



Snowline Health

530-621-7820
916-817-2338
24/7

HANDBOOK



Patient & Caregiver

Here for you ... always.

Snowline's Mission

To bring peace and dignity
through life's transitions
by providing comfort, care,
and support to people in need.



Reaching your Snowline Care team when you have a need or question is important. Your team members and how to reach them are listed below. Please call anytime, we are here for you 24 hours a day, 7 days a week.

530-621-7820 or 916-817-2338

Caring for :

_____ MR#

Primary Caregiver:

_____ Relationship

Your Snowline Care Team:

Nurse Case Manager:

Social Worker:

Spiritual Care Provider:

Home Health Aide:

BECOMING FAMILIAR WITH HOSPICE

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Vicky M., Snowline RN since 1995

INTRODUCTION TO *Hospice*

Hospice care is a special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness. Hospice care provides compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. This care is usually provided to patients in their homes, whether a residence, assisted living facility or skilled nursing facility.

A nurse, social worker, spiritual care provider and other patient care team members, in conjunction with the family and personal physician, contribute to a patient and family centered plan of care. The intent of the plan of care is to honor the patient's wishes and to provide the patient with the highest quality of life possible, comfort being the priority.

Hospice serves patients with any life-limiting illness. These include, but are not limited to, cancer, end stage dementia/Alzheimer's, heart, lung, and kidney diseases and Parkinson's disease.

The patient's physician is an important part of the patient care team. The physician works together with the Snowline medical director, nurse, social worker and other patient care team members to ensure the highest quality of care and comfort. If you do not have a regular physician, your care team can assist in finding one.

Our on-call service provides the patient, family, and/or facility staff with access to nursing care and advice 24 hours a day, 365 days a year. In the unlikely event that the patient's symptoms are not adequately controlled in the home, hospice may provide a higher level of care to meet the needs of the patient and family. The Snowline medical director and nurse in collaboration with the personal physician, patient and family will determine if a higher level of care is needed.

Hospice emphasizes the relief of symptoms such as pain and physical distress in a holistic manner that addresses the spiritual, emotional and social needs which may accompany a life-limiting illness.

Our compassionate, professional care promotes comfort, dignity, and self-determination for the patient at the end of life. Snowline Hospice staff feel honored to share this special time with patients and families.



What is an **Interdisciplinary team**? A group of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patient and family. An interdisciplinary team can include all the following:

ATTENDING PHYSICIANS

Attending Physician - while the patient's attending physician is not a Snowline staff member, they are an integral part of the patient care team. The physician and patient care team work together to ensure the highest quality of care and comfort for the patient.

MEDICAL DIRECTOR

Medical Director - works closely with your attending physician to ensure comfort and quality of life for the patient:

- Care plan oversight
- Collaboration with patient's physician
- Home visits, if needed
- Oversight of symptom management

NURSE PRACTITIONERS

Nurses Practitioner - work with Snowline's Medical Director and your attending physician, ensuring you receive high quality patient centered care. Nurse Practitioner's support includes the following:

- In-home, and Hospice face-to-face visits
- Palliative consultations
- Pain and symptom management
- Instruction on patient care and safety
- Physician communication and collaboration

REGISTERED NURSES

Registered Nurses - make routine home visits to provide professional medical services to patients. Registered Nurses assign additional home visits to Licensed Vocational Nurses (LVNs) when needed. Nursing services include the following:

- Pain management and symptom control
- Instruction on patient care and safety
- Physician communication and collaboration
- Nursing services are available 24 hours a day, 7 days a week

SOCIAL WORKERS

Medical Social Workers - evaluate needs and advocate for the rights of the patient:

- May include emotional support and counseling for patient and family
- Support for advanced care planning and establishing goals of care
- Psychosocial and emotional support to the patient, family, and paid caregivers
- Facilitating appropriate community resources

SPIRITUAL CARE PROVIDERS

Spiritual Care Providers - offer spiritual and emotional guidance to support the patient and family in accordance with, or independent of, the family's religious beliefs.

Telephone calls and home visits may include:

- Spiritual support and counseling
- Support for a broad base of beliefs and practices
- Coordination with patient's clergy, as desired
- Assistance in planning and officiating a funeral or memorial service, as needed

BEREAVEMENT PROFESSIONALS

Bereavement Coordinators - provide grief support to patients, families, and hired caregivers. The bereavement coordinator will make contact after the death of your loved one. Grief services may include:

- Support and counseling for children, family and patient
- Grief education for adults regarding the needs of children
- Grief support for anyone struggling with grief
- 13 months of follow-up for families after the death of a loved

HOME HEALTH AIDES

Home Health Aides - provide personal care. The Home Health Aide plan of care is created by a Registered Nurse in collaboration with the patient and family. It may include:

- Bathing: shower, tub or bed baths
- Hair care: shampooing, combing, shaving
- Skin care, nail care, oral hygiene
- Assistance with walking and other activities of daily living

TRAINED VOLUNTEERS

Trained Volunteers - are available to help you at home for up to 4 hours a week. Talk to your nurse or social worker to arrange this service. Volunteers provide such assistance as:

- Respite or Companionship Volunteers relieve caregivers to rest, run errands, visit a friend, etc
- Assist with light household chores



Veterans have served our country proudly, representing courage, sacrifice, and unwavering dedication to protecting the freedoms we enjoy every day. These men and women often carry experiences from their military service that present unique challenges at the end of life.

Snowline Health is honored to care for those who have served. Through our **Legacy Of Valor** commitment, Snowline recognizes the unique experiences of military service and ensures that Veterans and their families receive compassionate care that reflects our nation's deep appreciation for their sacrifice.

Our care teams are trained to understand the distinctive physical, emotional, and spiritual needs that may arise from military service. We work closely with Veterans and their families to ensure care plans are respectful, personalized, and supportive at every stage.

As part of our commitment to Veterans, your care team will discuss Snowline's Veteran Pinning Ceremony with you. This ceremony may be large or small, formal or informal, based entirely on your preferences. During the event, Veterans receive a certificate of appreciation and a commemorative pin, presented by our staff and our dedicated Veteran Volunteers ~ individuals who have served and understand the meaning of that service.

During the past several years, Snowline has honored hundreds of Veterans through these ceremonies and through the compassionate care provided by our clinical teams and volunteers. For those who wish to participate, we look forward to honoring many more.

Honoring Veterans is not only about ceremonies. It is about fostering a culture of respect, gratitude, and recognition for the sacrifices made in service to our country. Through volunteer support, community recognition events, and special initiatives that benefit Veterans, Snowline remains deeply committed to serving those who once served us.

You served us. Now let us serve you.

Rights of a Hospice Patient

As a hospice patient, you have the right to:

- Receive care from trained, professional staff, focused on your maximum comfort and support, in a timely manner.
- Be fully informed of the care, treatment and services that are available.
- Participate in developing a plan of care for your needs.
- Refuse treatment and to be informed of the medical consequences of your action.
- Expect confidentiality of all information related to your care, within regulations.
- Service regardless of race, color, religion, age, gender, sexual orientation, disability or national origin.
- Be treated with dignity, consideration and respect.
- Request a "Patient Notification of Hospice Non-Covered Items, Services, and Drugs" addendum that includes information and rationale for why the hospice has determined specific items, drugs, or services to be unrelated to my terminal illness.
- Voice grievances regarding treatment, care or suspected disability discrimination by contacting:

Snowline Health CEO
 6520 Pleasant Valley Road
 Diamond Springs, CA 95619-9512
 Telephone: 530-621-7820 or 916-817-2338

U.S. Department of Health and Human Services
 Office for Civil Rights
 www.hhs.gov/ocr
 Telephone: 1-800-368-1019

California Department of Public Health
 Licensing and Certification
 3901 Lennane Drive, Suite 210
 Sacramento, CA 95834-2956
 Telephone: 1-800-554-0354

The Joint Commission
 customerservice@jointcommission.org
 Telephone: 1-630-792-5800

Responsibilities of a Hospice Patient

As a hospice patient, you have the responsibility to:

- Remain under a doctor's care while receiving services.
- Participate in your plan of care.
- Advise Snowline Hospice at 530-621-7820 or 916-817-2338 of any problems or dissatisfaction with your care.
- Notify the agency when unable to keep appointments.
- Provide a safe home environment in which care can be given.
- Treat agency personnel with respect and consideration.
- Sign the required consents and releases for insurance billing.
- Provide the agency with all requested insurance and financial records.
- Provide the agency with a complete and accurate health history.
- Read this Patient Handbook Caregiver Guide, which is being provided to you at the time of admission.
- Understand that you are responsible to pay for durable medical equipment you rent or purchase and medical treatments/consultations without prior approval.

Advance Directive

An Advance Directive is a document in which a person states choices for medical treatment, and identifies their chosen representative for their Durable Power of Attorney Health Care. It is the policy of Snowline to encourage patients and their family/caregivers to participate in decisions regarding care and treatment. Valid Advance Directives will be followed to the extent permitted and required by law. In the absence of Advance Directives, Snowline will provide appropriate care according to the patient's plan of care authorized by the attending physician and the interdisciplinary team and Medical Director. Snowline will conform to state laws regarding implementation of an Advance Directive. Snowline will not determine the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.

Medicare Hospice Benefit & Other Insurance

Services provided by Snowline Hospice are available to any person in need, regardless of ability to pay.

Medicare Hospice Benefit: Medicare provides a hospice benefit for persons needing comfort-oriented care. The hospice benefit covers services, medications, supplies and equipment related to the patient's terminal prognosis.

Medi-Cal Hospice Benefit: The Medi-Cal hospice benefit provides the same coverage as Medicare.

Private Insurance Hospice Benefit: Most private insurance carriers have hospice coverage within their program. We will contact your insurance company regarding the coverage. Contact your patient care team if you have any questions regarding your insurance coverage.

Routine Hospice Care: Home-based care which can be provided in a private residence, RCFE (Residential Care Facilities for the Elderly), and/or skilled nursing facility. The vast majority of services provided by hospice will fall under this category.

Respite Care: Respite care is available in an approved inpatient facility for a period of up to 5 days. Respite care is to support the family caregiver. There are times when a break from caregiving is needed. Respite care allows caregivers time to rest and recharge. Discuss with your care team if respite may be needed.

Continuous Care: Continuous Care is skilled nursing and home health aide services utilized in cases of symptom crisis, to keep the patient safe and at home.

Inpatient Acute Care: Although most pain and symptom management problems can be managed at home, occasionally, a short hospitalization may be necessary. The need will be assessed by a Snowline nurse in collaboration with a physician. The Medicare Hospice Benefit requires pre-authorization for any hospital stay related to the terminal illness. Contact Snowline any time you are considering going to a hospital.

Hospice Appropriateness: The patient care team and patient's physician will perform an evaluation for ongoing appropriateness for hospice services. If the patient is improving or the illness has stabilized, the patient care team will discuss alternatives to hospice care with the patient and family.

You must contact your hospice Patient Care Team for preauthorization for things like visits to the emergency room or hospital, medications or equipment. If ever in doubt about whether preauthorization is needed, contact Snowline Hospice.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The following is a summary of the circumstances under which, and purposes for which, your health information may be used and disclosed.

USE AND DISCLOSURE OF HEALTH INFORMATION

Snowline 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. Snowline has established policies to guard against unnecessary disclosure of your health information. This notice also covers uses and disclosures of your health information to and by our medical director, who will also abide by its terms. This notice covers services delivered to you by Snowline in your home.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed:

To Provide Treatment: For example, the interdisciplinary team and physicians involved in your care will need information about your history, symptoms, disease, and prognosis in order to coordinate care. Other health care professionals may include (but are not limited to) pharmacists; suppliers of medical equipment, laboratory and radiology services; and clergy. Family and caregivers will be utilized in the coordination of care, unless specifically excluded by you.

To Obtain Payment: Snowline may be required by your health insurer to provide information regarding your health care status so that the insurer will authorize the service so that the insurer will authorize services or reimbursement.

To Conduct Healthcare Operations: Health care operations may include such activities as:

- Quality assessment and improvement activities
- Coordination of benefits with Division of Family Services, Division of Aging, Social Security, the Department of Veterans Affairs, State Veteran's Commission, and other agencies
- Activities designed to improve health care 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 Snowline
- Certain marketing activities
- Fundraising for the benefit of Snowline

For example, Snowline may use your health information to evaluate staff performance, combine your health information with other Snowline patients in evaluating how to more effectively serve all Snowline patients, disclose your health information to Snowline 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).

For Appointment Reminders: Snowline may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Medical Photography: Snowline may take a photograph to aid in healthcare treatment. Photographs taken will become a part of your medical record. Photographs will be stored in a secure manner that will protect your privacy and will be kept for the time period required by law. Snowline will retain the ownership rights to photographs which may be released or used outside of Snowline. You are allowed access to view them and obtain copies.

For Treatment Alternatives: Snowline 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.

The following is a summary of the circumstances under which and purposes for which your health information may also be disclosed.

FEDERAL PRIVACY RULES ALLOW SNOWLINE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION FOR A NUMBER OF REASONS:

When Legally Required: Snowline will disclose your health information when it is required to do so by any federal, state, or local law.

When There Are Risks to Public Health: Snowline may disclose your health information for public activities and purposes to:

- Prevent or control disease, injury, or disability; report disease, injury, vital events such as birth or death, and to conduct public health surveillance, investigations, and interventions
- Report adverse events or product defects; to track products or enable product recalls, repairs, and replacements; and to comply with requirements of the 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 a disease
- Notify an employer about an individual who is a member of the workforce as legally required

To Report Abuse, Neglect, or Domestic Violence: Snowline is mandated to notify government authorities if it believes a patient is the victim of abuse, neglect, or domestic violence.

To Conduct Health Oversight Activities: Snowline may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections,

licensure, or disciplinary action. Snowline, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings: Snowline may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court 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 Snowline makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes:

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

To Coroners and Medical Examiners: Snowline 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.

Funeral Directors: Snowline 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, Snowline may disclose your health information prior to, and in reasonable anticipation of, your death.

For Organ, Eye, and Tissue Donation: Snowline may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation, if you so desire.

For Research Purposes: Snowline may, under very select circumstances, use your health information for research. Before Snowline discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety: Snowline may, consistent with applicable law and ethical standards of conduct, disclose your health information if Snowline, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.

For Specified Government Functions: Snowline may make disclosure to facilitate specified government functions relating to military and veterans, national security, intelligence activities, and protective services for the President and others.

For Worker's Compensation: Snowline may release your health information for worker's compensation or similar programs.

OTHER THAN IS STATED ABOVE, SNOWLINE WILL NOT DISCLOSE YOUR HEALTH INFORMATION OTHER THAN WITH YOUR WRITTEN AUTHORIZATION. IF YOU OR YOUR REPRESENTATIVE AUTHORIZES SNOWLINE 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:

- The right to request restrictions on certain disclosures of your health information, as provided by 45 CFR 164.522; however, Snowline is not required to agree to your request;
- The right to receive confidential communications i.e. with no other family members present;
- The right to inspect and copy your health information, including billing records, as provided by 45 CFR 164.524; however, Snowline may charge a reasonable fee for copying and assembling costs associated with your request;
- The right to amend health care information if you or your representative believes that your health information records are incorrect or incomplete; however, Snowline is not required to agree, as provided in 45 CFR 164.526;
- The right to an accounting of disclosures of your health information made by Snowline for any reason other than for treatment, payment, or health operations, as provided in 45 CFR 164.528;
- The right to a paper copy of this notice even though you had previously received a copy.

DUTIES OF SNOWLINE: Snowline 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. Snowline is required to abide by terms of this Notice, as may be amended from time to time. Snowline reserves the right to change the terms of its Notice and to make new provisions effective for all health information that it maintains. If revised, Snowline will provide a revised copy to you or your appointed representative. You or your personal representative has the right to express complaints to Snowline and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Snowline encourages you to express any concerns regarding the privacy of your information. You will not be retaliated against in any way.

CONTACT PERSON: Any questions, complaints or concerns should be made to:

Snowline, HIPAA Privacy Official
6520 Pleasant Valley Road
Diamond Springs, CA 95619
Phone: 530-621-7820 or 916-817-2338

Caring for the Caregiver

For most people, taking care of someone on hospice is a new experience that brings a range of concerns and challenges. The patient care team is here to support the patient, family, and/or hired caregivers. You can reach out to the patient care team at any time to share your concerns or challenges.

As a caregiver it is common to experience an array of emotions which might include:

- **Feeling overwhelmed:** Be specific about your needs when friends and family offer to help. Accept the offers of help. Give them specific tasks. It is okay that you cannot do it all. Some everyday tasks will go undone or be done less frequently.
- **Guilt and anger:** Expressing negative emotions is especially difficult in times of stress. If you avoid discussing painful feelings, you put up walls. Keep the two-way relationship and communication going.
- **Humor and laughter:** Take time to see the humor in the moment—it helps everyone feel good. Laughter is great medicine.
- **Caring for another:** Meeting needs and sharing care tasks to bring comfort to the patient often helps all of us see the best in ourselves and each other.
- **Anxious feelings, worries and resentment:** Share your worries with your patient care team. Often, they can provide information or reassurance you need. The patient care team members have experience to share with you and they want to help reduce your anxiety. It may be hard not to be resentful of others. They are able to do everyday things while you are caring for your loved one. Draw on your circle of support. Take time for yourself. Continue to celebrate special days and occasions.

Consider some self-care ideas:

- **Physical activity:** A stretch or a quick walk can boost your mood, clear your mind and improve your energy level.
- **Healthy food or snacks:** If friends or relatives are offering to help, let them know that healthy snacks and meals would be a welcomed provision. Don't forget to drink water throughout your day.
- **Make time for yourself:** It's good to take time for an activity you enjoy, such as reading, walking, crafts, cooking or listening to music.
- **Keep humor in your life:** Laughter can be "good medicine." Find things to laugh about with the loved one in your care. He or she might also like to hear visitors enjoying a laugh or two.
- **Plan ahead for breaks:** If possible, see if you can schedule breaks for yourself. Family members, friends, hired home assistants or hospice home volunteers can sit with your loved one so you can take some time off for rest, play or just some time to yourself.
- **Remember you are doing your best:** The care you are providing makes a big difference and you are doing the best you can.
- **Accept change as it occurs:** Caring for someone with a life limiting illness can be unpredictable, the needs of the patient may change over time. If you are noticing that care needs are changing reach out to your patient care team for support.

Preventing Infections



Infections can happen for many reasons. Contact with other people, body fluids, unclean water, spoiled food, and unclean food preparation surfaces (like the kitchen counter) are possible forms. You can reduce the risk of infection to yourself and the patient by following these recommendations:

- Wash your and the patient's hands with soap and warm water for at least twenty seconds. Do this often, throughout the day, as well as after using the restroom, touching something that is soiled or assisting in any patient care activity.
- Remind all caregivers and visitors to wash their hands. Individuals who are ill themselves should be discouraged from visiting your loved one until their own illness has passed.
- Sneezing or Coughing: Turn away from others, use a tissue, then wash your hands.
- Use disposable gloves when in contact with stool, blood or bodily fluids and when washing soiled laundry. As soon as the task is done, throw gloves away and wash hands well. Gloves may be disposed of in a standard trash receptacle. Trash that has blood or bodily fluids should be placed in a plastic, leak-proof bag for regular trash disposal. Regularly throw away waste such as bandages and disposable briefs and double bag in plastic bags. Clean spills of bodily fluids immediately with a 10% bleach and water solution (1 part bleach to 10 parts water).
- Use gowns, aprons and masks if your hospice team decides that any of these things are needed in your situation.
- Air out the room when possible.
- Keep the house clean. Clean spills, laundry, surfaces, etc.
- Store foods at the right temperature, don't share cups or utensils, keep work surfaces clean.
- Place soiled laundry in a separate plastic bag until washed. Machine-wash soiled laundry, bed sheets, towels using hot water and detergent (bleach when possible). Wash kitchen and bathroom towels often.
- If infection is present; (wounds, infectious diseases), soiled laundry must be washed separately from family laundry.
- Put needles in proper 'sharps disposal' container.
- Tell a nurse:
 - If a dressing (bandage) on a wound is loose or wet.
 - If an intravenous (IV) site or a port is loose, wet, red or painful.
 - If urinary catheter or drainage tube is leaking or comes out.

Snowline provides supplies for patients and caregivers to control the spread of infection at home.

- Ask for help or advice if you have any concerns.
- Tell the nurse if you think there might be an infection.
- Ask questions. We want you to understand your plan of care.
- Ask people not to visit if they are sick.

Preventing Falls

Your safety is our priority, please consider the following recommendations for staying safe and preventing falls.

- Place chairs along your route so you can sit down when necessary.
- Always use your walker or cane, at least have it handy in case you get dizzy or weak.
- Remove throw rugs.
- Make sure cords and oxygen tubing are not in your path. Ask for help to clear pathways.
- If you have glasses, wear them.
- Use or install grab bars in the shower to prevent slipping. Contact your patient care team if you need referrals for help with installing grab bars.
- When possible, plan trips to the bathroom when you have help.
- Keep the light on, even in the daytime. For stairways you should be able to turn on lights from either end to help prevent falls.
- If available, use side rails to help stand when necessary.
- If your medications make you weak or dizzy, get help with household tasks and personal care. Report your symptoms to your patient care team.



Oxygen Use & Safety

- **Nasal Cannula:** Discard/change every week, more frequently as needed, and when you have a cold.
 - **Long Oxygen Tubing:** (limit 50 feet) Wipe with damp cloth if soiled. Do not attempt to soak/clean tubing. Discard/change every 30 days.
 - **Portable Oxygen Cylinders:** Store lying down in cool, well ventilated area away from fire/heat source. Never store upright unless in a rack.
 - **Back-Up Tanks:** Keep a regulator attached at all times.
 - **Concentrator Filter:** Clean weekly.
 - **Concentrator Alarm:** Check weekly, (turn concentrator off, then back on and listen for alarm.) Call vendor if alarm does not sound.
 - **Concentrator Maintenance:** Performed by vendor every two months. Call vendor if not completed.
 - **Electrical Outage:** Call and report the problem to the electric company. You will need to switch to your back up oxygen tanks. Alert Snowline so we can alert the oxygen company to provide additional oxygen. If you plan to use a generator as backup power, be sure to check with the dealer to confirm that it will support your medical needs and any household uses you require.
 - **Oxygen Vendor Telephone Number:**
-
- **Oxygen Safety:**
 - Never smoke while on oxygen.
 - Keep oxygen fifteen feet away from a fire source such as gas, range, BBQ grill, lit cigarette, e-cigarette or lit candle.
 - Do not use grease or oil products on oxygen devices or tubing.
 - Store oxygen tank safely.

Medications

We strive to individualize each patient's care plan and find the right combination of treatments and medications to provide symptom relief. We encourage you to read all medication labels closely and ask your nurse should you have any questions.

Please remember that a nurse is available 24 hours a day/ 7 days a week. Call if a medication is not working for you. Do not adjust the dose on your own as this may increase the risk of side effects. A nurse is available if you are not sure what to do, or if you have any concerns.

Most of the medications used will be for your comfort to treat things such as pain, anxiety, shortness of breath, nausea, and constipation. The nurse will review medications with the patient, family, and paid caregivers, where indicated. For those patients who reside in a care facility, the patient care team will collaborate with facility staff to ensure medications are being provided as ordered by your physician.

It is best to document all medications being used. This helps the nurse keep track of the amount of medication required to keep the patient comfortable and know when to call the doctor about changing the medication doses or times. We will provide a medication log to assist you in this record-keeping.

Only you and those who have been instructed to help with medications should have access to patient medications. Other people could be harmed if they take medications prescribed for you.

If you have any questions regarding proper use of medications, please call and ask to speak with the nurse.

Medications for Patients Residing in an RCFE

Upon admission of a resident from a Residential Care Facility for the Elderly (RCFE) to Hospice, the admitting nurse will:

- Review and verify appropriateness of all current medications.
- Order needed medications related to the terminal illness.
- Complete a “Medications List” which will include all current and new medications.
- Initiate a “Medication Administration Record” for all regularly scheduled medications to be given.
- Initiate a “PRN Record” for each medication to be given to the resident on an as needed basis.
- Insert/retain all copies of the appropriate list(s) in the resident’s chart that is kept in the facility.

Order Medications:

- All medications related to the terminal illness will be ordered and reordered by the Snowline nurse.
- The Snowline nurse will order appropriate amounts of medication- typically enough for two weeks.
- If the RCFE notices that a medication is likely to run out before the next anticipated nursing visit, a call should be made to the Snowline nurse, preferably during business hours (Monday-Friday 8:00am-5:00pm).
- All medications not related to the terminal diagnosis will be paid for by the resident’s usual and customary means.
- The Licensee is responsible to adhere to guidelines published in the CDSS
- Technical Support “Self-Assessment Guide on Medications” (available at the licensing office).

The RCFE shall store and handle all medications and other supplies in accordance with their regulations in a locked location in the facility.

- The medications and medical supplies required for the resident’s terminal illness will be provided for by Snowline Hospice.
- The Licensee and facility care providers will be responsible for the storage and handling of medications, dressing materials, and other items or substances as well as the maintenance and use of medical supplies, equipment, or appliances used for the administration of resident medications under the supervision of the Snowline nurse for hospice residents.

Medications Management:

- The Snowline nurse will supervise the storage and administration of all controlled drugs the resident is taking related to the terminal diagnosis.
- The Licensee may not provide health care procedures which may legally only be provided by a physician or appropriately skilled professional.
- The Snowline nurse shall review the RCFE records of all medications for the hospice resident. This includes but may not be limited to: Medication Administration Record, kept by Licensee; Decreasing Count Sheet for All Schedule II and III medications; PRN Record to be kept on all “as needed” medications requested by the hospice resident and recorded by the Licensee.
- If the resident or surrogate decision maker is not able to request a PRN or if the PRN is not effective within 30 minutes, the Licensee will notify the Snowline nurse of the after-hours nurse for instructions.
- All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
- The medications and medical supplies required for the resident’s terminal illness will be provided by Snowline Hospice.
- PRN medications shall be written with detailed instructions on the prescription’s label including the symptoms, the exact dose, the frequency, and route.

Disposing of your Medications

Please don't throw away your unused medications down the drain or in the toilet.

- A recent study shows that 80 percent of US streams contain amounts of human medicines.
- Sewage systems cannot remove these medicines from water that is released into lakes, rivers or oceans.
- Fish and other aquatic animals have shown adverse effects from medicines in the water. And, even very small amounts of medicine have been found in drinking water.

Follow these steps to protect your privacy and reduce unintended drug use, while saving the environment.

Step One:

- Keep medicine(s) in its original, tamper resistant container.
- Scratch or mark out the patient information on the label.

Step Two:

- Place some water into solid medications, such as pills or capsules.
- Then add something unpalatable such as sawdust, kitty litter, charcoal, dish soap, or powdered spices (cayenne).

Step Three:

- Close and seal the container lids tightly with packing or duct tape.
- If discarding blister packs of unused medicines, wrap in multiple layers of duct tape.

Step Four:

- Place empty medicine containers in durable packaging that does not show what's inside (a cardboard box, or colored grocery bag).

Step Five:

- Remember to keep medicines away from children and pets.
- Place in the trash close to garbage pick up time.

Other ways to properly dispose of unused medicine:

- **Pharmacy Take-Back Program:** Ask your pharmacist if the pharmacy will accept old medicines back from patients.
- **Household Hazardous Waste Collection:** Find the phone number of your local HHW collection site online.

The guidelines outlined here regarding medication disposal were provided by the California State Board of Pharmacy and UCSF Center for Consumer Self Care.

Care Conference

When your loved one resides in a Residential Care Facility or a Skilled Nursing Facility it is important for the Snowline team to coordinate care with the staff at those facilities. We start that collaboration by scheduling a care conference.

What is a Care Conference?

A meeting with the patient, family, and care providers at the start of care and periodically throughout the hospice stay.

Why?

To provide the best care possible and meet regulatory requirements for coordination of care.

Who?

Family members involved in care are invited to attend. If unable to be there in person, we are happy to set up a conference call so that you are still able to participate.

Facility staff providing care directly to the patient are invited to attend, as well as managers, if so desired.

When?

Within the first week of admission and at least every 3 months.

How long?

Most conferences are completed in under an hour.

Agitation

Agitation is a sudden distressing state of intense restlessness.

For a person with a life limiting illness agitation can be a result of an inability to empty the bladder, constipation, dehydration, shortness of breath, pain, fever or chemical imbalance. Agitation may also be experienced if the person previously consumed alcohol and nicotine regularly and is no longer able to consume those items.

Call your Snowline nurse should agitation occur. The nurse will assess to identify possible causes of the agitation to best determine the course of treatment.

If you are with the agitated person try:

- Having a calm, familiar face talk to the person
- Gently remind the patient where they are and who is present
- Provide a calm environment and reduce excess noise or lights
- Play soothing music
- Don't argue if this increases agitation, continue to speak calmly

If those efforts do not work, consider:

Take prescribed medications. If there are not prescribed medications available, call your Snowline nurse

Anxiety

Anxiety is a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome. Common signs and symptoms of anxiety include; feeling nervous, having trouble relaxing, having an increased heart rate, breathing rapidly, sweating, trouble concentrating, trouble sleeping, and having difficulty controlling worry.

There are many reasons a person with a life limiting illness may experience anxiety. These could include; fear of the unknown, worry about family and what will happen to them, loss of control, or loss of independence.

How can anxiety be controlled at home?

Try:

- Talking to someone about the feeling
- Take slow deep breaths for several minutes
- Listen to favorite calming music
- Journal about the thoughts and feeling
- Limit visitors if visits are increasing anxiety
- Ensure a calm, quiet environment
- Use softly lit surroundings with familiar objects and faces
- Use relaxing aromatherapy
- Use relaxation techniques (connect with your hospice care team for additional resources)
- Create simple and predictable routines
- Pet therapy

If those efforts do not work, consider:

- Using oxygen if feeling short of breath with increased anxiety
- Take prescribed anxiety medications, if there are not prescribed medications available call your Snowline nurse
- If you are also having shortness of breath, try taking your prescribed medications for shortness of breath

Anxiety

Commonly used medication in the treatment of anxiety:

LORAZEPAM (Ativan): This medication is frequently used for anxiety, seizures, and as a "helper" medication in combination with other medications for nausea. We also use this medication to treat terminal agitation (delirium). This type of agitation has the following characteristics: severe restlessness, severe insomnia, or hallucinations.

Please call hospice if you observe these symptoms. Lorazepam is available as a pill, this form can be swallowed or crushed and placed under the tongue. Your nurse can assist you in the technique for crushing Lorazepam. It can also be given rectally or is available as a liquid. It may cause temporary sleepiness. Low blood pressure, dizziness and changes in appetite may also occur.

HALOPERIDOL (Haldol): This medication can be used as part of a medication plan to treat anxiety, nausea, and most commonly agitation or delirium. Haldol is an anti-psychotic medication that has many benefits when used for patients with terminal illness. This medication is most frequently provided as a liquid with a dropper or oral syringe to dose the medication. Your nurse will show you how to measure the liquid medication and give it to your loved one. Common side effects of this medication include drowsiness, constipation, and lethargy.

MIRTAZAPINE (Remeron): This medication can be used as part of a medication plan to treat anxiety, itching, insomnia, and/or depression. Mirtazapine is an antidepressant medication in the tricyclic antidepressant family. This medication is available in pill form. Common side effects of this medication include drowsiness, dizziness, constipation, and weight gain.

QUETIAPINE (Seroquel): This medication can be used as part of a medication plan to treat anxiety, agitation, and delirium. Quetiapine is an anti-psychotic medication and is preferred for those with Parkinson's disease and related neuromuscular disorders over other anti-psychotic type medications. Quetiapine is available in pill form and can be ordered as part of a scheduled medication regimen where other medications are only taken as needed. Common side effects of this medication include somnolence (sleepiness), dizziness, constipation, weight gain, and fatigue (tiredness).

In some cases, this medication can produce the opposite effect, resulting in increased agitation. Please notify the nurse immediately if this occurs.



Bowel Care

Constipation is a condition of the digestive system that occurs when stool becomes hard inside the bowel or having a bowel movement becomes difficult.

It is important to have regular bowel movements even when eating only small amounts of food. Many medications, including most of those prescribed for pain control, have a constipating effect. This normal side effect of pain medicines is best treated by taking bowel stimulants regularly, along with pain medications.

Snowline hospice recommends the following basic bowel maintenance program for use at home. Please discuss this with your doctor or nurse before beginning.

SENNA: This is a natural vegetable laxative. Side effects may include nausea and cramping.

DULCOLAX SUPPOSITORY (bisacodyl): This is a type of medicine called a stimulant laxative. Bisacodyl works by stimulating nerve endings in the walls of the large intestine (colon) and rectum. Dulcolax suppositories start to work in about 15-30 minutes, so they are useful for fast relief from constipation.

SORBITOL, LACTULOSE: These medicines are sugar solutions that the human body cannot absorb or digest. They are effective because they attract water into the stool, making them good natural laxatives. They are safe for diabetics because they are not absorbed. They may cause abdominal cramping, bloating, gas and/or diarrhea. Notify the hospice nurse if these symptoms occur.

Additionally, you can try consuming more fruit, fruit juice, or high fiber foods to help ease the symptom of constipation. Your hospice nurse will help provide directions on how much and how often to give these medications for maximum effectiveness.

Nausea / Vomiting

Nausea can occur even when a person is not thinking about food and vomiting can occur even when there is no food in the stomach. Nausea and vomiting can especially be a problem the first few days after starting a new pain medication. Frequent vomiting can cause patients to inhale food particles or become dehydrated so ask the doctor to prescribe medications to help.

Comfort measures to help reduce nausea:

- Sip a carbonated drink (Sprite or ginger ale)
- Avoid acidic juices (orange juice) and strong smells (food or perfume)
- Open a window or turn on a fan to get the air moving
- Keep the room temperature comfortable
- Clean your mouth often
- After vomiting
 - Chew ice chips
 - Wait at least 30 minutes to eat

If the above comfort measures do not work, contact the Snowline nurse. The nurse may communicate with your doctor to identify if prescribed medications would be beneficial.

Commonly used medication in the treatment of NAUSEA/VOMITING:

COMPazine (Prochlorperazine): This medication works by affecting the balance of natural chemicals (neurotransmitters) in the brain to reduce nausea and the urge to vomit. This medication is available in a tablet or rectal suppository. Common side effects include drowsiness, dizziness, and constipation. Please notify your Snowline nurse if using this medication and it is not effective.

Nutrition

For most people food and eating are connected to cherished memories and a way we show how we care and nurture. This can make it especially difficult for those caring for a person with a life limiting illness. It is important to remember that there are many reasons that a person's appetite and food intake can decrease. Although an encouraging, gentle approach may help, we must respect the individual's choice. It is common that food and fluid intake will decrease over time. This is the body's natural way of supporting the end of life process.

Other ways to encourage eating include serving meals in a relaxed, comfortable and bright atmosphere. When feasible, eat in the room with your loved one. Remove unpleasant odors and do not schedule unpleasant procedures around mealtime. Offer meals and snacks that you know the person liked but accept if they only take a few bites or even refuse to eat at all. Weight loss is normal and does not mean that the person is hungry or starved.

What you can do to help support nutrition:

- Provide mouth care before and after meals to freshen up the mouth and stimulate the taste buds.
- Make the most of breakfast as appetite tends to decrease as the day goes on.
- If the patient is in pain or short of breath this may affect how much they are able to eat, consider giving medications 30 minutes prior to meal times to reduce discomfort.
- Keep the head of the bed elevate or have the person sitting upright during meals to reduce risk of aspiration and keep them sitting up for 15-30 minutes following meals.
- Consider if the person is no longer wearing dentures or having difficult chewing or swallowing. Prepare soft foods, smoothies, etc so that they are better able to be eat.
- Consider what the patient requests. It may not be typical to eat ice cream for breakfast but if this is what the patient is asking for then provide it as it may be the only thing they eat that day.
- Talk with your Snowline team about the patient's changes in appetite and consumption of food and fluids.

Pain

Pain is an uncomfortable feeling that could impact all aspects of a person's life. Pain can range from mild to severe. Not all patients will experience pain but for those who do, the Snowline team is here to help. The patient is an important part of the pain management team as they provide the information that helps determine the best pain treatments.

Patients can expect to be asked about pain when any member of the Snowline team makes a visit. Nurses will ask additional questions about the pain to determine if/when medication intervention is appropriate. There are many types of pain and pain medications. Your nurse will work with your doctor to determine what will work best for you.

Opioid medications may be indicated depending on the severity of the patient's pain. There are many stigmas associated with opioid medications but when used as prescribed and with oversight from the Snowline team these medications may greatly improve the symptom of pain. The benefits of opioid pain medications include improvement in pain control, level of functioning, sleep and energy. Adverse effects include drowsiness, constipation, and nausea/vomiting. It is important to only use these medications as directed by your physician and the hospice team.

We advise you not to drive or operate machinery while taking opioids or other medications that can slow your reflex time or cause sleepiness. The Snowline nurse will advise regarding which medications may have this potential side effect.

Always call if you have any questions regarding medications.

We are here for you 24 hours a day, 7 days a week.

530-621-7820 or 916-817-2338

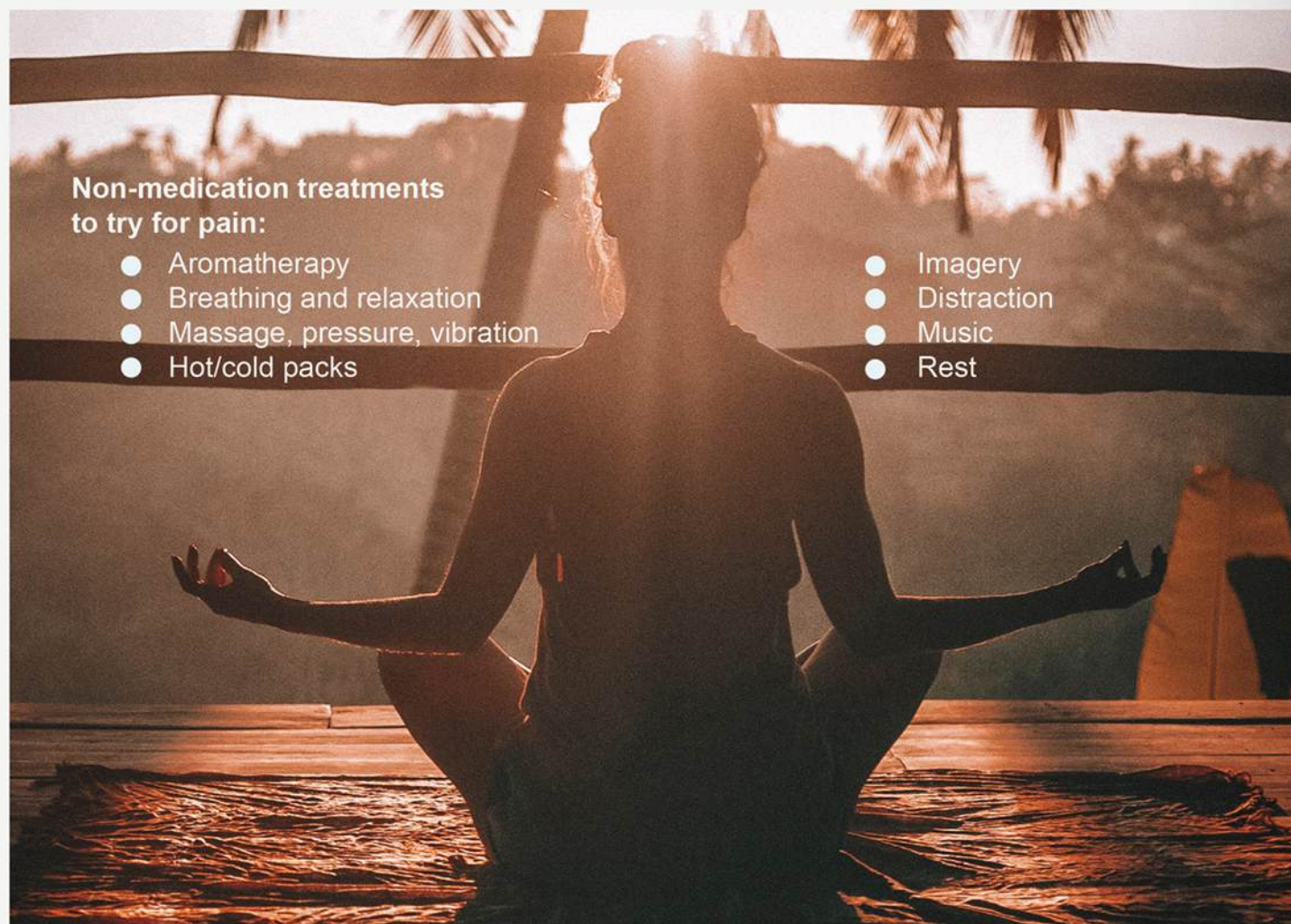
Pain

Commonly used medications for the treatment of pain:

MORPHINE SULFATE LIQUID (Roxanol): This medication may be prescribed for pain and/or shortness of breath. If the patient has never taken this medication before you should start with the smallest dose and work up to the full amount needed as directed by the Snowline nurse. Common side effects include dry mouth and constipation. Less frequent side effects include nausea/vomiting, lightheadedness, increased sleepiness, inability to urinate, and/or jerky muscle movements. If any of the less frequent side effects occur notify the Snowline nurse.

HYDROMORPHONE (Dilaudid): This medication is available in a concentrated liquid form or in tablet form. It is similar in effect to morphine liquid. We often prescribe this medication as a substitute pain medication when patients are intolerant to morphine liquid or require higher doses of pain medication. Side effects are like those with morphine.

Always call if you have questions regarding medications.



Non-medication treatments to try for pain:

- Aromatherapy
- Breathing and relaxation
- Massage, pressure, vibration
- Hot/cold packs
- Imagery
- Distraction
- Music
- Rest

Personal Care Needs

During the time we are partnering with you in caring for your loved one, it is likely that they will need help with personal care, also referred to as **Activities of Daily Living or ADLs**. Those needs could include:

Assistance with mobility. Your loved one may have limitations that they cannot get up or move around easily or need assistance repositioning in bed. Your care team can teach you techniques and offer tools that will aide you in being able to provide this assistance.

Assistance with eating or drinking. This can be troubling to witness as we often connect food with caring and connection. Your loved one's body is changing, and this is an expected part of that change. Your care team can discuss the specific needs of your loved one and offer you tips and suggestions in supporting their comfort. Never force them to eat or drink. Offer them foods and drink in small quantities and allow them to decide how much to consume.

Assistance with oral care. You may need to use mouth swabs to keep their mouth moist. Your care team can provide these swabs and show you how to use them in the care of your loved one.

Assistance using the bathroom or a bedside commode. Your loved one may become incontinent, meaning they may lose control of bladder or bowel. Sometimes a catheter may be necessary for their urine. Helping with this type of care can be uncomfortable at first. Your care team is here to help train you on how to support your loved one. Additionally, the hospice aide can assist with providing some of this personal care during their visit and show you how to provide care when staff are not present.

Assistance with bathing and grooming. This may be something you have never assisted with in the past. Your care team can provide training on bathing and grooming. The hospice aide will assist with bathing and grooming during their visits as part of your loved one's plan of care. The hospice aide is an excellent source for training on how you can support your loved one with this type of personal care.

Assistance with getting dressed. What your loved one wears may change over time based on their needs. Your care team can show you how to help with dressing your loved one. The hospice aide will help with dressing your loved one and can train you to perform this task should the need arise.

Sadness

Sadness is commonly experienced as you approach the end of your life and anticipate leaving behind your loved ones and the life you have known. As death approaches, you may find yourself feeling upset, lonely, and angry, as well as having intense thoughts about leaving your loved ones.

Sadness is a natural and healthy response to loss. You have likely faced numerous losses as you advance toward the end of your life, and sadness is an expected and common feeling. It is okay to cry when you feel sad.

Sadness is also one of the most common emotions for friends and family to feel when a loved one is approaching the end of life. It is an expected symptom of grief. Sadness is a natural and health response to tremendous loss. As you anticipate the loss of your loved one, you may experience emotions and/or thoughts that make you feel upset. It is best to allow yourself to feel sad and even to cry. Many people who are usually not prone to crying find themselves tearing up more easily during this very challenging time.

Whether you cry only behind closed doors or openly express your sadness, experts agree crying is important because it helps to release feelings of stress, anxiety, and depression. Shedding emotional tears when you feel sad releases oxytocin and endorphins. Releasing these chemicals can ease emotional and physical pain.

Your hospice care team is available to help you with your feelings of sadness. We understand the feelings associated with loss and grief, and we are here to give you the help you need. Please let us know if you would like to meet with a member of your care team to help you cope with sadness.



*"If I had a flower for
every time I thought of you,
I could walk in my garden forever."*

- Tennyson

Shortness of Breath

Shortness of breath or dyspnea refers to a person's feeling of having difficult or troubled breathing. A number of health conditions may cause a person to experience shortness of breath. This feeling can be scary and make a person feel anxious. It is important for the caregiver to be calm and reassuring. Help the patient to be aware of the breathing process, to slow it down and to breathe deeply.

What you can do to help support a patient who is experiencing shortness of breath:

- Remain calm and reassuring.
- Raise the patient's head of bed or prop up on pillows so the patient is at a 45-degree angle.
- If oxygen, inhalers, or nebulizers are prescribed be sure they are in use as prescribed.
- Get on the level of the patient's face, look at them and remind them to breathe in through the nose and out through the mouth. Model the breathing, it should take twice as long to breathe out as it does to breathe in.
- Encourage relaxation. Use touch and/or massage if the patient agrees that this will help. Some patients feel better if a window is open or a fan is blowing on them.
- Be sure the environment is not too warm as this can make the sensation of shortness of breath worse.

If the above efforts are not effective in resolving the shortness of breath use medications that have been prescribed for shortness of breath. If you do not have medications for shortness of breath call your Snowline nurse.

Commonly used medication for the treatment of shortness of breath:

MORPHINE SULFATE LIQUID (Roxanol): This medication may be prescribed for pain and/or shortness of breath. If the patient has never taken this medication before you should start with the smallest dose and work up to the full amount needed as directed by the Snowline nurse. Common side effects include dry mouth and constipation. Less frequent side effects include nausea/vomiting, lightheadedness, increased sleepiness, inability to urinate, and/or jerky muscle movements. If any of the less frequent side effects occur notify the Snowline nurse.

Skin

The largest organ in the human body is the skin. For this reason the skin can be greatly affected by the effects of a life limiting illness. As a caregiver of the skin there are steps you can take to protect and care for the patient's skin throughout their illness.

Being bedbound or spending most of the time sitting also puts pressure on the same areas of the body for prolonged periods of time, this makes those areas more likely to develop skin breakdowns. These areas can be made worse when the sheets rub against the skin, if the patient is being pulled up in a bed or chair, or if the patient is left in a soiled brief for too long.

What you can do to help support the care of the patient's skin:

- Explain to the patient the importance of turning frequently, at least every 2 hours. This prevents one area of the body from having too much pressure on it for prolonged period of time.
- Provide pain medication. Often, people stay in one position because repositioning causes pain or discomfort. Provide pain medication to ease the pain caused by repositioning.
- Use pillows to support the patient in different body positions. The patient may be weak and it may be difficult to be in side-lying positions. Cradle to body with pillows to support alternative lying positions.
- Keep the skin clean and dry. Change wet or soiled briefs frequently to prevent skin breakdown in those areas. If skin is pink in appearance discuss with your Snowline nurse as there may be additional lotions or creams that can be applied to further protect the skin from breakdown.
- Keep the bed linens dry and wrinkle free. If the patient is bedbound and you are having difficulty changing the linens discuss with your nurse the benefit of having a home health aide visit to provide support with caring for the bedbound patient.
- Report any skin changes, pain, redness, and/or new wounds to your Snowline nurse.

Helping the Patient who is approaching death

The Snowline team recognizes that this period may be one of the most difficult times for your family. Our desire is to be as supportive as possible in helping you through this period. We offer you this information to help you prepare and anticipate symptoms that are indicative of approaching death.

Your physician and patient care team are available to help you clarify your concerns about this information. We want to describe each possible symptom to you in order to decrease your fear if one should appear suddenly. This will give you guidelines about what you can do about the symptoms.

As the body prepares itself for the final stage of life; any one of the symptoms below may be present, all may be present, or none may be present.

- **Withdrawal (Social, Emotional and Physical):** Withdrawal is normal for the dying patient as they become less concerned about their surroundings. Separation begins first from the world, with no more interest in newspaper or television. Next, no more interest in people, neighbors, visitors and sometimes children, grandchildren and persons most loved. With this withdrawal comes less of a need to communicate with others.
- **Food:** Your loved one will have a decreased need for food and drink as the body is preparing to die. This is one of the hardest concepts for a family to accept. There is a gradual decrease in eating habits. Nothing tastes good. Cravings come and go. Liquids are preferred to solids. Please remember that it is okay for your loved one not to eat, if that is their choice, because they do not have control over this matter.
- **Sleep:** The patient will gradually spend more and more time sleeping. It may be difficult for them to keep their eyes open. It may become more difficult for you to rouse the patient. This is a result of a change in the body's metabolism. Plan to spend more time with the patient during times when he or she is most alert.
- **Disorientation:** Your loved one may become increasingly confused about time, place and the identity of people around them. Gently remind the patient what day it is, what time it is and who is in the room talking to them to allow for a peaceful transition. Provide your loved one with a comfortable, quiet environment and filtered light.
- **Decreased Senses:** Clarity of hearing and vision may decrease. You may want to keep soft lights on in the room. Never assume that the patient cannot hear you. Hearing is the last of the five senses to be lost. Nothing should be said that would distress the patient should the conversation be overheard. Continue to talk to your loved one.

- **Restlessness/Agitation:** You may notice your loved one becoming restless, pulling at the bed linens or trying to get out of bed. These symptoms are also a result of a decrease in the oxygen circulation to the brain and a change in the body's metabolism. Speak calmly and assuredly with the patient so as not to startle or frighten them. You may need to call Snowline if this condition persists. Occasionally, sedative medications or hospitalization is required for control.
- **Incontinence:** Incontinence or the loss of control of urine and bowel movements may occur. The amount of urine will decrease, and the urine will become darker as death becomes near. Snowline provides disposable briefs and pads which assist in your loved one feeling more comfort and cleanliness. Your nurse may also suggest a catheter.
- **Physical Change:** There are changes that occur that show the physical body is losing its ability to maintain itself. This may include any of the following:
 - The blood pressure often lowers and can cause dizziness.
 - There are changes in the pulse, either increasing from a normal of eighty to upwards of one hundred fifty, or decreasing anywhere down to zero.
 - The body temperature can fluctuate between fever and cold.
 - There is increased perspiration often with clamminess.
 - The skin color changes: flushed with fever, bluish with cold. A pale yellowish pallor often accompanies approaching death.
 - Breathing changes also occur. Respirations may increase or decrease.
 - Breathing may become irregular with 10-30 seconds of no breathing (apnea). This symptom is very common and indicative of a decrease in circulation and build up in the body waste products.
 - Congestion can also occur, and a rattling sound may be heard in the lungs and upper throat. This occurs because the patient is too weak to swallow secretions (saliva) and/or cough them up. The congestion can be affected by positioning, may be very loud and sometimes just comes and goes. Your nurse might discuss with the doctor to order medication to help dry these secretions. Elevating the head of the bed slightly, turning the patient to lie on their left side, and swabbing the mouth with oral swabs can give comfort.
 - The arms and legs of the body may become cool to touch. The hands and feet become purplish. The knees, ankles, and elbows are blotchy. These symptoms are a result of decreased circulation. Cover your loved one with a light blanket.
 - Generally, a person becomes non-responsive, unable to respond to their environment, sometime prior to death.

One to three months

- Your loved one may withdraw from people and activities.
- Your loved one may talk less and less.
- Your loved one will likely eat and drink less over this time. Offer meals, snacks, and drinks and support your loved one's desires regarding food and fluids.
- Your loved one may be sleeping more. While some medications cause sleepiness as a side effect, increased sleep is an expected part of the body's process and is not cause for alarm.

One to two weeks

- Your loved one may be confused and may not know the place, time or people.
- Your loved one may make symbolic statements (It's time for me to go, I want to go home).
- Your loved one may talk as though there are other people in the room. Your loved one may name specific family members who are not in the room.
- Body changes your loved one might experience:
 - Changes in the speed of their heart, which can be faster or slower.
 - Low blood pressure. You may notice that nurses do not take your loved one's blood pressure, this allows us to focus on the symptoms we are observing and supporting optimal comfort for your loved one.
 - Changes in skin color and tone. You may notice some areas have a purple or bluish tint, this is expected and is not causing your loved one any discomfort.
 - Changes in breathing. The breathing may appear uneven, weak, or show pauses between each breath.
 - Changes in body temperature. If skin is warm to the touch, use light sheets and have a light fan in the room. If skin is cool to the touch, use a blanket and ensure the temperature of the room is comfortable.
 - Diminished appetite. Your loved one will likely eat and drink less or may stop eating and drinking all together. This is expected as the body is changing. Use oral swabs to relieve dryness in the mouth.

Days to hours

- Your loved one:
 - Will likely be sleeping most of the time.
 - May experience a sudden wave of energy. This typically lasts less than a day before returning to mostly sleeping.
 - May experience periods of appearing restless.
 - May begin to show signs that swallowing is difficult.
 - May experience more changes in skin color including areas with a purple or bluish tint.
 - Will likely continue to have changes in their breathing pattern. The time between breaths will increase.
 - May have noisy, or rattling, breath sounds. This often is more distressing for you than it is for your loved one. Turn them on their side to enhance their comfort.
 - May have a faint heartbeat.
 - May have a low blood pressure. Snowline staff may not take your loved one's blood pressure as the cuff causes unnecessary pressure and the symptoms will be managed based on what we observe.
 - Will likely produce less or no urine during this time.
 - May be sleeping but their eyelids may not close all the way.

Minutes

- Your loved one:
 - Will have short, shallow breaths with longer periods between breaths.
 - May have a relaxed or open mouth.
 - May not respond to your voice or touch.

How to Know That Death Has Occurred and What To Do

**Please call Snowline when you believe that death has occurred:
530-621-7820 or 916-817-2338**

- No breathing
- No heartbeat
- Loss of control of bowel or bladder
- No response to verbal commands or shaking
- Eyelids slightly open
- Eyes fixed on a certain spot
- Jaw relaxed and mouth slightly open

There is no need to rush. Trust yourself. You will likely know when your loved one has died. Allow yourself time to cry. A hospice nurse will come and pronounce the death.

Spend as much time as you want and need with your loved one. It is important to say goodbye. Trust your heart. This can be a very special time.

You may want a remembrance, such as a lock of hair. This can be a helpful, tangible connection with your loved one. Ask the nurse to assist you with this.

If children are present at the death, offer the choice of viewing the body. Explain death in a way appropriate to the age of the child. Explain the death to any children who have a close relationship with the deceased. Snowline has resources to help children who are worried about a loved one diagnosed with a terminal illness.

When you are ready, make the call to Snowline and a nurse will come to the patient home to confirm that death has occurred and make a pronouncement of death. He or she will handle calls to the mortuary and to your doctor. It is not necessary to call the police, paramedics or the fire department.

The hospice nurse will verify that the patient has passed and pronounce death. Although you will probably be aware of the actual time of death, the nurse must use the pronouncement time as the time of death. If you desire, the nurse will wash your loved one's body and apply fresh clothing. Family members are welcome to assist.

Although reading this information may seem frightening, the goal of the hospice team is to prepare you for what to expect. Your physical and emotional well being is important to us. Remember that a member of the Snowline team is always available to help you.

Following the death of your loved one it is important to remember to take care of yourself. Spend time with your family remembering stories about your loved one. Remember to stay hydrated, eat and rest.



What Comes Next?

The grief that is experienced after a death is complicated by the business that must be conducted. Grievors are often at a loss about what must be done. The following information is a general summary of what needs to be done and who might be able to help with that.

After a death, survivors will need to seek to understand death benefits that may be available. In general, benefits must be applied for and are not automatic.

Remember, when making funeral, cemetery, cremation or other arrangements, you have the right to make decisions and choose services.

Prior to signing any contract or document, read and ask questions to ensure charges and services are what you have chosen and agreed to. It can be helpful to bring a family member or close friend with you to ensure you understand exactly what you are agreeing to.

If you are unsure it is a good idea to have your attorney review the contract. Do not allow yourself to be pressured. Be sure all questions are answered in a satisfactory manner before signing anything. If you are a senior, free legal advice is available through the Senior Legal Department at the EDC Senior Center: 530-621-6150. You can also call the Senior Legal Hotline for free advice at 1-800-222-1753.

Meeting With the Funeral Director

The mortuary staff can assist with Memorial or Celebration of Life planning. They can also help with the obituary and notifying the newspaper. If you know what your loved one wanted, it will be easier to make the arrangements than if the deceased's wishes are unknown. The mortuary staff can help with the service, death certificate and other arrangements as well. Remember many services are accompanied by a charge.

Consider bringing the following items to your meeting with mortuary staff:

- Clothing items in which you wish the deceased to be dressed. Be clear with mortuary staff about any items you wish to have returned.
- A recent photograph
- Your loved one's Social Security number
- Copies of Veterans discharge papers. The mortuary staff can also assist you with Veterans benefits.

The Obituary

The following items are often included in the obituary. An obituary is not required but is a good way to let friends and the community know that a death occurred.

- Place of birth
- You may wish to include cause of death
- Education
- Work history
- Church and other organization affiliations
- Special achievements
- Names of surviving relatives: spouse, parents, children
- Number of grandchildren/great grandchildren, if applicable
- Include a favorite charity or cause to enable friends and family to make donations in memory of the deceased

Important Papers and Finances

If you do not already have a lawyer, CPA, or financial advisor, consider consulting professionals who will be able to advise you. Many decisions must be made. Professionals can make you aware of your options, so you make the best decisions for your situation. It is helpful if you can enlist the help of a friend or relative to help you organize paperwork and to support you through the business calls and meetings.

Death Certificates: Most businesses, offices and agencies will require death certificates. Usually the funeral director will provide these for a modest fee. If there is a monetary exchange involved, businesses will require an official certificate rather than a copy. Most people need about 10 certificates. If you find you did not order enough, additional certificates can be ordered from the El Dorado County Office of Vital Records: 530-621-6121. Sacramento County Office of Vital Records: 916-874-6334. Placer County Office of Vital Statistics: 530-889-7158.

Social Security Number for the Deceased: This will be found on old tax returns, the social security card, or on the death certificate.

Will/Living Trust: Often the copies you need are in a safety deposit box. If you are working with an attorney, his or her law office can be contacted.

Insurance Policies: These can include Life Insurance, Auto Insurance, Mortgage or Loan Insurance, as well as many others. Be sure to contact deceased's employers, there may be benefits you are not aware of.

For Veterans: A copy of discharge papers. Any discharge other than dishonorable entitles deceased and deceased's family free burial or internment in a national cemetery as well as a marker without charge. The funeral director will be able to help with this as well as those who would like burial at sea, as service provided for Navy personnel.

Marriage Certificate: Required if the surviving spouse will be applying for social security or other benefits.

Birth Certificates: For the deceased as well as for any dependent children of the deceased.

The Estate- A Complete List of Deceased's Property: This will include real estate, stocks and other investments, as well as checking and savings balances and personal property.

Credit Cards: Continue to pay bills and notify the credit card company that your loved one is deceased.

Other Finances: Any debts of the deceased must be paid from the estate. To maintain or develop a good credit rating, the griever will want to change utilities, mortgages and the like to their own name and pay these bills in a timely manner.

Notify Social Security

As soon as the death certificate is complete, Social Security should be notified. If the deceased was already receiving benefits, any checks received after the death must be returned to Social Security. Social Security provides a small financial death benefit to mitigate mortuary expenses. This benefit is for the eligible spouse or a child entitled to survivor benefits. Be aware that social security does not begin on the date of death but rather a date specified by social security and the survivor.

If an eligible spouse is 60 years or older, the spouse may be eligible for benefits, though for a lesser amount than would be received at retirement age.

There may also be benefits for dependent children.

Will or Trust

Often the copies you need are in a safety deposit box or the lawyer will have a copy. Laws vary from state to state. If there is no will or other document, affairs after death may become more complex.

Probate is the legal process involved with the courts, the paying of estate debts and the distribution to beneficiaries. Probate is usually required for wills, or if there is no will. Trust can be of various types and usually a Trust will avoid the probate process. Any property held jointly usually passes to the co-owner. Depending on the complexity or size of the estate, legal assistance may be required.

Retirement Benefits

It is important to check with previous employers of the deceased as well as union or other professional organizations. There may be death benefits or other retirement benefits. They probably will not notify you unless you ask. There is a website to look at to see if there might be unclaimed monies due you or members of your family. <http://www.sco.ca.gov/col/ucp/>

Things To Do

In the First Week:

- Contact Life Insurance Company for claim forms
- Check with bank to see what is needed
- Locate all required documents- contact your attorney

In the Second Week:

- Begin process to receive any survivor benefits
- As necessary, send medical claims to insurance carriers
- Consult with financial advisor, follow direction of attorney

In the Third Week:

- Review insurance needs to ensure they are appropriate
- Change beneficiaries on insurance policies and any other documents

In the First Month:

- See attorney or accountant for tax projections
- Contact credit card and charge card companies
- Contact DMV to make arrangements for changing vehicle registration
- Contact utility companies to change billing name if needed

Understanding Grief

The pain of grief often feels overwhelming, especially when you need to take care of so many important business details. This is a time when grievers must do an especially good job taking care of themselves.

The following truths may help you better understand the grieving process:

Each person experiences and copes with grief differently.

Grief is a process; it will take as long as it needs to take. You may wish to keep your loved one's clothing and possessions until you feel ready to decide what to do. Try not to let others to "take over" or rush you through the grieving process.

Take good care of yourself; be gentle and patient. Grief-related stress can affect eating and sleeping patterns. Be sure you get enough fluids, exercise, healthy foods and sleep.

You do not have to grieve alone. Contact friends who are good listeners and others with similar experiences who are willing to provide support.

Don't hide your grief from children in the family. Be open and honest with them because they are also grieving. Listen to their concerns and answer their questions honestly.

Use prescribed medication only under your doctor's supervision. If you experience any physical symptoms, please consult your physician.

Alcohol and sedatives will complicate the grieving process.

Crying is healthy and biologically necessary. Do not apologize for your tears as they provide physical, as well as emotional release.

Grief Support Services

Snowline Health offers grief support services to residents of El Dorado County, Sacramento County, and parts of Placer County who have suffered the loss of a loved one within the last 13 months.

Snowline Health offers two free General Loss Grief Groups to those grieving the loss of a loved one. One is in Rancho Cordova and one in Diamond Springs.

Services are available at no cost to both Snowline Health families and community members. Donations are greatly appreciated.

If you would like more information about either group, please visit snowlinehealth.org to fill out the Intake Form located within the Grief Support portion of the website. Someone from our department will be in contact with you to provide more information and answer any questions you may have.

(Please check the Grief Support portion of the snowlinehealth.org for the latest information about Group offerings and for the Grief Support Event Calendar.)

Other options for support include church groups, friends and co-workers who are a support (not all friends can deal with grief), and your physician.

Grief Recovery Process

Each person experiences the process differently. Psychologist J. William Worden identified four tasks of the grieving process that may be of help to you:

- *One: Accepting the reality of the loss.*
- *Two: Working through the pain of grief.*
- *Three: Adjusting to an environment where the loved one is missing.*
- *Four: Remembering the loved one with less pain.*

Continuing a *Caring Legacy*

Volunteering with Snowline

People volunteer at Snowline for many reasons. Volunteers may want to honor a loved one or they might simply feel called to serve the purpose of compassionate care. Studies have shown that volunteering provides many benefits to both mental and physical health, it can help reduce the effects of grief, stress, and anxiety.

If you would like to consider becoming a Snowline volunteer, we would be honored to have you join us in the work of providing compassionate care.

Please call us at **530-621-7820** or **916-817-2338** and ask for the Volunteer Department.

Here are some of the areas where we could use your help:

Courier: Our courier volunteers pick up and deliver medications to patients and families who are unable to leave their home.

Patient Visits and Respite Care: Visit patients in their home or care facility.

Thrift Store Volunteers: Stocking shelves, organizing books, and much more.

Bereavement Volunteers: Help with mailings, meeting set up, outreach.

Administrative: Clerical and special projects.

Experience the rewards of making a difference. Your unique skills and talents are valued at Snowline.

To find out more, or to begin the process of becoming one of our valuable volunteers, please call us and ask for the Volunteer Department. We would be honored to have you join the team.





Snowline Health



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