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## CAREGIVING GUIDELINES



This Action Plan provided by:  
Caregiving Ministries and the National  
Caregivers Library, divisions of  
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## CAREGIVING GUIDELINES

Whatever the specifics of your situation, there are some important basic guidelines to remember when you provide care for a loved one:

- 1) Preserve dignity.
- 2) Involve your loved one .
- 3) Promote independence.
- 4) Ask for help.
- 5) Be an advocate.
- 6) Take care of yourself.

### 1) Preserve dignity.

Respect your loved one's right to make decisions about his or her life, and help him or her maintain a sense of control and privacy whenever possible.

- | Listen to what your loved one has to say, and pay attention to his or her worries and concerns.
- | Provide help on your loved one's terms, not yours. Tasks like dressing and bathing are personal and private.
- | Encourage your loved one to retain as much control over his or her life as possible.
- | Be understanding. Keep in mind that most people feel frustrated or unfairly burdened at some point.

### 2) Involve your loved one.

The ability to make decisions is a basic freedom, so provide choices whenever possible—from where to live to which cereals to eat at breakfast to what to wear. Choices enable us to express ourselves. As your loved one's options become more limited (through health losses, financial constraints, etc.), you may have to work harder to provide choices.

### 3) Promote independence.

Caregivers often take over when they shouldn't. If your loved one is still capable of performing certain activities, such as paying bills or cooking meals, then encourage him or her to do so. Helping your loved one maintain a feeling of independence will make him or her feel better about being in a care-receiving situation.

- | Encourage any effort at independence, no matter how small.
- | Even if you can do something "quicker and easier" than your loved one, let him or her take care of it if possible.

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## CAREGIVING GUIDELINES

| Avoid treating your loved one like a child.

### 4) Ask for help.

Many caregivers are so accustomed to providing help and seeing to another person's needs that they don't know how to ask for aid themselves. Take advantage of the help that's available.

| Your family is your first resource. Spouses, brothers and sisters, children, and other relatives can do a lot to ease your caregiving burden. Let them know what they can and should do.

| Look to your church for aid and counsel. Make your minister or religious leader aware of your situation.

| Turn to caregiving support groups, or support groups for specific illnesses like Alzheimer's or heart disease.

| Encourage your loved one's friends and neighbors to provide what comfort they can.

### 5) Be an advocate.

Keep in mind you are a member of your loved one's health care team, and that your role is as important, if not more important, than anyone else's. In many cases, you may be the only one equipped to speak out on your loved one's behalf or to ask difficult questions.

| Chances are that none of the health professionals providing care for your loved one will know every aspect of his or her condition at the start. You may need to help with the exchange of information among physicians.

| Prepare your loved one's **Personal Health History** by using the form at the end of this section. Take it with you as you accompany the care recipient to appointments. Make sure your loved one's doctor is aware of what's on it.

### 6) Take care of yourself

Providing care while holding down a job, running a household, or parenting can lead to exhaustion. If you do become exhausted or sick, you're more likely to make bad decisions or take out your frustrations in an unfair way.

| Take advantage of opportunities for respite care.

| Refresh yourself for the "long haul." Pay attention to what your body tells you.

| Be prepared for many potential lifestyle changes (work schedules, social life, money and resources) and evaluate your readiness.



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## COMMUNICATION AND DECISION-MAKING

If you, as caregiver, assume that all the decision-making and care duties are yours and yours alone, you are not only asking too much of yourself, you are actually acting against your loved one's best interests. Making sound choices means involving as many family members as necessary in the process. The best idea is to hold a family meeting and develop a plan of action.

- 1) Include everyone.
- 2) Define the problem or goal.
- 3) Get the information you need.
- 4) Weigh the alternatives.
- 5) Make an action plan.
- 6) Give it time.
- 7) Assess results.

### 1) Include everyone.

Some family members may be able to see the situation more clearly than a stressed, harried, time-pressured caregiver. Others can get a caregiver to open up about a problem that may have silently been tearing him or her apart.

- | Involve your loved one as much as possible. Obviously, he or she has more at stake than anyone else.
- | Weigh all points-of-view fairly, if not equally.
- | Act as facilitator of discussion. Keep it organized and on-track.

### 2) Define the problem or goal.

After all, if you don't know what your plan is supposed to accomplish, you'll never know if it's working.

- | Break the problem down into its parts. Every big problem is actually a series of smaller problems.
- | Deal with problems one at a time, starting with the most important.
- | Give top priority to problems affecting your loved one's health or safety.

### 3) Get the information you need.

Some decisions depend on outside information, from sources like your loved one's doctor, community agencies, private professionals and service providers. The overwhelming majority of doctors say they prefer dealing with families that have clearly taken the time to do their own

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## COMMUNICATION AND DECISION-MAKING

research.

- | Check with friends, neighbors, and peripheral family members for additional solutions.
- | Identify and give special attention to those who have faced similar problems. For example, a friend whose mother suffered from Alzheimer's might be able to help you in choosing a care facility.
- | As much as possible, read up on your loved one's illness or condition.

### 4) Weigh the alternatives.

The more alternatives your family considers, the better your chances of arriving at the right one. When all the ideas are on the table, weigh them against each other. What's the possible good from each one? The possible harm?

The most successful alternative won't be the perfect choice. But it will probably be one that:

- | Has the fewest undesirable consequences.
- | Appeals most strongly to the person involved (the caregiver or receiver).
- | Has the most support from other family members.

### 5) Craft an action plan.

Decisions in the abstract never change anything. So after reaching your decision, make a plan to put it into effect.

In general:

- | Make a list of which steps to take and who should take them.
- | Figure out specific, objective criteria for good or bad results.
- | Keep a continuing, written record of your plan's progress. Tips on building and maintaining the **Caregiver's Journal** can be found at the end of this section.

### 6) Give it time.

Even the best solution won't fix everything overnight. What's important, then, is to set a specific trial period during which doubts or conflicting ideas are set aside and everyone devotes their best efforts to making the plan succeed.

How long should this period last?



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## COMMUNICATION AND DECISION-MAKING

- | Long enough for the people involved in the new plan to at least begin the adjustment.
- | Long enough for potential or unexpected problems to surface, but
- | Short enough to correct mistakes early.

### 7) Evaluate results.

One of the trial period's benefits is that it often redefines the problem or gives you new information. In gauging the relative success of the plan, it's important that your criteria be as realistic and specific as possible. Here are some sample questions you might want to consider in evaluating results:

- | Has the plan actually changed things?
  - | Who's better off than before, and how?
  - | Who's worse off?
  - | Have unexpected obstacles arisen? Unexpected benefits?
  - | Does the plan deserve more time?
  - | How much improvement has the plan brought about?
- .....

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## PLANNING AHEAD

Begin by organizing your loved one's paperwork and preparing some of your own. Try to avoid the waste of time, energy, and even money that can go into an all-out "paper chase." If your loved one is unable to keep track of his or her own papers or medical records, a lack of organization or preparedness can prove disastrous for you both, especially in the event of a crisis.

Four keys to organizing important papers:

- 1) Keep what you need, toss what you don't
- 2) Make a "home file"
- 3) Rent a safety deposit box or purchase a home safe
- 4) Create additional personal and health summaries for your loved one

### 1) Keep what you need, toss what you don't.

Being a good record-keeper doesn't mean saving everything. Getting rid of useless paperwork is an essential part of organization.

- | Decide who takes major responsibility for organizing paperwork. (Other family members should still pitch in as needed.)
- | Make and keep a once-a-year commitment to review and sort all records.
- | Diligently tear or shred unnecessary records.

### 2) Make a "home file."

Keep one container—an accordion file, a filing cabinet, or a wooden box—for papers that are used often and can be easily replaced, including:

- | Insurance policies.
- | Education records.
- | Bank statements.
- | Health records.
- | Personal property tax payments.
- | Copies of tax returns.
- | Copies of investment certificates.
- | Copies of last instructions.

### 3) Rent a safety deposit box or purchase a good home safe.

This will serve as a secure place for the most valuable, or irreplaceable, documents. At least one other family member should know the location of the safety box and keys (or safe combination) in



## PLANNING AHEAD

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case you aren't available in an emergency.

| Carefully consider different types of renting agreements, including "individual access" and "appointment of deputy," for a safety deposit box.

| Consider homeowner insurance to insure the contents of a safety deposit box.

| Check ratings on fire resistance for a home safe. Fire resistant safes should be able to withstand 1,700 degrees Fahrenheit for more than one hour.

#### 4) Create additional personal and health summaries.

You will need some kind of summary or directory to document the location of your loved one's important documents (use the **Personal Records** form at the end of this section). Also, consider drafting a personal health history and assessing your loved one's needs by using the forms at the end of this section. Copies of these and other helpful forms can be freely downloaded from [www.CaregiversLibrary.org](http://www.CaregiversLibrary.org).

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## THE CAREGIVER'S JOURNAL

This can be a notebook, three-ring binder, or journal where you record information, monitor changes, and keep track of important contacts.

Photocopy this information and distribute it to other key family members. This will save time and reduce risks in the event of an emergency. It will also provide someone else with a caregiving "blueprint" to follow if they fill in for you.

Other information that might go into this workbook:

- | A list of informal support networks, such as a neighbor who runs errands or a youth who shovels snow and chops wood.
- | An informal draft of your action plan, or record of a family discussion.
- | Services or support your loved one says he or she needs or wants.
- | A list of your needs as a caregiver. This will give you something easy and specific to refer to when someone asks, "What can I do to help?"
- | Any obligations that compete for your time and resources.
- | Your goals as a caregiver. What do you hope to accomplish?
- | A list of situations that need attention or changing.
- | A plan for maintaining your own physical, mental, and financial well-being.
- | The forms found in this manual can be printed off [www.CaregiversLibrary.org](http://www.CaregiversLibrary.org). The **Personal Health History** form is a good place to start.
- | If you have just begun to explore services such as home-delivered meals, home chores, or transportation services, the **Social Services** form is designed to help you evaluate and keep track of these services.



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## DOCUMENT ORGANIZER

This form can help you identify and locate the important documents you will need as a primary caregiver. There are five sections: **Health Care, Military, Identification, Financial, Insurance** and **End-of-Life Planning**.

Check "yes" or "no" to indicate whether or not you can put your hands on the document when needed. For every "no" (or if the document needs to be up-dated), write its name on a "to do" list and work to locate, create or revise these important papers. If you need help in creating any of these records, instructions can be found on **[www.CaregiversLibrary.org](http://www.CaregiversLibrary.org)**.

Your loved one's current name: \_\_\_\_\_

Maiden or other name(s): \_\_\_\_\_

### Health Care

YES  NO **Personal Medical Information and Health History**

This includes a listing of the names and phone numbers of doctors, a summary of the care recipient's medical history, and information about the health of immediate family members.

Document Location: \_\_\_\_\_

Primary Care Physician and Phone: \_\_\_\_\_

YES  NO **List of Current Medications**

For each medication, include the name, dosage, frequency and time of day, special instructions, prescription number and physician.

Document Location: \_\_\_\_\_

Pharmacy and Phone: \_\_\_\_\_

### Military Records

YES  NO **Military Records**

**Military ID Number:** \_\_\_\_\_

**Discharge Certificate.** \_\_\_\_\_

Location of Documents: \_\_\_\_\_

### Identification

YES  NO **Identity Records Folder**

Identification numbers should be guarded and given out only when situation demands it. However, there may be circumstances when the primary caregiver must have proof of the care recipient's identity. Gather photocopies of the following documents in a single, protected location.

Location of Identity Records: \_\_\_\_\_



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- YES  NO **Social Security Card.** Number \_\_\_\_\_
- YES  NO **Driver's License.** Number \_\_\_\_\_
- YES  NO **Birth Certificate.**
- YES  NO **Marriage License(s).**
- YES  NO **Divorce Record(s).**
- YES  NO **Spouse's Death Certificate.**
- YES  NO **Adoption Certificate.**
- YES  NO **Naturalization Papers.**

### *Financial*

- YES  NO **Financial Assets Inventory**  
This is a master listing of the care recipient's assets showing account number and type, name and location of the financial institution, and contact name and phone numbers. This inventory should also account for property owned and any sources of income due the care recipient.

Location of Financial Assets Inventory: \_\_\_\_\_

- YES  NO **Checking Accounts**  
These may be held by banks, credit unions, or brokerage houses and can take the form of standard checking or Money Market accounts.

- YES  NO **Savings Instruments**  
Many people use multiple types of savings instruments, including regular savings accounts, Certificates of Deposit, and savings bonds.

- YES  NO **Investments**  
Investment vehicles include publicly traded stocks and bonds, shares of mutual funds, IRAs, Keogh plans, and 401-K plans.

- YES  NO **Sources of Revenue**  
The care recipient may have funds coming from an employer (or business if self-employed) from wages or retirement plan, from Social Security, pension annuity contracts, military retirement benefits, other government programs, tax refund, insurance claim or settlement, and the like.

### *Financial (cont'd)*

- YES  NO **Real Estate Owned**  
Includes independent or joint ownership of a primary and secondary residence, vacation property (or time share), rental property or vacant land.

- YES  NO **Personal Property Owned**  
These include automobiles and other vehicles, antiques and collections, and jewelry.

- YES  NO **Inventory of Money Owed**  
This is a master listing of the care recipient's debts showing the account number; the name and location of the financial institution; and a contact name



## DOCUMENT ORGANIZER

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and phone number. A checklist of items that go into this inventory includes:

- Mortgages**
- Home Equity Loans**
- Automobile Loans or Leases**
- Other Secured Loans**
- Business Loans (if self-employed)**
- Unsecured Loans**
- Credit Card Debt**

YES  NO **Deed to House / Other Property**

Document Location: \_\_\_\_\_

YES  NO **Automobile Title(s)**

Document Location: \_\_\_\_\_

YES  NO **Loan Agreements**

Document Location: \_\_\_\_\_

YES  NO **Personal Property Appraisals** (jewelry, antiques, collections)

Document Location: \_\_\_\_\_

YES  NO **Tax Records**

Document Location: \_\_\_\_\_

Accountant's Name & Phone: \_\_\_\_\_

YES  NO **Veterans Benefits Documentation**

Document Location: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

### *Insurance*

YES  NO **Insurance Coverage Worksheet**

This is a master listing of all of the care recipient's insurance coverage showing: the policy number; the amount of coverage; name of the company, company contact and phone; premium amount and due dates; and beneficiary.

Location of All Insurance Documents: \_\_\_\_\_

YES  NO **Life Insurance**

Includes multiple policies, and different types of insurance (group, whole life, term life, universal life, etc.).

YES  NO **Health Insurance**

Multiple sources of coverage are common, including a Health Insurance Supplement, Medigap policy, or Major Medical benefits.

YES  NO **Disability Insurance**

YES  NO **Long-term Care Insurance**



## CAREGIVING GUIDELINES

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YES  NO **Homeowner's / Renter's Insurance**

YES  NO **Vehicle Insurance**  
Many folks have multiple vehicles of various types, including recreational vehicles (RV's, campers, boats). Be sure to account for each.

YES  NO **Liability Insurance** (Personal, Business and/or Professional).

### *End-of-Life Planning*

YES  NO **Last Will and Testament and Final Instructions**

Have circumstances changed? Does the care recipient want to make any revisions?

Location: \_\_\_\_\_

Attorney's Name & Phone: \_\_\_\_\_

YES  NO **Advance Medical Directives**

Has the care recipient signed a living will or other medical directive?

Document Location: \_\_\_\_\_

YES  NO **Burial Policy / Ownership Certificate for Cemetery Plot**

Document Location: \_\_\_\_\_



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## PERSONAL HEALTH HISTORY

Maintaining a form like this can help alert doctors to complications that might come from previous conditions or medication. Use this as a starting point for building your own record.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I was in the hospital for (list condition):**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**I have had these surgeries:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**I have had these injuries/conditions/illnesses:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**I have these allergies:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Immunizations:**

**Suggested age:**

**Date received:**

Influenza                      Every year starting at 65                      \_\_\_\_\_

Pneumococcal                      Once at age 65                      \_\_\_\_\_

Tetanus (Td)                      Every 10 years                      \_\_\_\_\_



# PERSONAL HEALTH HISTORY

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**I take the following medicines/supplements:**

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**My family members (parents, brothers, sisters, and grandparents) have/had these major conditions:**

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**I see these health care providers: (List provider's name and condition treated.)**

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## COMMUNITY SERVICE INTERVIEW RECORD

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Use this form to keep a record of in-person and phone interviews with various agencies in your community.

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name/Title of Person Interviewed: \_\_\_\_\_

Are there eligibility requirements? What are they?

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Is there an application process? What's required?

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List services provided. Is there a fee?

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# COMMUNITY SERVICE INTERVIEW RECORD

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**Accepts Medicare, Medicaid, Medical Assistance or private insurance?**

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**Is there a sliding fee scale? What are the qualifications for a reduced rate?**

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**Is written information available? Is it being sent?**

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