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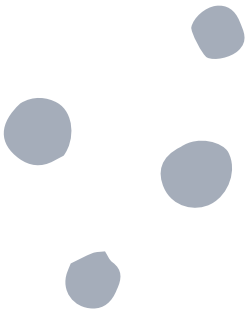
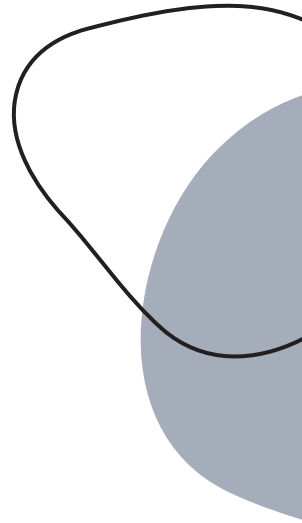
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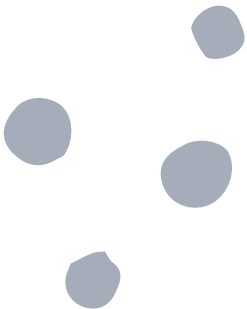
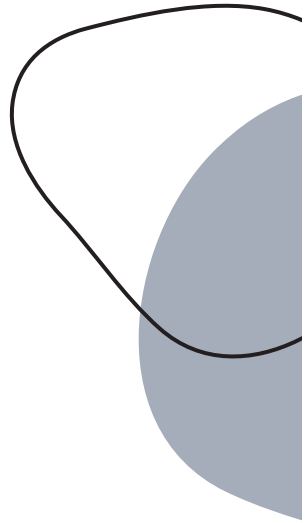
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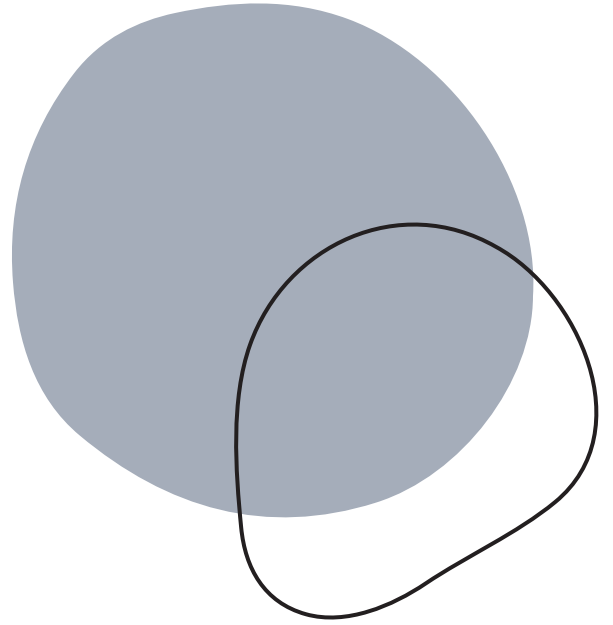
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Introduction

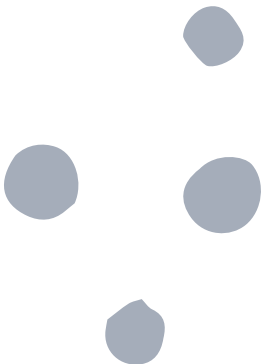
Taking care of someone as the end of their life approaches is not the same as taking care of someone who is going to get better. Added to the potent mixture of fear, uncertainty, and lack of sleep is “early” grieving. We begin to mourn the loss of someone we love before they die. The care, medications, and outcomes are different as well. And, maybe most importantly, few of us have been involved in caring for someone who is dying. Movies and television show us death, but it is generally misrepresented. We just don’t know what it is like to die, or what to do when someone is dying.

Our strongest emotion when life has tasked us with caring for someone who is dying is FEAR. It is overwhelming. Fear of the unknown, fear of making mistakes, fear of doing something we have never done before, fear of hurting our special person, fear of how death comes, fear of what to say, fear of what dying will look like, sound like, be like, and fear of what to do or not to do while it all is happening. Fear is the caregiver’s companion most days. It is sometimes an unconscious fear but it influences all we see, feel, and think.

Having someone close to us in the dying process is so very sad but with a bit of knowledge it doesn't have to be a bad experience.

Knowledge reduces fear. Knowledge gives us the tools to do the work that needs to be done. Knowledge won't take away the sadness of losing a special person, but it will give you the confidence to know that you are providing the best possible care. This guidebook gives you that knowledge to support you through a very difficult and demanding time.

The journey of caring for your special person will be challenging and exhausting. My hope is that with this guidebook and the support of others (family, community, and professionals) this experience will be a special time for you that will become a sacred memory.



DAILY CARE PLAN

Date: _____

Water Intake: _____ ounces

Food Intake

Breakfast: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

Protein Supplements (8 ounce cans)

1 2 3 4

Peed 1 2 3 4

5 6 7 8 9

Catheter Bag Emptied

Time: _____ How much: _____

Comments: _____

Bowels 1 2 3 4

Comments: _____

Mental Status: Alert Confused

Comments: _____

Emotional Status: Quiet Withdrawn

Comments: _____

I smiled today because _____

I am thankful for _____

Activity: Up/About _____

In Chair _____

In Bed _____

Sleeping: During the Night _____

Naps _____

Sleep Quality _____

PAIN ASSESSMENT Yes No

If yes, rate a scale of 1-10: _____

Time of last pain medication _____

In 45 minutes, was there comfort? Yes No

Pain number then? Yes No

Additional Instructions to Plan of Care: _____

Questions for Nurse, Social Worker, Chaplain,
Home Health Aide? _____

Comments About the Day: _____

Today I did this just for me: _____

MEDICATIONS

Medication	Times to Give
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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