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Making Hospitalizations the Best They Can Be

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Research shows that a large portion of individuals over the age of 70 leave hospitals deconditioned - losing muscle tone can happen within two days - and occasionally, with other hospital-acquired problems. So, if you have a scheduled hospital procedure, or if you or a family member has a health crisis or accident, this article will help you or your family member maintain their current level of functioning and have a successful experience.

If the person being hospitalized has a diagnosed dementia, there are additional safety measures you can take to ensure their experience is without incident. Those with dementia become more confused and disoriented in unfamiliar surroundings. Those who might have been doing fair at home become more confused in a hospital setting, increasing their risks for falls, wandering, or removing IV's or other medically necessary equipment.

Helpful hints for a family member with dementia (such as Alzheimer's) going to the hospital:

- 1) Provide a family or paid companion for those with dementia who are brought to the ER or hospitalized for any reason. The medical team needs history it is good to have a pre-written health history for these family members. This should include current medications, any problems with medications in the past and allergies to drugs, environment or foods.
- 2) If the person is prone to wander or is anxious and you can't be there, a Medic-Alert

bracelet or Alzheimer's Association Safe Return bracelet should be on your family member at all times.

3) Have an activity kit that has things to fiddle with - playing cards, pictures of family that are laminated, finger puzzles or anything that brought comfort in the home. Even a stuffed animal can be a comfort - as long as it looks real and not scary.

Hints for anyone going into the hospital:

- 1) Bring a water bottle that is easy to open, easy to use and fits the patient's hands, as dehydration can be a big problem. Please ask if the patient is allowed to drink fluids because some medical procedures will require nothing by mouth for a period of time.
- 2) Bring an appropriate pair of non-skid slippers with a back no slip-ons because they can come off and cause falls.
 - 3) Medical history and list of current medications should accompany the patient.
- 4) Family members should ask for an orientation to the floor: Where can you get warm blankets? Where to refill water bottles? And, any other comfort measure to support you or your family member's stay.
 - 5) Ask your doctor (again, if appropriate) for some type of conditioning orders like walking

the halls two or three times a day, bedside strength training, balance training, etc.

- 6) If the patient needs to use the bathroom frequently, be sure there is adequate staff or family to assist so as to avoid falls.
- 7) Be sure to bring assistive devices like hearing aids and batteries, glasses, walkers and/or canes with you.

The discharge process is a critical part of a positive hospital experience. Be sure to start working with a discharge planner days before discharge to arrange for any medical equipment, special foods, oxygen or other supplies you will need before you arrive home. If possible have a home safety evaluation before the discharge.

On the day of discharge, have a list of "red-flags" to watch for and what to do if you experience any of them. Ask for a medication reconciliation - that means looking at all the old medications the patient was on and the new medications (some of the new ones can be just a change of dosage), so be very clear and ask questions. Know what every medication is prescribed for and be sure to order before leaving the hospital.

Have the discharge planner or your family set up a follow-up appointment with your primary care physician and any specialist as directed on your discharge orders before you leave. Tell the physician you or your family member is being discharged and needs to be seen in the next week to 10 days.

If you are going to need home care, a call to an agency you have vetted prior would be best. Also, using the services of a professional geriatric care manager for that important transition back to home and optimal health could prove invaluable.

For further information about professional care managers, or to find a care manager in your local area, contact Aging Life Care Association (ALCA), formerly known as the National Association of Professional Geriatric Care Managers (NAPGCM) at: www.ALCA.org. The staff at Eldercare Services has 15 Professional Care Managers who provide guidance, consultations and comprehensive plans for families living in the San Francisco Bay Area. For information, visit www. EldercareAnswers.com.

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back

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