

Catholic Caregivers

'Caregiving is pro-life!'

At the Hospital

The sights, the sounds, the smells . . . a hospital seems like a different world to most of us who aren't in the medical field. It's a foreign place where we don't know the language, the rules, the customs. So when your loved one must enter one, often it's not just a time of worry and fear, but also a time of confusion, both for your care-receiver and for you.

These are some suggestions for making the experience easier:

--Be sure that all paperwork regarding legal, financial, and end-of-life wishes is completed, signed, and filed with your loved one's records.

--Keep in mind that you're entitled to ask questions. If your loved one has OK'd it with his or her doctor, it's perfectly all right for you to call your care-receiver's physician, identify yourself, and find out what's happening now and what's being planned. In most cases, a physician will be very willing to discuss your loved one's condition with you. Of course, this is only with your care-receiver's permission.

--If your care-receiver is being seen by more than one doctor, you may need to plan a phone consultation with any specialists who are also treating him or her.

--Once your care-receiver has been admitted to the hospital, introduce yourself to the staff on the floor where he or she has been assigned. (This can be done over the phone if you don't live near him or her.) Find out what the typical daily schedule is on that floor so you'll know the best times to call or visit.

--Ask when your care-receiver's doctor makes rounds. These are the best times to see the doctor and ask questions. The doctor may have a great deal of important information to share, so much that a patient of any age can feel overwhelmed. It helps to have two people hearing that information and asking questions.

--If you or your loved one thinks of questions when the doctor is not around, jot them down so you'll remember to ask. And jot down the doctor's answers, too. Sometimes it may seem as if there are so many health-care professionals seeing your care-receiver that it's hard to remember who's who and who said what. Make a note of those things as well.

--Identify the problem. Begin by asking questions with only yes or no answers. Then ask questions that *can't* be answered with yes or no. Take note of how your parent responds. This will give you a better idea of your parent's cognitive abilities.

--Don't try to communicate when you're angry.

--Don't get distracted with unimportant details.

Keep communication simple.

--Plan what you will say. Not just the concept, but the words, too. This will help you hear what your parent is going to hear.

--Remember that if the time comes when verbal communication is no longer possible, touch can be a form of communication.

--If your parent has a form of dementia, learn from the experts. Research the field for help in communicating with a person who has dementia. For example, if you make a statement and don't get a response, it might be best to repeat the statement exactly instead of paraphrasing it. Your parent may be taking time to process a response, and a paraphrase will seem like a whole new thought.

--Try to be patient. Remember that even in a world of cell phones, microwave meals, instant replays, and the Internet, some things still can't be rushed. Conversing with your parent can give you a much needed opportunity to slow down, take a deep breath, and remember, once again, what's really important in life.

--Ask about social services at the hospital and if a visiting chaplain or extraordinary minister of the Eucharistic is available. Find out if the hospital has a chapel and visit it often. You'll find support there and the comfort you need.

--Make use of the discharge planner. Often this person is contacted through the social services department. He or she is usually a medical social worker or a care manager who coordinates the discharge of patients. The discharge planner looks at what is happening now—based on information from doctors, nurses, occupational and physical therapists, and others—and what will happen when your loved one goes back home or on to a nursing home or assisted-living facility.

--Meet with the discharge planner early, before you receive word that your loved one is going to be discharged. Often a patient is given less than 24 hours' notice of a discharge, and while it's going to be great to have your care-receiver back home again so soon, this may not be enough time to get everything set up so that the homecoming is a safe and successful one.

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