. Gently turn the person's head to the side and allow gravity to drain the secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestion does not indicate the onset of severe or new pain.

Restlessness

The person may make restless and repetitive motions such as pulling at bed linen or clothing. This often happens and is due in part to the decrease in oxygen circulation to the brain and to metabolism changes. Do not interfere with or try to restrain such motions. To have a calming effect, speak in a quiet, natural way, lightly massage the forehead, read to the person, or play some soothing music.

Urine Decrease

The person's urine output normally decreases and may become tea colored referred to as concentrated urine. This is due to the decreased fluid intake as well as decrease in circulation through the kidneys. Consult with your hospice nurse to determine whether there may be a need to insert or irrigate a catheter.

Fluid and Food Decrease

The person may have a decrease in appetite and thirst, wanting little or no food or fluid. The body will naturally begin to conserve energy, which is expended on these tasks. Do not try to force food or drink into the person, or try to use guilt to manipulate them into eating or drinking something. To do this only makes the person much more uncomfortable. Small chips of ice, frozen Gatorade or juice may be refreshing in the mouth. If the person is able to swallow, fluids may be given in small amounts by syringe (ask the hospice nurse for guidance). Glycerin swabs may help keep the mouth and lips moist and comfortable. A cool, moist washcloth on the forehead may also increase physical comfort.

Breathing Pattern Change

The person's regular breathing pattern may change with the onset of a differen breathing pace. A particular pattern consists of breathing irregularly, i.e., shalloN breaths with periods of no breathing of 5 to 30 seconds and up to a full minute. This is called Cheyne-Stokes breathing. The person may also experience periods of rapii shallow pant-like breathing. These patterns are very common and indicate decrease ii circulation in the internal organs. Elevating the head, and/ or turning the person ont' his or her side may bring comfort. Hold your loved one's hand. Speak gently.

EMOTIONAL, SPIRITUAL, AND MENTAL SIGNS & SYMPTOMS AND APPROPRIATE RESPONSES

Withdrawal

The person may seem unresponsive, withdrawn, or in a comatose-like state. Thi indicates preparation for release, a detaching from surroundings and relationships, and a beginning of letting go. Since hearing remains all the way to the end, speak to you loved one in your normal tone of voice, identifying yourself by name when you speak, hold his or her hand, and say whatever you need to say that will help the person let go.

Vision-like experiences

The person may speak or claim to have spoken to persons, who have already died, or to see or have seen places not presently accessible or visible to you. This does not indicatt a hallucination or a drug reaction. The person is beginning to detach from his life and i being prepared for the transition so it will not be frightening. Do not contradict, explain away, belittle or argue about what the person claims to have seen or heard. Just because you cannot see or hear it does not mean it is not real to your loved one. Affirm his cY her experience. They are normal and common. If they frighten your loved one, explair that they are normal occurrences.

Restlessness

The person may perform repetitive and restless tasks. This may in part indicate tha something still unresolved or unfinished is disturbing him or her, and prevents him or her from letting go. Your hospice team members will assist you identifying what ma) be happening, and help you find ways to help the person find release from the tension or fear. Other things which may be helpful in calming the person are to recall a favorit(place the person enjoyed, a favorite experience, read something comforting, play music, and give assurance that it is OK to let go.

Fluid and Food Decrease

When the person may want little or no fluid or food, this may indicate readiness for the final shut down. Do not try to force food or fluid. You may help your loved one by giving permission to let go whenever he or she is ready. At the same time affirm the person's ongoing value to you and the good you will carry forward into your life that you received from him or her.

Decreased Socialization

The person may only want to be with a very few or even just one person. This is a sign of preparation for release and affirms from whom the support is most needed in order to make the appropriate transition. If you are not part of this inner circle at the end, it does not mean you are loved or are unimportant. It means you have already fulfilled your task with your loved one, and it is the time for you to say Good -bye. If you are part of the final inner circle of support, the person needs your affirmation, support, and perm ission.

Unusual Communication

The person may make a seemingly out of character or non sequitur statement, gesture, or request. This indicates that he or she is ready to say Good -bye and is testing you to see if you are ready to let him or her go. Accept the moment as a beautiful gift when it is offered. Kiss, hug, hold, cry, and say whatever you most need to say.

Giving Permission

Giving permission to your loved one to let go, without making him or her guilty for leaving or trying to keep him or her with you to meet your own needs, can be difficult. A dying person will normally try to hold on, even though it brings prolonged discomfort, in order to be sure those who are going to be left behind will be all right. Therefore, your ability to release the dying person from this concern and give him or her assurance that it is all right to let go whenever he or she is ready is one of the greatest gifts you have to give your loved one at this time.

Saying Good-bye

When the person is ready to die and you are able to let go, then is the time to say Good-bye. Saying Good-bye is your final release possible. It may be helpful to lie in bed and hold the person, or to take his or her hand and then say everything you need to say.

When the person is ready to die and you are able to let go, then is the time to Good-bye is your final gift of love to you loved one, for it achieves closure makes the final release possible.

It may be as simple as saying, love you. It may include recounting favorite memori places, and activities you shared. It may include saying I'm sorry for whatev contributed to any tension or difficulties in our relationship. It may also incl saying, Thank you for...

Tears are a normal and natural part of saying, Good-bye. Tears do not need tc hidden from your loved one or apologized for. Tears express you love and help to let go.

HELPING YOURSELF LIVE WHEN YOU ARE DYING

You have learned that you are dying. Terminal illness presents human beings witl exceedingly difficult and contradictory challenge; you are dying, you know you dying, yet it is your nature to want to live. The thoughts in this brochure are inten to help you deal with this tension and to continue to live even though you dying.

Acknowledge You Are Dying

Acknowledging you are dying is the first step to living the rest of your life. If the ons of your illness was sudden or unexpected, you will likely feel shock and numbne first. This is a natural and necessary response to painful news.

You can only cope with this new reality in doses. You will first come to understand with your head, and only over time will you come to understand it with your heart.

To acknowledge you are dying is to let go of the future. It is to live only in the prey There is no easy way to do this, and you will probably struggle with this task every d until you die. Know that if you work at acknowledging the reality of your Corr death, however, instead of denying it, you will open your heart and mind to possibility of a new, rich way of living.

Questioning the Meaning of Life

Discovering that you are dying naturally makes you take inventory of your life. have a right to have questions, fears and hopes. Illness establishes new directions often causes some questioning of old directions. New thoughts, feelings and action patterns will emerge. The unknown invites you to question and search for the meaning of your life, in the past, present and future.

Accept Your Response to the Illness

Each person responds to news of terminal illness in his or her unique way. You, too, will have your own response, be it fear, excitement, anger, loss, grief, denial, hope or any combination of emotions.

Becoming aware of how you respond right now is to discover how you will live **with** your terminal illness. Don't let others prescribe how you feel: find people who encourage you to teach them how you feel. After all, there is no right or wrong way for you to think and feel.

Respect YourOwn Need for Talk, for Silence

You may find that you don't want to talk about your illness at all. Or you may find that you want to talk about it with some people, but not with others. In general, open and honest communications is a good idea. When you make your thoughts and feelings known, you are more likely to receive the kind of care and companionship you feel will be most helpful to you.

But if you don't want to talk about your illness, don't force yourself. Perhaps you will be able to open up more later on, after you have lived with the reality of your illness for a time.

Telling Your Family and Friends You Are Dying

Your family and closest friends deserve to know that you are dying. Tell them when you feel able to. If you simply cannot bring yourself to tell them, find a compassionate person with whom you can entrust this important task.

Be aware that everyone will react differently to your news, just as each terminally ill person reacts differently to his or her own illness. Many will be shocked. Many will cry. Some will refuse to believe it. Some will spring into helpful action by running errands for you, offering to clean your house, etc.

Many will not know how to respond. Because they don't know what to say or do, or because your illness may arouse their own fears of mortality, they may even avoid you altogether. Know that their apparent abandonment does not mean they don't love you.

Even children deserve to be told. As with all people, children can cope with what they know. They cannot cope with what they don't know. Be honest with them as you explain the situation in language they will understand. Don't over explain, but do answer any questions they may have.

Be an Active Participant in Your Medical Care

Many people are taught as "patients" to be passive recipients of the care provided by medical experts. But don't forget this- this is your body; your life. Don't fail to ask questions that are important to your emotional and physical well-being out of fear that you will be "taking up someone's time."

Learn about your illness. Visit your local library and consult the medical reference books; Request information from educational associations, such as the National Cancer Institute or the American Heart Association. Ask your doctor, nurses and other caregivers whenever you have a question.

If you educate yourself about the illness and its probable course, you will better understand what is happening to you. You will be better equipped to advocate for personalized, compassionate care. You may not be in control of your illness, but you can and should be in control of your care.

Be Tolerant of Your Physical and Emotional Limits

Your illness will almost surely leave you feeling fatigued. Your ability to think clearly and make decisions may be impaired. And your low energy level may naturally slow you down. Respect what your body and mind are telling you. Nurture yourself. Get enough rest. Eat balanced meals. Lighten your schedule as much as possible.

Say **Good-bye**

Knowing you will die offers you a special privilege: saying good-bye to those you love. When you feel you are ready, consider how you will say good-bye. You might set aside a time to talk to each person individually. Or, if you are physically up for it, you might have a gathering for friends and family. Other ways of saying good-bye include writing letters, creating videotapes and passing along keepsakes. Your survivors will cherish forever your heartfelt good-byes.

Find Hope

When people are seriously ill, we tend to get caught up in statistics and averages; How soon will the illness progress? How long do **I** have left? These can be helpful to know, but they don't always provide spiritual and emotional comfort.

Even if you are certain to die from this illness, you can find hope in your tomorrows, your next visit from someone loved; your spirituality. At bottom, hope means finding meaning in life, whether that life will last five more days, five more months or five years.

Embrace Your Spirituality

If faith is part of your life, express it in ways that seem appropriate to you. You may find comfort and hope in reading spiritual texts, attending religious services or praying. Allow yourself to be around people who understand and support your religious beliefs. If you are angry at God because of your illness, realize that this is a normal and nature I response. Find someone to talk to who won't be critical of whatever thoughts and feelings you need to explore.

Reach Out For Support

Many of us grew up believing, "Do it on your own so you don't have to depend on anyone else." But confronting a terminal illness cannot and should not be done alone. As difficult as it may be for you, you must reach out to your fellow human beings. Most of us know whom we feel comfortable turning to when we are under stress. Whom do you turn to? Give yourself permission to reach out for prayers, support and practical assistance.

Hospices are an indispensable resource for you. They are well staffed and trained to help both the dying person and the dying person's family. Their mission is to help the dying die with comfort, dignity, and love, and to help survivors cope both before and after the death they often offer support groups for people with life threatening illness. You might also consider seeing a counselor one-on-one.

WHAT DOES SOMEONE DYING NEED?

When you get ill and are told you are going to die soon, needs come crowding in on you, jostling for scarce time and (often) scarce energies. So they in turn create their own need, a need for people and places to help you answer your needs. New needs then spring up as you begin to grasp the imperatives of dying.

"I was declared to be dying and did not. I experienced the needs and the challenges, and lived to reflect on them."

My position is odd - not unique, but privileged. I was declared to be dying, and did not. I experienced the needs and the challenges, and lived to reflect on them afterwards; a temporary reprieve, of unknowable duration. Those needs and challenges have not gone away, but I can now look at them with some benefit of hindsight. So **I** could sum up the needs of one person diagnosed as close to death, me, as being:

- The need to "settle up" with the people that I felt close to, so as to die in peace, with them and with myself.
- The need to have someone to "stand in" for me, to do what I could not do when I became helpless or consigned to the grave.
- The need for places and organizations that I could turn to for practical information.
- The need for someone to guide me, or go with me, round this new and unfamiliar domain of "the terminal state"- not necessarily the same someone for every sector of it.

Finances

I was lucky in having, already, an expert professional financial adviser who, as it turned out, could talk about death as a human being as well as help me plan for it as a financial consultant. I had also had the benefit, before my diagnosis, of talks with a psychotherapist, who had taught me something about the inner and outer processes of reconciliation.

Settling up emotional accounts

Settling up emotional accounts means going to those people who have been hurt by you, betrayed by you, misled by you, and not just asking forgiveness (because that is to perpetuate the desire to control the outcome by laying down what the outcome is going to be) but asking them to tell you how the hurt may be healed.

Once you have opened that door to them, given them that permission, you cannot control what will then happen. People will react in surprising, sometimes offensive, sometimes heart-stirring ways - but almost always in ways of their own choosing, which is the key to the success of this exercise.

The role of advocate

If you are ill, maybe in pain, perhaps drugged, perhaps even on life-support, someone needs to represent you to the doctors and nurses, the medical profession, to say what you would have said if you had been able, about your treatment, about where you want to live your last days and die, and what treatment you would (if you could) accept or refuse. This is about life-support; about pain; about dying with dignity; about relating your death to those who care about you.

I have a partner who would have played, and will play, that role with determination.

Drawing up an ethical will

An ethical (as well as a financial) will is a key document to have at life's frontier post. In an ethical will, you can say how and where you want to die, and in what medical circumstances. An ethical will help the person who "stands in" for you to argue the case with the doctors, and maybe the lawyers. It can say what sort of funeral you want. It can (if not done separately) give your last messages to those who matter to you. So here there are three stages. The first is to recognize the need for such a will. The second is to find advice on how to write one. The third is the most difficult - to actually write it. I dithered for months, afraid of the decisions implied in the clauses of an ethical will. But again, once done, it was a UNION.

The funeral

Someone, if I have not done it already, needs to make my funeral arrangements, in accordance with the advice in my will, but subject always to the law of the land. Not everyone can cope with these last practicalities, which is why undertakers make a good living by applying a fixed ritual, and fixed price, to death. Some people care more than others about these post-mortem rituals, and how to redesign them in your own image. I myself care little, except to avoid more than basic expenses. Keep me from an expensive coffin.

One-stop-shop

I needed a place where I could go, there and then, if I fell ill again, if I began to die, confident that I would be known, understood, cared for, well advised medically, and listened to: somewhere I trusted, and where I would be treated as a full human being. There is a peace in knowing that there is such a place to go, if and when ... and that there is someone who will take you there.

Need to know

You need somewhere to turn to for basic information. Ignorance is the worst enemy. Some prefer ignorance, say it is bliss. It is not. Ignorance is the ultimate fright, the primal fear. Better to know what you are up against, know all there is to know about your illness, its treatments, the odds, the therapies, what others have done and said and suffered. But where is that place? Not everyone knows, or bothers to tell you. Just like a second opinion, knowledge can also be scary.

I spent a terrified afternoon in a bookshop, looking up the medical statistics about survival rates for people with my specific form of cancer. You cannot, must not wish that sort of knowledge on people who cannot cope with it. On the other hand, for those who grasp the power of knowledge, knowing the statistics can liberate you from the tyranny of being just a statistic.

A safe place to talk

Family and friends are often reluctant to face up to illness and death: even if they are not, their experience is not your experience, cannot be. So you may need, as I did, somewhere to go where you can talk, where it is safe to expose your inmost fears and terrors, your hopes and vulnerability. A group of people with similar vulnerabilities can provide that safe place, and be a powerful haven in which to bring out repressed feelings. They can support and share. But where is that group, and is it really safe? There are lists of support groups, but you may need help to get to one, even if there is one near enough.

Finding no cancer support group in my area, **I** started one. It has become a haven, both for me and for some dozens of others. **I** am sad that more people do not come to it.

Physical well-being

When your body is in danger, you need to do what you can to restore it, to prolong its utility, to seek to repair that wholeness that has been compromised by illness. Being diagnosed as terminally ill, does not always or necessarily means that your physical activity has ceased, or cannot be prolonged. It is not too late. But where can you go to learn to repair what is damaged? Once again, this quest presupposes the will to do it, the same willingness that is inherent in many other felt needs, the willingness to plan for the future while knowing that you may not be there to see it.

But now, at the point of terminal diagnosis, more than ever, your need is to nurture your physical well-being by any means, to make the most of what you have left.

But how? Exercise, diet? What exercise, what diet? Where is the place to discover this, and to do it? Probably, a conventional gymnasium is useless at this stage: hospitals are little use. Where can an ill person go to improve his or her physique? There are places, and which of them is a matter of knowing, and of choice, and the will.

I myself found great healing power, as well as physical exercise, in walking or jogging on Hampstead Heath, London, and in Chinese Qi Gong classes - both of these activities combine movement and meditation.

Guides and other special people

In additional to the financial and emotional advisers described earlier, **I** needed:

1. Someone or somewhere to talk about death.
2. Someone to tell me I am still beautiful.
3. Someone who would help to restore my hope, within the context of realism about my situation.
4. Someone to forewarn me and teach me about the stress of my illness upon others.

S. Someone to recognize and encourage the emergence of that new, alternative person that might never have been born without that illness and diagnosis: someone who will teach me to understand the power of the ill person, both over him/ herself and over others - a power to be used wisely and humanely, for it can be, if misused, a tyranny, both over oneself and **over** others.

Epitaph

Having feared death all my life, now that **I** have confronted **with** it, **I** no longer fear it, only that the period leading up to death (a period whose duration, trickily, **I** do not know) will have been a waste. Had **I** during my life feared death as little as **I** do now, **I** would have dared more and better things. Only slowly is the power conferred by loss of that fear, growing upon me. Partly, this is because **I** am afraid of that loss of fear. Where will it take me? My **final** need is to find out that last truth. That is one need that, **I** suspect, no one else can help with.

AUTOPSY: QUESTIONS AND ANSWERS

What is an autopsy?

An autopsy is an exam of the body of a person who has died. The purpose of an autopsy is to answer questions about the person's illness or the cause of death. In addition, autopsies provide valuable information that helps doctors save the lives of others. Autopsies are performed by specially trained physicians, called pathologists.

Who may request an autopsy?

You can request an autopsy if you are the person's next of kin or the legally responsible party. Your doctor will ask you to sign a consent form to give permission for the autopsy. You may limit the autopsy in any manner you wish. If the cause of death is unclear, the pathologist may perform an autopsy without the family's permission.

What is the procedure for an autopsy?

First, the pathologist looks at the body for clues about the cause of death. Next, he or she examines the internal organs, taking samples as needed to look at under a microscope. The autopsy takes from 2 to 4 hours. The autopsy room looks like an operating room. An atmosphere of dignity and respect is maintained at all times.

What does an autopsy cost?

Because autopsies help doctors learn more about illness and ways to improve medical care, autopsies are usually performed without charge.

Will an autopsy interfere with funeral arrangements?

No. Pathologists perform autopsies in a way y that doesn't interfere with burial or cremation. Once the autopsy is completed, the hospital tells the funeral home. An autopsy won't delay funeral services.

When will the results of an autopsy be known?

The first findings from an autopsy are usually ready in 2 to 3 days. The doctor can review these results with you. A final report may take many w weeks because of the detailed studies performed on tissue samples. The doctor will also review the final report with you.

KNOWLEDGE OF GRIEF

"There can be no knowledge without emotion. We may be aware of a truth, yet until we have felt its force, it is not ours. To the cognition of the brain must be added the experience of the soul." Arnold Bennett (1867-1931)

No amount of knowledge can prepare us for bereavement. Grief is the most intense and enduring emotion we can experience. No quick fix. No short-cut. An ancient A African saying is "There is no way out of the desert except through it." Knowledge of the grief process gives us a much generalized map of the terrain we have to cover. Each of us will take a different route. Each will choose his own landmarks. He will travel at his own unique speed and will navigate using the tools provided by his culture, experience, and faith. In the end, he will be forever changed by his journey.

Knowledge helps us avoid the major pitfalls of grief. Knowledge of what is known of grief assures us that we have not lost all sense of sanity. When we find ourselves feeling befuddled in a mist shrouded swamp we can say "It's OK. This too is part of my journey. Others have gone this way before me and I will survive. I am human."

The Mechanics of Grief

Grief Work, Stages, and Phases. Several blueprints or theories about grief have been proposed. Sigmund Freud began with the concept of having to de 'grief work'. That is, a specific job should be finished before the next job begins. Stages of grief theories abound. Depending on the writer, 4 to 12 stages of grief are described. Elizabeth Kubler Ross defined 5 overlapping stages as Denial, Anger, Bargaining, Depression, and Acceptance. John Bow lby and Colin Parkes prefer to describe grief in terms of phases. J.W. Worden refers to 4 tasks of mourning: Accepting the reality of the Loss, experiencing the pain, adjusting to a life without your loved one and finally being able to invest your emotional energy into a new life.

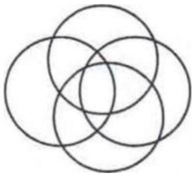
So who do you believe?

Grief or bereavement theories are the generalized maps discussed earlier. Each theory is an attempt by a caring investigator to understand and guide us through our pain. However, humans are unique and cannot be forced into particular patterns of behavior. You will travel through grief a t your own speed using your appropriate route.

Let this circle represent a stage, phase, or piece of work. It can be denial, shock, anger, resolution, confusion, numbness, a behavior or whatever you are feeling right now.

Continue adding circles that overlap and represent emotions, physical sensations, cognition or behaviors that belong to you.

Add a second circle and let it overlap the first. Give it another name, perhaps what you were feeling yesterday, last week or one hour ago.



This is Grief's Blueprint. You may feel secure and at peace one moment and find yourself in the paralyzing center of all the overlapping elements of grief the next. It's OK. It's human.

Let this circle represent a stage, phase, or piece of work. It can be denial, shock, anger, resolution, confusion, numbness, a behavior or whatever you are feeling right now. Add a second circle and let it overlap the first. Give it another name, perhaps what you were feeling yesterday, last week or one hour ago. Continue adding circles that overlap and represent emotions, physical sensations, cognition or behaviors that belong to you. This is Griefs Blueprint. You may feel secure and at peace one moment and find yourself in the paralyzing center of all U le overlapping elements of grief the next. It's OK. It's human.

What are these elements' of grief?

There is no complete list of the experiences that comprise grief. The common ones are emotional, physical sensations, behaviors and cognitions. Cognition refers to the way you think and how information is processed by your brain. How you experience grief will be unique to you and will be affected by several factors. Some are discussed below:

Who died?

The death of a member of your softball team will have a different impact on you than the death of a spouse.

What was your relationship with the deceased?

To say "My wife has died" just begins to describe your relationship and the extent of your grief. Have you lost your best friend? Accountant? Confident? Interior Decorator? The mother of your child? Sexual partner? Did her death leave unresolved conflict?

What was the cause of death?

The expected death of an aging grandparent on a life support system and in great pain creates a grief reaction different than the unexpected, traumatic death of a child or the suicide of a family member.

These are a few of the variables that make each grief experience different.

> Use a shotgun as a disconcerting but graphic analogy. It can fire a mixed load ofpellets at high velocity. As the pellets travel through the air they slow down and spread out. A target very close to the muzzle of the gun will be deeply penetrated by most of the pellets in a compact, destructive pattern.
>
> A distant target may have a few pellets barely penetrate or bounce off its surface.

Some men, when trying to describe the impact death has on them have used the phrase **"I** feel like a shotgun has blown a whole right through me." This is a fitting analogy. Researchers have compared the psychological effect of bereavement to physical wounding. How the human body heals itself depends on the nature of the wound, the extent of the damage, the medical assistance available and the health of the victim. The patient may recover fully, experience some physical disability or permanent limitation. So it is with grief. Mourning is grief's' time of healing.

Some of grief's 'shotgun pellets'

You may be wounded by all, most, or just a few of these 'pellets'. Your grief is unique to you.

Emotions

- Sadness: This is the most common emotion and one we are all familiar with to some degree.
- Anger: You ma y be angry at God, the doctor, the 'system', even the person who died. Someone you love is gone. Why should you not feel angry?
- Frustration: Death is final. You want your loved one back and you can do nothing.
- Guilt: The questions may come up. "Maybe I should have?" "If only I had...?"
- Shock and Numbness: Initially you may feel nothing. Combat veterans are often surprised to discover their wounds following an action. Accident victims may become aware of their own injuries after they have cared for others.

Physical Sensations

- **General** sense of fatigue or weakness:
- Shortness of breath or tightness in your chest
- Dry mouth

Men often describe their emotional feelings in physical terms. "It knocked the wind out of Me.", "Hit me right between the eyes", or "Her death just crushed me." are common examples.

Behaviors

- Loss of appetite
- Insomnia
- Retreating socially
- Crying
- Dreams or nightmares
- Calling out the deceased's' name
- Treasuring or avoiding mementos of the deceased

Cognition seems to cause men the most difficulty. Some experiences may lead you to think you are 'going crazy'. You are not! Your mind and heart are simply not ready to 'let go' of the dead. In time, these sometimes confusing or frightening experiences will pass.

Hallucinations: You may hear her voice, the sound of his footstep; see glimpses of your child moving in a room. These can be triggered by normal sounds, a scent that reminds you of the aroma of her perfume, or the simple objects used in everyday life.

Spiritual Emptiness: Your religious faith may be a source of comfort or disillusionment. Speak to your religious leader or find a spiritual advisor if you feel the need.

Absent **Mindedness or Preoccupation** is common. The 3 days normally granted by employers mark the beginning of your mourning. It will take considerably longer for you to resolve your grief.

Caution: Work involving power tools, heavy equipment or driving can be extremely dangerous following the death of a loved one. If you find yourself preoccupied with thoughts of the one you loved or lost, stop your car or truck, shut down any heavy machinery and move to a safe area. Let yourself cry in the privacy of your vehicle. Do a 'walk around check'. Give all 18 tires a good kick! Don't drive while under the influence of your emotions.

Depression and Grief: Many grief experiences are similar to those of a major depression. Depression is a natural reaction to the death of a loved one. This type of depression is called a reactive depression. It occurs as a reaction to a specific event and its duration and intensity varies. In the blueprint of your grief are moments of wonderful, joyous laughter as you recall great times and humorous incidents. An immediate sense of depression may follow the laughter. This is normal. Your emotional roller coaster ride will gradually and gently slow down and level off. Occasionally, a grief event may lead to a full clinical depression requiring medical intervention.

Alcohol and Drugs: Alcohol is a depressant drug. The term "Crying in his beer" is a valid observation. The use of drugs and alcohol to "numb the pain" simply make the pain last longer and can lead to severe complications. A toast to the departed or sharing a drink while talking to an understanding friend probably poses no danger. Using alcohol or drugs to sleep, or "get me through the day" is cause for major concern. Be gentle with yourself.

You may experience some of these human phenomena for a surprisingly long time. With each passing day, as you explore and understand your loss, they will dim inisl in frequency and intensity.

The most important tool you have for recovery is to talk with accepting, understanding men and women about your loss. God Bless

A GUIDE TO GRIEF

Grief is a normal response to loss. It can be the loss of a home, job, marriage or a love one. Often the most painful loss is the death of a person you love, whether from a long illness or from an accident or an act of violence.

This guide will help you understand the grief you and others may feel after a death, whether sudden or anticipated. We hope this guide will help you realize that these feelings are not unusual and things can get better. You are not alone.

The Grieving Process

Grief is painful and at times the pain seems unbearable. It is a combination of many emotions that come and go, sometimes without warning. Grieving is the period during which we actively experience these emotions. How long and how difficult the grieving period is depends on the relationship with the person who dies, the circumstances of the death, and the situation of the survivors. The length of time people grieve can be weeks, months, and even years. One thing is certain: grief does not follow a timetable, but it does ease over time.

Because grief is so painful, some people try to "get over" a loss by denying the pain. Studies show that when people don't deal with the emotions of grief, the pain does not go away. It remains with them, and can turn up in unrecognizable and sometimes destructive ways. Understanding the emotions of grief and its feeling and symptoms are important steps in healing and in helping others who may be grieving.

The Feelings and Symptoms of Grief

Experts describe the process of grieving and the emotions of grief in various ways. The most commonly described reactions are: Shock, Denial, Anger, Guilt, Depression, Acceptance, and Growth. Some people experience the grieving process in this order. Most often, a person feels several of these emotions at the same time, perhaps in different degrees.

Shock

If the death comes suddenly, as in an accident or murder, shock is often the first response people feel. Even if the death is anticipated, there may be disbelief at its finality. A person may be numb, or, like a robot, be able to go through the motions of life while actually feeling little. At the same time, physical symptoms such as confusion and loss of appetite are common.

Denial

Shock and denial are nature's way of softening the immediate blow of death. Denial can follow soon after the initial shock. People may know their loved one has died, but some part of them can't yet accept the reality of the death. It is not uncommon to fantasize that the deceased will walk through the door, as if nothing has happened. Some people leave bedrooms unchanged or make future plans as if the loved one will participate, just as in the past.

Anger

Anger is normal. It may be directed at the deceased for leaving and causing a sense of abandonment, or at the doctors and nurses who did not do enough, or at a murderer who killed without remorse. People of faith may feel anger at God, for allowing so much pain and anguish. Anger may also be directed at oneself for not saving the life of the loved one. It can be a mild feeling or a raging irrational emotion. It can test one's faith in religion or even in the goodness of life.

Guilt

Few survivors escape some feeling of guilt and regret. "I should have done more" are words that haunt many people. Were angry words exchanged? Most people are very creative in finding reasons for guilt. So many things could have been done differently "if only I had known."

Sadness

Sadness is the most inevitable emotion of grief. It is normal to feel abandoned, alone and afraid. After the shock and denial have passed and the anger has been exhausted, sadness and even hopelessness may set in. A person may have little energy to do even the simplest daily chores. Crying episodes may seem endless.

Acceptance

Time alone will not heal grief. Acknowledging the loss and experiencing the pain may free the survivor from a yearning to return to the past. Accepting life without the lost loved one may give way to a new perspective about the future. Acceptance does not mean forgetting, but rather using the memories to create a new life without the loved one. Hoping for things to be as they were may be replaced by a search for new relationships and new activities.

Growth

Grief is a chance for personal growth. For many people, it may eventually lead to renewed energy to invest in new activities and new relationships. Some people seek meaning in their loss and get involved in causes or projects that help others.

Some people find a new compassion in themselves as a result of the pain they have suffered. They may become more sensitive to others, thus enabling richer relationships. Others find new strength and independence they never knew they had. After the loss, they find new emotional resources that had not been apparent before.

The Experience of Grief

Grieving people have two choices: they can avoid the pain and all the other emotions associated with their loss and continue on, hoping to forget. This is a risky choice, since experience shows that grief, when ignored, continues to cause pain.

The other choice is to recognize grieving and seek healing and growth. Getting over a loss is slow, hard work. In order for growth to be possible, it is essential to allow oneself to feel all the emotions that arise, as painful as they may be, and to treat oneself with patience and kindness.

Feel the Pain.

Give into it - even give it precedence over other emotions and activities, because grief is a pain that will get in the way later if it is ignored.

Realize that grief has no timetable; it is cyclical, so expect the emotions to come and go for weeks, months or even years. While a show of strength is admirable, it does not serve the need to express sadness, even when it comes out at unexpected times and places.

Talk About Your Sorrow.

Take the time to seek comfort from friends who will listen. Let them know you need to talk about your loss. People will understand, although they may not know how to respond. If they change the subject, explain that you need to share your memories and express your sorrow.

Forgive Yourself.

Forgive yourself for all the things you believe you should have said or done. Also forgive yourself for the anger and guilt and embarrassment you may have felt while grieving.

Eat Well and Exercise.

Grief is exhausting. To sustain your energy, be sure to maintain a balanced diet. Exercise is also important in sustaining energy. Find a routine that suits you - perhaps walks or bike rides with friends, or in solitude. Clear your mind and refresh your body.

Indulge Yourself.

Take naps, read a good book, listen to your favorite music, get a manicure, go to a ball game, rent a movie. Do something that is frivolous, distracting and that you personally find comforting.

Prepare for Holidays and Anniversaries.

Many people feel especially "blue" during these periods, and the anniversary date of the death can be especially painful. Even if you think you've progressed, these dates may bring back some of your painful emotions. Make arrangements to be with friends and family members with whom you are comfortable and plan activities that give you an opportunity to mark the anniversary.

Get Help.

Bereavement groups can help you recognize your feelings and put them in perspective. They can also help alleviate the feeling that you are alone. The experience of sharing with others who are in a similar situation can be comforting and reassuring. Sometimes, new friendships grow through these groups- even a whole new social network that you did not have before.

There are specialized groups for widowed persons, for parents who have lost a child, for victims of drunken drivers, etc. There are also groups that do not specialize. Check with your local hospice or other bereavement support groups for more information.

If you find that you are in great distress or in long-term depression, individual or group therapy from a counselor who specializes in grief may be advisable. You can ask your doctor for a referral.

Take Active Steps to Create a New Life for Yourself.

Give yourself as much time to grieve as you need. Once you find new energy, begin to look for interesting things to do. Take courses, donate time to a cause you support, meet new people, or even find a new job.

It is often tempting to try to replace the person who has been lost. Whether through adoption, remarriage, or other means; this form of reconciliation often does not work.

Many people discover that there is hope after death. Death takes away, but grief can give back. It is possible to recover from grief with new strengths and a new direction. By acting on our grief, we may eventually find peace and purpose.

Helping Those in Grief

You may know someone who has experienced a loss. Many of us feel awkward when someone dies, and don't know what to do or say. The suggestions below are designed to help you help friends, family and coworkers who are grieving.

Reach Out to the Grieving Person.

Show your interest and share your caring feelings. Saying the wrong thing is better than saying nothing at all. At the same time, avoid clichés like "It was God's will," or "God never gives us more than we can bear", or "At least she isn't suffering." Do not say you know how it feels. Do say you are sorry and that you are available to listen. Be prepared for emotional feelings yourself. A death generates questions and fears about our own mortality.

Listen

Your greatest gift to a grieving person can be your willingness to listen. Ask about the deceased, allowing the person to talk freely without fear of disapproval helps to create healthy memories. It is an important part of healing. While you can't resolve the grief, listening can help.

Ask How You Can Help.

Taking over a simple task at home or at work is not only helpful, it also offers reassurance that you care. Be specific in your offer to do something and then follow up with action.

Remember Holidays and Anniversaries.

These can be a very difficult time for those who are in grief. Do not allow the person to be isolated. Remember to share your home, yourself, or anything that may be of corn fort.

Suggest Activities That You Can Do Together.

Walking, biking or other exercises can be an opportunity to talk, and a good source of energy for a tired body and mind.

Help the Grieving Person Find New Activities and Friends.

Include grieving persons in your life. Grieving people may require some encouragement to get back into social situations. Be persistent, but try not to press them to participate before they are ready.

Pay Attention to Danger Signs.

Signs that the grieving person is in distress might include weight loss, substance abuse, depression, prolonged sleep disorders, physical problems, talk about suicide, and lack of personal hygiene.

Observing these signs may mean the grieving person needs professional help. If you feel this is the case, a suggestion from you (if you feel close enough to the person), or from a trusted friend or family member may be appropriate. You might also want to point out community resources that may be helpful.

Death can be a painful and permanent loss experience, and one of the hardest from which to recover. Death takes away, but facing it and grieving can result in peace, new strengths and purpose.

BEREAVEMENT

Dealing with the loss in one of the greatest challenges we face during our lifetime. Bereavement is a time of intense, painful, confusing feelings. It is a transition between the way things used to be and the way things will be. Grief is not a single event nor is it an illness. It is a necessary process of healing that takes time. It is private and personal and complex. Each person has different needs, feelings and reactions.

We are here to help.

Hospice supports those who survive the patient's death through the first thirteen months after the death. During this period, the bereavement staff will be in touch by telephone and by mail. We will keep you informed about the support groups hospice offers and about other resources that may be helpful. It is our goal to help you through the normal range of feelings and concerns you will experience in adjusting to a loss.

The Bereavement Services Coordinator, counselors, volunteers and other hospice team members offer a variety of services to meet individual and family needs.

They include:

- Educational and support materials mailed to survivors at regular intervals.
- Support Groups
- Telephone calls for emotional support
- Visit(s) by a Hospice team member
- Referral to appropriate community resources
- Memorial Service

If at any time you wish to speak with a bereavement counselor, call the hospice office.

SAFETY PRECAUTIONS IN THE HOME

Follow these safety tips to help avoid injury:

Community Safety: Keep doors locked at all times. Do not let unauthorized strangers into your home. Notify the police of any unusual occurrences in your neighborhood.

Floor and Shoe safety: try to make all surfaces in your home non-skid by eliminating throw rugs; wearing firm, supportive shoes with non-skid soles; wiping up spills immediately, and avoiding clutter.

Stair Safety: Make sure stairwells are well-lit, steps are uniform in height, treads are even, with non-skid surfaces, and handrails are secured and easily accessible.

Electricity/Lighting Safety: Check appliances, cords and plugs periodically. Do not overload circuits. Do not use or place electrical appliances near water. Use night lights to light the way to the bathroom. Use B-prong adapters when possible.

Telephone Safety: Enlarged or lighted dials on telephones are helpful. Keep the telephone within easy reach day and night. Keep the following emergency numbers by the telephone: **Hospice,** Doctor, Police, Fire, Ambulance, nearest neighbor and relatives.

Oxygen Safety: Never smoke around oxygen. Keep oxygen equipment away from children. Use long tubing for getting around inside the home. Follow a regular schedule to check oxygen levels. Store oxygen equipment's in a stable, protected area; safe from heat extremes.

N eedle/Syringe Safety: Dispose of needles and syringes in a puncture proof container. Keep needles away from children. Do not break or bend needles. Discard the container in home garbage.

Bathroom Safety: Use elevated toilet seats and handrails to ease getting up from the seat. Install sturdy handrails, skid-proof mats, and benches in bathtubs and showers. Hand held shower hoses are helpful.

Kitchen Safety: Do not wear loose sleeves while cooking. Make fire extinguishers easily accessible. Use only step stools with a wide base of support. Turn pot handles to the back of the stove. Keep baking soda handy for grease fires. Do not use range top or oven on for purposes of heating a room. Use unbreakable dishes when your hands are shaky or you are unsteady on your feet.

Fire Safety: Install smoke alarms on each floor of your home and replace batteries regularly. Have alternative exits in case of fire. Never smoke in bed or when sleepy. Keep the access to outside doors free of obstructions.

Infection Control: It is essential to follow good infection control practices in order to prevent the transmission of infection to and from others. The following are fundamental principles of infection control:

- Hand-washing is the single, most important measure for preventing spread of infection. Before and after giving personal care, wash your hands promptly and thoroughly for 10-15 seconds, rinse well, and dry with a clean towel or with paper towels.
- Laundry soiled with blood and/ or body fluids should be washed separately from other laundry in hot water with one cup of detergent. A cup of bleach can be added, if acceptable to the patient, with an extra rinse.
- Disposable item soiled with blood and body fluids should be double-bagged, sealed, and disposed of in the regular garbage.

Common Food and Drug Interactions: Certain foods may not complement the action of specific drugs. Discuss your individual medication regimen with your hospice nurse.

AT HOME INFECTION CONTROL

Infections can be a major health hazard. An infection is a disease that results when germs invade and grow in the body. Some infections can cause a short illness while others can be very serious. The infections may involve a body part or the whole body. Patients and caregivers need to protect themselves from infections. You can help prevent infections by practicing the following guidelines.

- Hand washing is the most important procedure to prevent the spread of infection/
- Wash your hands before and after providing care.
- Wash your hands before eating.
- Wash your hands after using the bathroom.
- Each family member should use his or her own towels, washcloths, toothbrushes, drinking glass, and other personal care items.
- Wash cooking and eating utensils with hot soapy water after they have been used.
- Do not leave food sitting out and uncovered. Close all food containers. Refrigerate foods that will spoil. Keep hot food hot and cold food cold.
- Soiled linens should be changed immediately. So linens should be washed in hot water using a detergent separate from the laundry.

- Soiled disposable products (dressing, adult briefs) should be place in a heavy plastic bag, fastened securely and placed in the trash for pick-up.
- Used needles and syringes can be placed into a rigid walled container (empty bleach or coffee can), seal securely and dispose of in the trash for pick-up.
- Damp mop uncarpeted floors at least once a week.
- Bathroom surfaces; sink, toilet, toilet seat and floor should be cleaned routinely. A disinfectant, bathroom cleaner, or a solution of water and detergents may be used.
- Special precautions to prevent infection in your particular condition will be discussed, as necessary by the nurse during your visits.
- Notify the hbspice nurse if the patient develops any of the following signs and symptoms; fever, pain, or tenderness; fatigue, loss of appetite, nausea, vomiting, diarrhea, rash, sore on mucous membranes, redness or swelling of a body part, and discharge or drainage from any area of the body.

Respiratory Hygiene/Cough Etiquette in Healthcare Settings

To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/ Cough Etiquette.

2. RESPIRATORY HYGIENE/COUGH ETIQUETTE

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Use in the nearest waste receptacle to dispose of the tissue after use;

  Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/ materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/ Cough Etiquette in waiting areas for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.

- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

3. MASKING AND SEPARATION OF PERSONS WITH RESPIRATORY SYMPTOMS

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

4. DROPLET PRECAUTIONS

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

!No-IT:These recommendations are has d on the *Droll Guideline f0r Isnkition Precuution.s. Preventing Tran.soniAvion* (y *Agents in Ilcoltheare Settings.* Recommendations of the Healthcare In fection Control Practices Advisory Committee (I I ICPAC). CDC.

EQUIPMENT SAFETY TIPS

Hospital Bed

- Always keep wheels locked. Unlock only to move bed.
- Always maintain side rails up and locked into position.
- Electric beds may malfunction or a power failure may cause the bed to remain in one position. Always know how to use the manual hand crank.
- A bedridden person should always have a way to summon help. Provide patient with a call bell or other emergency response system.
- Unplug electric beds before washing the mattress or framework.

Wheelchair

- Always lock the wheelchair brakes before making a transfer to or from your chair or bed or car.
- If you are unable to place both feet flat on the floor, do not lean forward in the wheelchair. You may fall.

- Prolonged sitting in the wheelchair may cause pressure sores to develop. Establish a routine of shifting your weight from side to side, up and down, if possible. The armrest of the wheelchair may be padded to help cushion and relieve pressure to arms.

Walker

- When ready to walk, stand a few minutes with walker to steady your balance.
- If dizziness occurs and does not go away, sit down and call for assistance.
- Walking surface should be dry, clean and well lighted. Removing throw rugs will enhance safety.
- When walking, do not look at your feet, look straight ahead.
- Wear supportive, flat soled, non-skid shoes. Avoid high heels and slip on shoes.
- Attach a light weight bag or basket to your walker to safely carry small items.

Canes and Crutches

- Wear supportive, flat-soled, non-skid shoes. Avoid high heels and slip shoes.
- Avoid walking on slippery, wet & uneven surfaces. Removing throw rugs enhance safety.
- Make sure the rubber tip on the cane/ crutch end is without cracks or tears and that it fits securely.
- Crutches should have padded underarms.
- When walking, do not look at your feet.
- Always get up slowly from a sitting position and assess if you feel dizzy or off-balance. While standing, breathe slowly. If dizziness should persist, sit down and call for help.

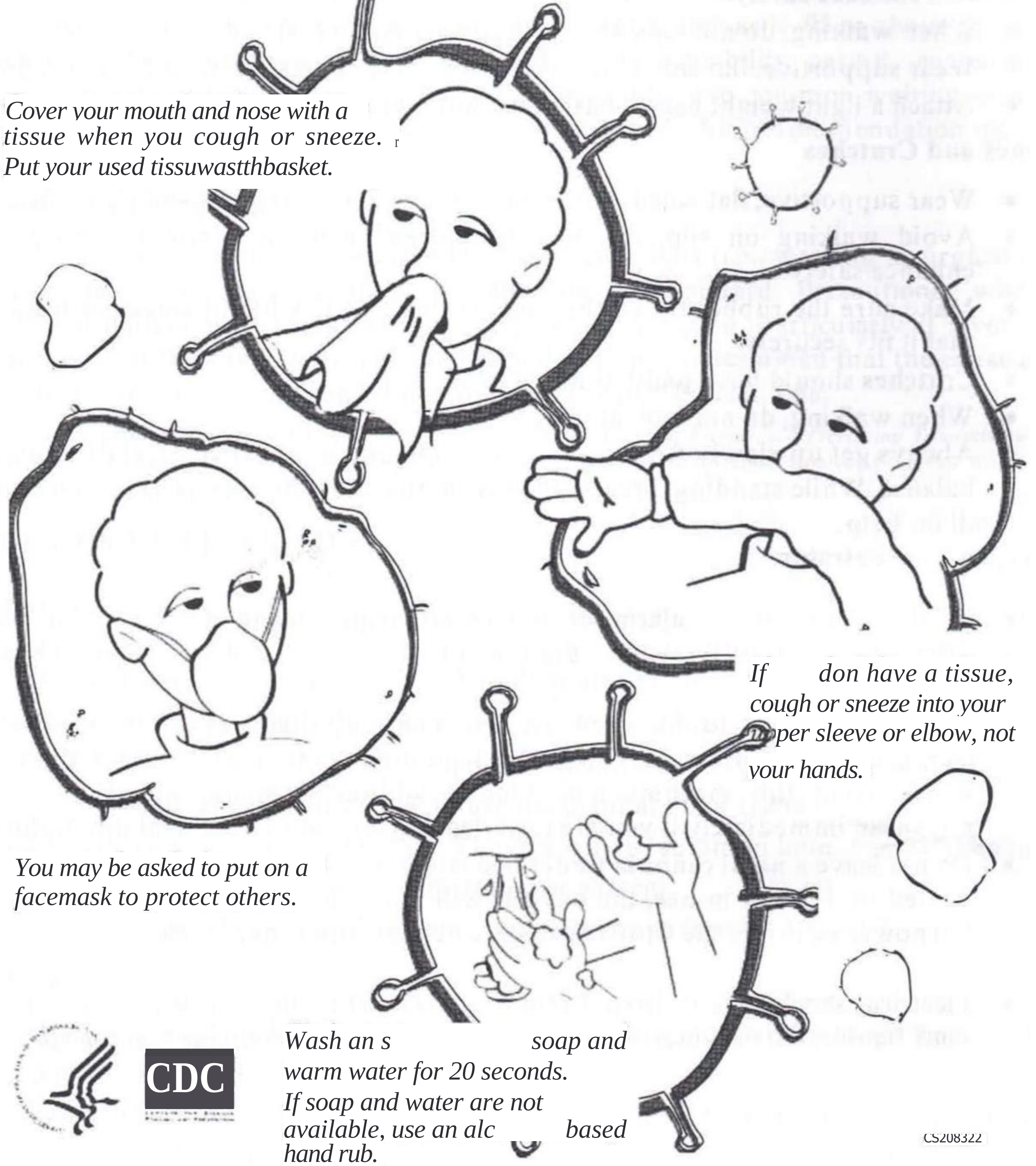
Oxygen Concentrator

- In the event of an alarm or if you are experiencing any signs of patient discomfort, consult your Equipment Provider and/ or your physician immediately.
- This unit is not to be used for or with any life-supporting applications. Geriatric, pediatric, or any other patient unable to communicate discomfort while using this machine may require additional monitoring. Consult your physician immediately if you are experiencing any signs of patient discomfort.
- Do not leave a nasal cannula under bed coverings or chair cushions. If the unit is turned on but not in use, the oxygen will make the material flammable. Set the I/ 0 power switch to the 0 (off) position when the unit is not in use.

- Electrical shock hazard. Do not remove covers while the unit is plugged in. Only your Equipment Provider should remove the covers. ***(continued on page 67)***

Cover your Cough

Stop the spread of germs that can make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissuwastthbasket.

If don have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash an s soap and warm water for 20 seconds.

If soap and water are not available, use an alc based hand rub.

CDC

CS208322

. This device manufactures high purity oxygen, which promotes rapid burning. Do not allow smoking or open flames within 5 feet of: (1) this device or (2) any oxygen- carrying accessory. Use no oil, grease, or petroleum-based products on or near the unit. Disconnect the power cord from the electrical outlet before you clean or service the unit.

- Do not use extension cords with this unit.
- Recommend an alternate source of supplemental oxygen in the event of a power outage, alarm condition, or mechanical failure. Consult your physician or Equipment Provider for the type of reserve system required.

HOW TO OPERATE YOUR OXYGEN CONCENTRATOR

First, become familiar with the important parts ofyour Oxygen Concentrator (Figures I a and l b).

A. On/Off (I/O) Power Switch:
Starts and stops the operation of the unit.

B. Circuit Breaker Reset Button:
Resets the unit after electrical overload shutdown.

C. Digital Hour Meter:
Records the unit's total hours of operation.

D. Flow meter/Adjustment Knob:
Controls and indicates the oxygen flow rate in liters per minute (Ipm).

E. Oxygen Outlet: Provides connections for a humidifier (if required), cannula, or catheter.

F. Top and Side Handles: Enables convenience in carrying the unit.

G. Operating Instructions: Explains procedures to operate the unit.

H. Air Intake Gross Particle Filter:
Prevents dust and other airborne particles from entering the unit. I.
Storage Pocket:
Handy accessory pocket with Velcro attachments to hold user manual, extra air intake filter, and oxygen adapter.

J. Power Cord: Allows connection of unit into an electrical outlet.

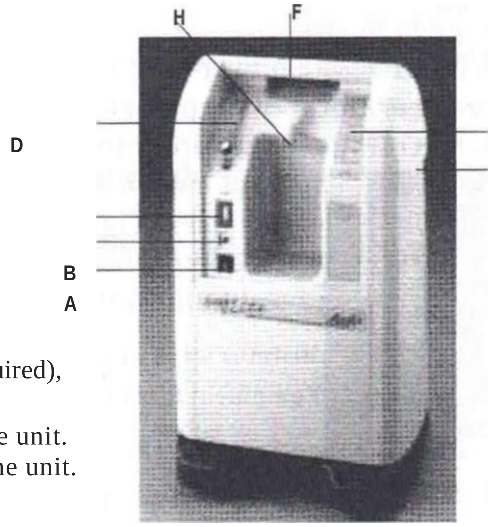
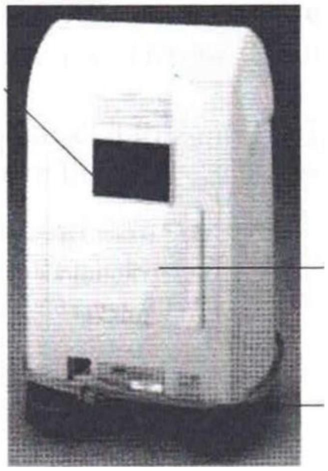


Figure la



NOTE

Do not use extension cords with this unit.

Locate the unit near an electrical outlet in the room where you spend most of your time.

1. Position the unit away from curtains or drapes, hot air registers, heaters, and fireplaces. Be certain to place the unit so all sides are at least 12 inches away from a wall or other obstruction. Do not place the unit in a confined area.
2. Turn the unit so that the operating controls are within easy reach and the air intake on the back of the unit is not obstructed.
3. Connect oxygen accessories such as a humidifier (if required), cannula, catheter, and/ or extension tubing to the oxygen outlet.
4. Remove the power cord *completely* from around the concentrator, if wrapped around, as shown **(Figure lb).**
5. Insert the power cord into the electrical outlet.
6. Locate the power switch on the front of the unit, and switch it to the **1** position (on). **(Figure 2.)**

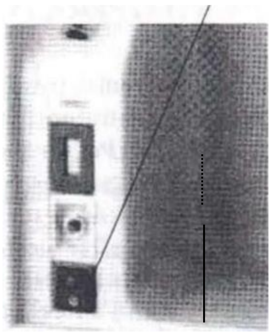
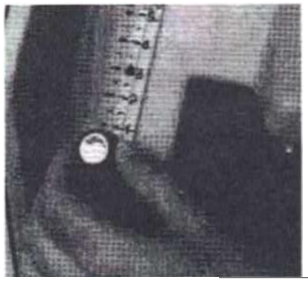


Figure 2

A battery-operated audible alarm must loudly sound for a 5-second test to indicate a good battery and alarm.

If the alarm is weak or does not sound at all, consult your Equipment Provider immediately.

7. Set the flowmeter adjustment knob to your prescribed 1pm
(Figure 3).



The concentrator is now ready for use.

8. To turn the concentrator off, press the **1/** 0 switch to the 0 position. Always operate the unit in an upright position

10. If the unit fails to operate properly, refer to the Troubleshooting section for a list of probable causes and solutions.

For easier reference, store this Patient Manual and the additional air intake gross particle filter (if provided) in **NOTE** the pocket.

Figure 3

Filters

Air enters the unit through an air intake gross particle filter located on the back of the oxygen concentrator. This filter removes dust particles and other impurities from the air. Before you operate the unit, make sure this filter is clean and positioned correctly **(Figure 4).**

The supplemental oxygen produced by the unit receives additional filtration from a bacteria filter located within the oxygen concentrator. Your Equipment Provider performs maintenance on the bacteria filter in addition to other maintenance on the unit.

0OTE The use of some oxygen administration accessories not specified for use with this oxygen concentrator may impair its performance.

Oxygen Without Humidifier

1. If your physician did not prescribe a humidifier, connect the oxygen tubing directly to the unit's oxygen outlet. A separate outlet fitting is supplied for this type of connection **(Figure 5).**

Figure 5

Oxygen With Humidifier

Follow these steps if your physician prescribed an oxygen humidifier as part of your therapy:

1. Remove or unscrew the reservoir bottle from the humidifier. (If you have a pre-filled unit, do not perform this step. Proceed directly to step 4.)
2. Fill the reservoir with cool or cold water (distilled water is preferred) to the fill line indicated on the bottle. DO NOT OVERFILL.
3. Screw the reservoir bottle back together.
4. On the top of the humidifier, turn the threaded nut counterclockwise while you connect the humidifier to the oxygen outlet, and tighten securely **(Figure 6).**

Figure 6

5. Connect oxygen tubing from the cannula or catheter to the humidifier outlet fitting **(Figure 7).**

2 The use of certain humidifiers not specified for use with this **NOTE** oxygen concentrator may impair its performance.

Figure 7

Nasal Cannula

Your physician has prescribed either a nasal cannula or catheter **(Figure 8).**

In most cases, the manufacturer has already connected the oxygen supply tubing to the cannula or catheter. If not, follow the manufacturer's instructions for proper connection. Connect the oxygen tubing to the oxygen outlet adapter or humidifier.

Figure 8

Proper Setting of Oxygen Flow meter

To set the proper flow of supplemental oxygen, turn the flowmeter adjustment knob left or right until the ball inside the flowmeter centers on the flow line number prescribed by your physician **(Figure9).** To view the flowmeter at the proper angle, note that the back line and the front numbered line must give the appearance ofjust one line.

CAUTION

It is very important to follow the prescribed level of oxygen flow. Do not increase or decrease the flow until you first consult your physician.

CAUTION

Normally, you should not need to adjust the flowmeter on your unit. If you turn the flowmeter adjustment knob clockwise, you will decrease and can shut off the flow of oxygen from your unit. For your convenience, the flowmeter is marked in'/ Ipm increments form 1 to 5 Ipm flow settings.

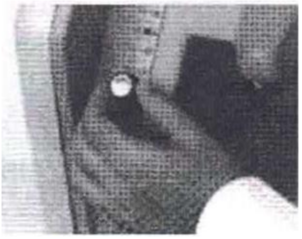


Figure 9

Cleaning, Care, and Proper Maintenance Cabinet

Disconnect the power cord from the electrical outlet before you clean the cabinet.

WARNING

Do not use liquid directly on the unit. Do not use any petroleum-based solvents or cleaning agents.

CAUTION

Clean the cabinet and power cord only with a mild household cleaner applied with a damp cloth or sponge,

and then wipe them dry **(Figure 10).**

CAUTION

Figure 10

2 Do not operate the unit without the air intake gross particle filter in place. **NOTE**

On a weekly basis, wash the air intake gross particle filter, located on the back of the unit. Your Equipment Provider may advise you to clean it more often depending on your operating conditions. Follow these steps to properly clean the air intake gross particle filter:

1. Remove the filter and wash in a warm solution of soap and water **(Figure 11).**
2. Rinse the filter thoroughly, and remove excess water with a soft absorbent towel.
3. Replace the filter.

Figure 11

Reserve Oxygen Supply

Your Equipment Provider should provide or suggest an alternative source for supplemental oxygen therapy in case there is a mechanical failure or a power outage. During a power outage, alarm condition, or mechanical failure, use your reserve oxygen supply (if provided), and consult your Equipment Provider immediately.

Troubleshooting

If your Oxygen Concentrator fails to operate properly, consult your Equipment Provider, and then refer to the troubleshooting chart on the following pages for probable causes and solutions.

2

NOTE

Do not attempt any maintenance other than the possible solutions listed below.

If you cannot get the unit to operate, connect your cannula or catheter to the reserve supplemental oxygen supply (if provided).

Problem	**Probable Cause**	**Solution**
Unit does not operate. Power failure condition causes a continuous alarm to sound.	Power cord not connected into electrical outlet.	Check power cord plug at the electrical outlet for a proper connection.
	No power at electrical outlet.	Check power source, wall switch, fuse, or circuit breaker in-house.
	Oxygen concentrator circuit breaker is activated.	Press **(Do not hold in)** the circuit breaker reset button on the front of the unit. Contact your Equipment Provider for service.
Limited oxygen flow.	Dirty or obstructed humidifier bottle.	Remove the humidifier bottle (if used) from the oxygen outlet. If flow is restored, clean or replace with a new humidifier bottle.
	Defective nasal cannula, catheter, and/ or oxygen delivery tube.	Remove nasal cannula/ catheter from oxygen tubing. If proper flow is restored, replace with new cannula or catheter. Disconnect delivery tubing at oxygen outlet (front of unit). If proper flow is restored, check oxygen tubing for kinks or obstructions.

Problem	Probable Cause	Solution
Condensation collects in the oxygen tubing when you use the humidifier bottle.	Unit not properly ventilated. Elevated operating temperature.	Make sure unit is positioned away from curtains or drapes, hot air registers, heaters, and fireplaces. Be certain to place the unit so all sides are at least 12 inches away from a wall or other obstruction. Do not place the unit in a confined area.
		Refill humidifier bottle with COLD water. DO NOT OVERFILL. Allow oxygen tubing to dry out, or replace with new tubing.
Intermittent alarm sounds at one second intervals.	Equipment malfunction.	Set **I**/ 0 power switch to 0 position, use your reserve oxygen supply (if provided), and consult your Equipment Provider immediately.
Unit does not alarm, or weak alarm sounds for 5 seconds during start-up.	Weak 9-volt battery.	Call your Equipment Provider to replace 9-volt battery.
All other problems.		Set I/ 0 power switch to the 0 position, use your reserve oxygen supply (if provided), and consult your Equipment Provider immediately.

DISPOSAL TIPS FOR HOME SAFETY

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

You should place needles, syringes, lancets, or any sharp objects in a hard-plastic or metal container with a screw-on or tightly secured lid.

SAFETY AND COMFORT IN YOUR HOME

Falls or other injuries could leave you unable to live in your own. Report falls immediately. It is our hope that the following information will enable you to make your home safer and more comfortable. Removing potential hazards and making things easier to do can help you stay independent.

Fire Safety

Do you have emergency exit plan? Once a fire starts, it can spread rapidly. Since you may not have much time to get out, there may be a lot of confusion, it is important that everyone knows what to do.

Check Smoke Detectors

Do you have smoke detectors installed in home? If the answer is no, we urge you to purchase smoke detectors for your own personal safety. Note: some local fire departments or local government agency will provide assistance in acquiring or installing smoke detectors.

Many fire injuries and deaths are caused by smoke and toxic gases, rather than the fire itself. Smoke detectors provide early warning and can wake you in the event of a fire.

You may want to consider Carbon Monoxide detectors as well, for your home safety. At least one smoke detector should be placed near bedrooms, either on the ceilings or 6-12 inches below the ceiling on the wall. Locate smoke detectors away from the air vents.

Are your smoke detectors currently in proper working order? Check the batteries on a regular basis.

REMEMBER RACE:

Remove patient and family from immediate danger. Develop a fire escape plan for your home and determine one place for all family members to meet outside in a safe place away from fire.

Activate — call 911. Remember to give your street address.

Contain the fire, if possible, by closing all doors. Remember your own safety first and do not place yourself in danger.

GETTING RID OF HAZARDS

Hazards that can cause fires, falls and other injuries in the home are easy to overlook. And they're often easy to fix. Checking each room for safety hazards can help you prevent injuries.

CHECK ALL RUGS, RUNNER AND MATS

Are all small rugs and runners slip-resistant? Falls are the most common cause of injury for older people.

Remove rugs and runners that tend to slide.
Apply double-faced adhesive carpet tape or rubber matting to the back of rugs and runners.

Purchase rugs with slip-resistant backing.

Check rugs and mats periodically to see if backing needs to be replaced.

Place rubber matting under rugs. Rubber matting can be cut to size of rug

Note: Over time adhesive or tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically check rugs and mats to see if new tape or backing is needed.

CHECK AREAS AROUND BEDS

Are lamps or light switches within easy reach of the bed?

Lamps located close to each bed will enable people getting up at night to see where they are going. Rearrange furniture closer to switches or move lamps close to beds. Install night lights.

Is there a telephone close to your bed?
In case of emergency, it is important to be able to reach the telephone without getting out of bed.

Are ash trays. smoking materials or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?

Burns are leading cause of accidental death among seniors. Smoking in bed is a major contributor to this problem. Do not smoke in bed or have hot liquids or other heat sources near the bed.

Is anything covering your electric blanket when in use?

"Tucking in" electric blankets or placing additional coverings on top of them cause excessive heat build-up which can start a fire. Do not set electric blankets so high that they can burn someone.

Do you ever sleep with a heating pad which is turned on?

Never go to sleep with a heating pad if it is turned on. It can cause serious burns, even at relatively low settings.

Are cords out from beneath furniture and rugs or carpeting?

Furniture resting on cords can damage them, creating fine and shock hazards.

Electric cords which run under carpeting may cause a fire. Remove cords from under furniture or carpeting. Replace damaged cords.

Are cords attached to the walls or baseboards with nails or staples?

Nails or staples can damage cords, presenting fine and shock hazards. Remove nails, staples.

CHECK BATHTUB AND SHOWER AREAS

Are bathtubs and shower equipped with non-skid mats, abrasive strips or surfaces that are not slippery?

Wet soapy tile or porcelain surfaces are especially slippery and may contribute to falls. Apply textured strips or appliqués on the floors or tubs and showers. Use non-skid mats in the tub or shower and on the bathroom floor. If you are unsteady on your feet, use a stool with non-skid tips as a seat while showering or bathing.

Grab bars can help you get into and out of your tub or shower, and can help prevent falls. Check existing bars for strength and stability and repair if necessary.

Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are unsure how it is done, get someone who is qualified to assist you.

CHECK ALL CORDS

Are lamps, extensions and telephone cords placed out of the flow of traffic?

Cords stretched across walkways may cause someone to trip. Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords, if possible. Place all cords out of the way to avoid injury.

Are electric cords in good condition, not frayed or cracked?

Replace any frayed or cracked cords; they can cause shock or fire. Check wiring for damage. Use tape to attach cords to walls or floors.

Do extension cords carry more than their proper load than indicated by the rating label on the cord & appliance?

Overloading extension cords may cause fires. Standard 18 gauge extension cords carries 1250 watts. If an extension cord is needed, use one having a sufficient amp or wattage rating. If the rating on the cord is exceeded because of the power requirements of one or more appliances being used on the cord, change the cord to a higher rated one or unplug some appliances.

Are heaters which come with a 3-prong plug being used in a 3-hole outlet or with a properly attached adapter?

The grounding feature provided by a 3-hole receptacle or an adapter for a 2-hole receptacle is a safety feature designed to lessen the risk of shock. Never defeat the grounding feature. If you do not have a 3-hole outlet, use an adapter to connect the heater's 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.

If your home has space heating equipment, such as kerosene heater, a gas heater or an LP gas heater, do you understand the installation and operating instructions thoroughly?

Unvented heaters should be used with room doors open or window slightly open to provide ventilation. The correct fuel, as recommended by the manufacturer, should always be used. Vented heaters should have proper venting and should be checked frequently.

Are stairs and pathways clear?

Replaced dim or homed out lights along pathways and halls. Oil or replace locks and handles that do not turn easily or are hard to grasp. Install deadbolt locks on outside **doors.** Mark key so they are easy to identify.

Are small stoves and heaters placed where they cannot be knocked over, and away from furnishings and flammable materials, such as curtains or rugs?

Heaters can cause fires or serious burns if they cause you to trip or if they are knocked over. Relocate heaters away from passageways and flammable materials.

DURING AN EARTHQUAKE

If you are indoors, get under a table, desk or bed, or brace yourself in a strong doorway that does not have a physical door that closes, as this could injure a person during an actual quake. Watch for falling, flying and sliding objects. Stay away from windows.

If you are outdoors move to an open area away from buildings, trees, power poles, brick walls and other objects that could fall.

If you are in an automobile, stop and stay in it until the shaking stops. Avoid stopping near trees and sewer lines, or under overpasses.

If you are in a high rise building get under a desk until the shaking stops. Do not use the elevator to evacuate. Use the stairs instead.

If you are in a store, get under a table, or any sturdy object, or in a doorway that does not have a door.

CHECK ENTRANCES AND STAIRS

Are entrances safe?

Put bright lights over front and back doors or install motion sensor lights.

Put non-skid strips on the outer edge of steps, or paint the edges white. Repair handrails that do not run the full length of the stairs. Repair broken or loose steps and cracked or uneven paving. Keep pathways and steps free of hoses, newspapers and other clutter.

IF YOU MUST EVACUATE

Prominently post a message indicating where you can be found

Take with you

- Medicines and first aid kit
- Flashlight, radio and batteries
- Important papers and cash
- Food, sleeping bags/ blankets and extra clothing
- Make arrangements for pets

AFTER A DISASTER

- Put on heavy shoes immediately to avoid injury from stepping on glass or other debris.
- Check for injuries and give first aid.
- Check for fires and fire hazards.
- Sniff for gas leaks, starting at the hot water heater. If you smell gas or suspect a leak; turn-off the main gas valve, open windows AND CAREFULLY LEAVE THE HOUSE. Do not turn lights on or off, or light matches or do anything that might make sparks.

Note: Do not shut-off gas unless an emergency exists. If time permits, call the gas company or a qualified plumber. Do not turn gas back on until the gas company or plumber has checked it out.

If water leaks are suspected, shut-off water at main valve.

If damage to electrical system is suspected (frayed wires, sparks or the smell of hot insulation) turn-off system at main circuit breaker or fuse box.

- Check neighbors for injury.
- Turn on radio and listen for advisories. Locate light source, if necessary.
- Do not touch downed power lines or objects.
- Check to see that sewage lines are intact before continued flushing of toilets.
- Check house, roof and chimney for damage. Check emergency supplies.
- Do not use the phone except for genuine emergencies.
- Be prepared for after-shocks.
- Open closets and cupboards carefully.
- Cooperate with public safety officials. Be prepared to evacuate when necessary.

INFECTIOUS WASTE
WHAT SHOULD GO WHERE

- Needles
- Syringes
- Lancets

Other sharp objects in a hard plastic or metal container with a screw-on or tightly secured lid. You can also use a coffee can to dispose of sharps, but you'll need to reinforce the plastic lid with heavy-duty tape. Remember not to put sharp objects in any container that will be recycled or returned to a store. Don't use glass or clear plastic containers — the contents can be easily seen, possibly leading to the misuse of sharps. Make sure that containers are kept out of children 's reach.

- Soiled bandages
- Disposable sheets
- Medical gloves

In securely fastened plastic bags before you put them in the garbage can.

RESCUE TECHNIQUES

Always remember to protect the patient's head

To move a non-ambulatory patient by you:

- Spread a blanket on the floor beside the bed, with one third under the bed and about eight inches extending beyond the patient's head.
- Grasp the patient's ankles and move his legs until they drop over the edge of the bed at the knee.
- Slowly pull the patient by his shoulders to a sitting position.
- From behind, encircle the patient with your arms under his armpits, and clasp your hands together over his chest.
- Slide the patient slowly to the edge of the bed and gently lower him to the blanket. If the bed is high, slide him down one of your legs.
- Wrap the blanket around the patient and grasp above his head with both hands. Do not let his head snap back. Pull him to safety.

If you must evacuate the patient down a stairway:

- Drag the patient headfirst to the stairway.
- Position yourself several steps lower than the patient, so that his lower body inclines upward.
- Place your arms under the patient's arms and clasp your hands over the patient's chest.
- Back down stairs slowly, maintaining close contact with the patient and keeping one leg against the patient's back.

HOME EMERGENCY SUPPLIES

Car Mini-Survival Kit

- ☐ **Non-perishable food —store in clean coffee cans**
- ☐ **Bottled water**
- ☐ **First aid kit and book**
- ☐ **Flares**
- ☐ **Fire extinguisher— A-B-C Type**
- o **Blanket or sleeping bag**
- o **Sealable plastic bags**
- ☐ **Flashlight —fresh and spare batteries and bulb**
- o **Essential medication**
- ☐ **Tools —screwdriver, pliers**
- ☐ **Short rubber hose — for siphoning**
- ☐ **Small package of tissues**
- ☐ **Pre-moistened towelettes**
- o **Local maps**
- ☐ **Extra clothes**
- ☐ **Sturdy shoes**

Storage of Emergency Supplies

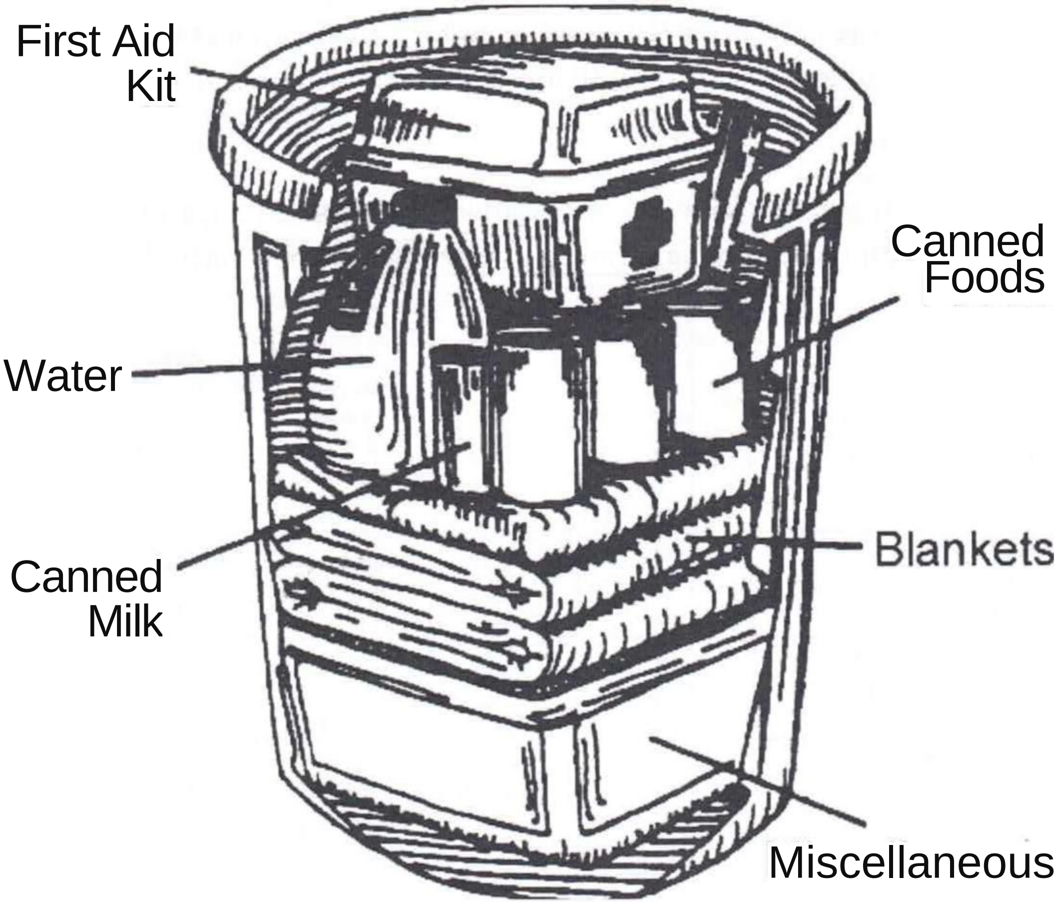
Some families prefer to store their emergency supplies in one location. Choose a place in your home which would be relatively safe in time of an earthquake (such as a closet or under a bed). The perishable supplies will remain stable longer if stored in a cool, dark location.

One suggested method for storing emergency supplies is to place them in a large, covered trash container. They can be layered as shown and all kept together in the large covered container.

NOTE: It is best to store plastic water containers on top of the contents rather than on the bottom where they could possibly crack and leak from the weight of heavy objects placed on top of them.

Emergency supply Checklist

Stocking up now on emergency supplies can add to your safety and comfort during and after the earthquake. Store enough supplies for at least 72 hours.



FOOD AND DRUG INTERACTIONS

PATIENT INSTRUCTION SHEET

THIS INSTRUCTION SHEET COVERS THE MOST COMMON DRUG-FOOD INTERACTIONS —NOT EVERY INTERACTION IS COVERED

If you are taking a drug, the food you eat could make it work faster or slower or even prevent it from working at all. Eating certain foods while taking certain drugs can affect the way your body uses fuel. To prevent adverse-food-drug interactions, please refer to the following information. The nurse will identify the information that pertains to you.

Avoid the intake of alcohol with any medication until you check with your doctor or nurse. Many medications can have serious adverse effects when "mixed" with alcohol.

Category	Drug Name		Interaction Code
Analgesics	Aspirin	(various)	1
	Ibuprofen	Motrin	1
	Piroxicam	Feldene	
Antibiotics	Amoxicillin	Amoxil	
	Ampicillin	(various)	2
	Cefaclor	Ceclor	3
	Cephalexin	Keflex	3
	Erythromycin Base	E-Mycin	5
		Erytab	5
		Eryc	5
	Erythromycin Eslolate	Ilosone	3
	Erythromycin Erythylsuccinate	Pediamycin or EES	3
	Erythromycin Stearate	Erypar	5
	Metronidazole	Flagyl	1, 7
	Nitrofurantin	Furadantin	1
		Maonodantin	1
	Penicillin VK	(various)	2
	Ciprofloxacin	Cipro	2, 16
	Lomefloxacin	Maxaquin	2, 16
	Ofloxacin	Floxin	2, 16
	Norfloxacin	Noroxin	2, 16
	Rifampin	Rifadin	2
	Tetracycline	Sumycin	2, 14, 16
Anticoagulants	Warfarin	I Coumadin	15
Anticonvulsants	Carbamazeoine	Tegretol	
	Phenobarbital	(various)	2
	Phenytoin	Dilantin	5, 8
Antidepressants	Amitriptyline	Elavil	
	Doxepin	Sinequan	1
	Imipramine	Tofranil	1
	Isocarboxazid	Marplan	12
	Lithium	Lithane	1, 6
	Phenelzine	Nardil	12
	Tranylcypromine	Parnate	12
Antidiarrheals	Diphenoxylate	Lomotil	
Antihistamines	Chlorpheniramine	Chlor-trimeton	1, 6
	Diphenhydramine	Benadryl	1, 6
	Hydroxyzine	Vistaril, Atarax	1, 6

Key to Instruction Codes	
Code	Explanation
1	May cause stomach upset. Take with food or milk
2	Take on an empty stomach (1 hour before or 2 hours after a meal).
3	For best results, take on an empty stomach. If irritation occurs, take on a full stomach.
4	Take one-half hour before meals
5	Take one hour before meals
6	Do not take with alcohol. Danger of over-sedation
7	Do not take with alcohol. May cause nausea or vomiting.
8	Avoid alcohol
9	Side effects may be increased by food containing caffeine (see list A)
10	May cause potassium loss. Eat foods high in potassium (see list B)
11	Take oral doses after morning meals (unless otherwise directed)
12	Avoid foods high in tyramin (see list C)
13	Avoid natural or 'true' (imported) licorice
14	Avoid milk and milk products
15	Maintain a consistent level of intake for foods high in Vitamin K (see list D)
16	Avoid foods and medication high in cations: (aluminum, calcium, magnesium, iron and zinc)

Category	Drug Name		Interaction Code
Anti-Hypertensives	Alonol	Tenormin	1
	Captopril	Capoten	2
	Methyldopa	Aldomet	13
Anti-Flammatory Agents	Indomethacin	Indocin	1
	Prednisolone	Delta-Cortef	1
	Prednisone	Deltasone	1
Antineoplastics	Procarbazine	Matulane	12
Anti-Ulcer Agents	Cimetidine	Tagamet	4
	Famotidine	Pepcid	4
	Ranitidine	Zantac	
Bronchodilators	Albuterol	Ventolin	1
		Proventil	1
	Aminophylline	(various)	1, 9
	Theophylline	Theo-Dur	5
Cardiovascular Agents	Digoxin	Lanoxin	11
	Diltiazem	Cardizem	5
	Nitroglycerin	Nitrostat	8
	Procainamide	Pronestyl	5
	Quinidine	Quinaglute	
Diuretics	Combination Product	Dyazide	1
	Furosemide	Lasix	5, 10
	Hydrochlorothiazide	Hydrodiuril	1, 10
	Spirinolactone	Aldactone	1
Iron	Ferrous Sulfate	Fergon	3
		Feosol	3
Laxatives	Bisacodyl	Dulcolax	1, 10
Narcotics	any...		3, 6
Oral	Chlorpropamide	Diabinase	8
	Glipizide	Glucotrol	8
	Glyburide	Micronase	4, 8
		Diabeta	4, 8
Potassium Supplements	any ...		1

Key to Instruction Codes	
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5	Take one hour before meals
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7	Do not take with alcohol. May cause nausea or vomiting.
8	Avoid alcohol.
9	Side effects may be increased by foot containing caffeine (see list A)
10	May cause potassium loss. Eat foods high in potassium (see list B)
11	Take oral doses after morning meals (unless otherwise directed)
12	Avoid foods high in tyramine (see list
13	Avoid natural or 'true' (imported) licorice
14	Avoid milk and milk products
15	Maintain a consistent level of intake **I** foods high in Vitamin K (see list D)
16	Avoid foods and medication high in cations: (aluminum, calcium, magnesium, iron and zinc)

A partial listing of potential Food/Drug Interactions. Please refer to highlighted area below for your prescribed medications and their possible food/drug interaction.

Category	Drug Name		Interaction Code
Sedative/ Hypnotics	Alprazolam	Xanax	1, 6
	Chloral Hydrate	Noctec	6
Thyroid	Thyroid	(various)	4
	Thyroxine	Synthroid	4
Vitamins	Folic Acid	Folvite	1

Key Instruction Codes

Code	Explanation	Code	Explanation
1	May cause stomach upset. Take with food or milk.	9	Side effects may be increased by food containing caffeine (see list A)
2	Take on an empty stomach (1 hour before or 2 hours after a meal)	10	May cause potassium loss. Eat foods high in potassium (see list B)
3	For best results, take on an empty stomach. If irritation occurs, take on a full stomach	11	Take oral doses after morning meals (unless otherwise directed)
4	Take one-half hour before meal	12	Avoid foods high in tyramine (see list C)
5	Take one hour before meal	13	Avoid natural or "true" (imported) licorice
6	Do not take with alcohol. Danger of over-sedation	14	Avoid milk or milk products
	Do not take with alcohol. May cause nausea or vomiting	15	Maintain a consistent level of intake for foods high in Vitamin K (see list D)
8	Avoid alcohol	16	Avoid foods and medication high in cations: (aluminum, calcium, magnesium, iron and zinc)

Food List

List A — Food Containing Caffeine	**List B — Food High in Potassium**			**List C (Avoid) — Food High in Tyramine**		**List D —Food High in Vitamin K**
Chocolate	Apricots	Dried beans/ peas	Prunes	Age/ Mature cheese (excluding cottage and cream)		Beef liver
Cola	Artichokes	Dried fruit	Pumpkin			Brussel sprouts
Cocoa	Asparagus (fresh)	Figs	Raisins	Banana peel	Liver	Cauliflower
Tea	Avocados	Greens	Spinach	Beer or ale	Pepperoni	Chick peas
Coffee	Bananas	Honeydew	Squash	Bologna	Red wine	Green tea
	Broccoli	Milk	Tomato juice	Corned beef	Salami	Pork liver
	Brussel sprouts	Oranges	Tomatoes	Fava beans	Sauerkraut	Soy liver
	Cantaloupe	Oranage juice	Pickled herring	Fish, dried	Snow peas	Soy products
	Carrots (raw)	Potatoes		Fish, salted	Soy beans	Green leaf., vegetables
	Dates	Prune juice		Lentils	Yeast extract	
				Lima beans		

HOME USE AND DISPOSAL OF CONTROLLED SUBSTANCES

Policy No. H:2-059.1

PURPOSE

To ensure the appropriate use and disposal of controlled substances in accordance with applicable state and federal regulations.

POLICY

TRI CITY HOSPICE INC. voluntarily adheres to a controlled drug reporting process.

PROCEDURE

1. Controlled substances will be distributed directly to the patient or his/ her representative. (See "List of Controlled Substances Available" Addendum H:2-059.A.) The dispensing pharmacist will be responsible for monitoring the amount of drug issued and the length of time between renewals.
2. The Clinical Staff will provide a copy of the written policies and procedures on the management and disposal of controlled drugs to the patient/ representative and family. The Clinical Staff will verbally discuss the policy in a language and manner that they understand to ensure the safe use and disposal of controlled drugs.
3. The Clinical Staff will outline an informal documentation procedure for the patient and family/ caregiver when hospice personnel are not present in the home.
4. In cases where hospice personnel are in the home 24 hours a day, a drug count will be made by the licensed personnel at the time of shift change.
5. Controlled drugs will be accounted for on a narcotic count record, which will be maintained as a part of the clinical record.
6. When a hospice patient no longer has a need for a controlled substance, the Clinical Staff will instruct the patient and family/ caregiver to dispose of them.
7. The Clinical Staff will document in the clinical record that the patient and family/ caregiver were given the written policies and procedures for managing controlled drugs and disposal of medications and took responsibility to do so.
8. The hospice nurse, social worker, or chaplain attending the death of a hospice patient will inform the family/ caregiver of their responsibility to dispose of all the patient's prescribed medications and will document this instruction in a clinical note.
9. Hospice personnel will assist family to dispose of any patient medications when no longer needed. Methods of disposing medication: dump medication in a cat litter bag, pour water in the medication bottle, pour liquid medication in a diaper and sealed in a plastic bag and dispose properly in a garbage bin.
10. If the patient is in the Skilled Nursing Facility (SNF), unused controlled substances can be disposed per SNF Protocol.

PAIN MANAGEMENT

"Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does."

Margo McCaffrey, RN, MS, FAAN

Your experience with pain and your response to pain medication is unique. No one can ever know how your pain feels. This understanding is essential to your ability to care for yourself and our ability to relieve your pain.

One of your primary goals of hospice care is good pain control. Nearly all patients can have good control of their pain with proper medications and interventions. If a pain medication is not providing enough, please tell your nurse. We will work with you to create an effective pain management program.

As shown on the next page, there are pain medications for different levels of pain and they are available in a number of forms including pills, liquids, suppositories and adhesive skin patches. Occasionally, slow infusions of narcotics are used. We will attempt to match the level of your pain or discomfort with the right medication.

The key to effective pain management is "staying on top of the pain". In other words, you need to take your medication regularly to prevent the pain from coming back, rather than waiting until you are in pain again.

STEPS TO PAIN

The table below shows the types of medications needed for treating increasing intensities of pain. Often, non-narcotic drugs will be continued in addition to narcotics to improve the effectiveness of the pain regime.

MILD PAIN	Non-Narcotic Drugs Aspirin, Tylenol, Ibuprofen No prescription required
MODERATE PAIN	Type I Narcotics Codeine, Vicodin Ordered by Prescription With or without Non-Narcotic Drugs
SEVERE **PAIN**	Type II Narcotics Morphine, Dilaudid, Methadone Ordered by Triplicate Prescription With or without Non-Narcotic Drugs

COMMON MYTHS ABOUT PAIN TREATMENT

MYTH	FACT
"If I take drugs regularly, I'm going to become an addict."	Addiction is primarily characterized by the use of drugs for psychological benefit. Addicts use drugs in the absence of physical pain. Addiction is not a problem when narcotics are used to treat pain, even for long periods of time.
"If I take painkillers now, they won't work for me when I need them later."	Tolerance to the pain-relieving effects of medicines occurs when your body becomes accustomed to certain drugs. You can be maintained on oral pain medicines for long periods of time before tolerance develops. If you need stronger pain medicines, your doctor has several options: Increasing the dose or frequency of medicines. Adding another medication to increase the effectiveness of the primary medication. > Switching to another medicine or changing the method of administration.
"If I take pain medications, I'll be drowsy and out of it."	When first starting on a regular schedule of pain medications, or when increasing the dosage, it is not unusual to feel drowsy or sleepy for a few days. This will disappear, and you should be able to remain alert and free of pain.