Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
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HOSPICE DAILY CARE RECORD

Client:	If applicable, B/P:	BM:
Home Care Aide:	If applicable, Blood Sugar:	Voids
Date:	Time in:	Time Out:

Bathing	☐	Foot Care	☐	Skin Care	☐
Shower	☐	Nail Care	☐	Lotion	☐
Complete Bed & Bath	☐	Shave	☐	Massage	☐
Partial Bed & Bath	☐	Hair Care	☐	Oral Care	☐
Assist w/ Dressing/Undressing	☐	Comb/Brush	☐	Denture Care	☐
Assist w/ Ambulation	☐	Shampoo	☐	Toothette	☐
Assist w/ Feedings & Eating Activities	☐	Reposition in Bed	☐	Light Housekeeping	☐
Assist w/ Toileting/Elimination	☐	Turn/Position	☐	Make Bed	☐
Bedpan	☐	Time of Reposition: _____	☐	Change Linens	☐
Urinal	☐	Assist w/ Medications	☐	Tidy Patient Care Area	☐
Peri Care	☐	Medication Reminder	☐	Comfort Measures	☐
Foley Catheter Care	☐			Music	☐
Brief Change	☐			Read to Client	☐

***All Hospice Medications are set up by Hospice Nurse or Family, Only**

Comments:

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HOSPICE CARE PROTOCOL

1. At the beginning of your shift, please validate if you are having access to the phone number of the Hospice Company that is providing service.

2. It is essential to follow all written instructions as mentioned by the Hospice Company.

3. ***All Hospice medications are necessarily to be pre-filled into syringes (if liquid) by the Hospice Nurse/family. The Assured Home Nursing caregiver will assist the client with Hospice medications, If the client is able to communicate or participate. If the client becomes unconscious, then the Assured Home Nursing caregiver MUST see the assistance of the family or the Hospice Nurse to give the medications.

4. Document all the tasks being performed, medications provided, intake and output, etc.

5. Document the status of the client for every two hours, i.e. whether client is sleeping quietly, if he/she is taking sips of water, their responsiveness to touch, etc.

6. If client is bedridden, reposition them for every two hours and support their position with rolled blankets or pillows. Pay special attention to lift boney prominences off any pressure points. Make client as comfortable as possible.

7. Perform mouth care for every two hours and as required.

8. Always keep client clean and dry, sponge bathe whenever needed and change linens as required.

9. If client's breathing pattern changes or stops, immediately call to the Hospice Nurse (day or night), **DO NOT CALL 911**, alert any family members in the house, call Assured Home Nursing office and they will call other family members if necessary.

10. If client passes away, please stay and aid the Hospice Nurse in performing end of life duties. You may complete your shift when the Hospice Nurse, Family member or Assured Home Nursing office staff releases you to go.

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ASSURED HOME NURSING INC. HOSPICE CARE HAND BOOK

Being a Hospice Caregiver is a rewarding work where a caregiver has the ability to make a difference in the lives of your clients and their families.

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Hospice Care Tips

Here are the tips to caregivers to understand what they have to do according to client's situation.

1. **Client's Situation:** When experiencing decrease in appetite or thirst

   Role of Caregiver: Need to offer and encourage in having small chips of ice, Gatorade or frozen juice.

   ***Note: The client is not dying because they are not eating. The reality is that they do not eat because they are dying. Forcing food may cause choking and discomfort. It is natural for the client to reduce having food and drinking water.** **Make sure to notify the Hospice Nurse if this is the change of condition.**

2. **Client's Situation:** When experiencing dry mouth

   Role of Caregiver: Need to perform frequent mouth care such as swabbing the inside of mouth using cold water. You may even use wash cloths or glycerin swabs or ensure to keep the lips moisturized with Chap Stick.

   ***Note: A dry mouth can cause discomfort for clients. It is a must to follow routine oral care.**

3. **Client's Situation:** Decrease in mobility or bedbound

   Role of Caregiver: Need to turn or change the position of the client with pillows for every 2 hours or more as per the need (unless the family or the Hospice nurse instructs otherwise). Check for the prominent bony areas on the body for redness and report it to the Hospice Nurse. Follow extra measures to avoid pressure on these areas. Ensure to keep the reddened areas clean and dry. Applying a barrier cream is even good to protect and comfort.

   ***Note: Staying immobile or bedbound puts the client at risk for skin breakdown or pressure sores. So, following a good hygiene as well as repositioning the client by turning and placing pillows is very important.** **Notify the Hospice Nurse if there are any reddened areas or sores.**

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4. **Client's Situation:** Disoriented or confused to time place or identify people or visual like experiences. Maybe seeing people from their past and mention that they are speaking to someone who have passed away.

   Role of Caregiver: Make sure to identify your name always and speak clearly and softly. Try to explain the procedures you are following to comfort them.

   ***Note: Visual-like experiences do not indicate as hallucination. The client is beginning to detach from their life and is preparing for the transition.** **Notify the Hospice Nurse of their change in condition and behavior.**

5. **Client's Situation:** Withdrawal. The client may become unresponsive, withdrawn or in a comatose-like state

   Role of Caregiver: Make sure you continue to talk to the client. Speak clearly, softly and truthfully. If acceptable, hold the client's hand to help them believe that they are not alone. Be mindful of what being said because hearing the last thing is dissipate.

   ***Note: The client can hear everything that is said around them as hearing is the last to go.** **Notify the Hospice Nurse of the change in their alertness or lack of responsiveness.**

There are several physical changes that can occur in the dying process that are expected but need to be reported to the Hospice Nurse and the Assured Home Nursing Nurse.

Pain out of control	**Congestion in the lungs/gurgling**
Disorientation/confusion	**Decrease in food or fluid intake**
Restlessness/Agitation	**Urine output decrease**
Coolness/circulation changes	**Incontinence of urine or bowel**
Breathing Changes/difficulty breathing	**Changes in sleep**

Always report the changes you notice to the Hospice Nurse for instructions, AND report when the medications being used doesn't seem to work well enough. As the patient changes, many times the medications might need to be changed or adjusted, too.

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Recognizing Pain or distress in a Non-Verbal Patient

- **Clenching of the fists or appears tense**
- **Noisy, labored breathing**
- **Moaning and groaning**
- **Grimacing, frowning, or wrinkling of the eyebrows**
- **Restlessness, fidgeting**
- **Increased confusion**

Always report any of the above signs of discomfort or any changes that seem to be like the client is NOT comfortable to the Hospice Nurse, so that you get further instructions to follow.

Signs that your client has died

- **Eyes are fixed in one spot**
- **Skin may look blue, very pale or waxy**
- **Mouth is often open**
- **No pulse and not breath for a full minute**
- **Not response to communication or touch**

What you are to do when your client dies:

- **Let the family know that you will be calling the Hospice Nurse for further help**

  Then, let Assured Home Nursing Inc. know that our client has passed away
- **Allow the family some space and private time to grieve**
- **You can be helpful for the family by tidying up the surroundings when the family is saying goodbye.**
- **When the Hospice Nurse arrives, you may be useful by helping the Hospice Nurse prepare the body, change briefs, etc.**

The caregiver has to stay until they are officially released by the Hospice Nurse or the family. Then, let Assured Home Nursing Inc. know that you are leaving.