DUKE DEMENTIA FAMILY SUPPORT PROGRAM

Caregiver Connections

An Educational Webinar Series With The Experts

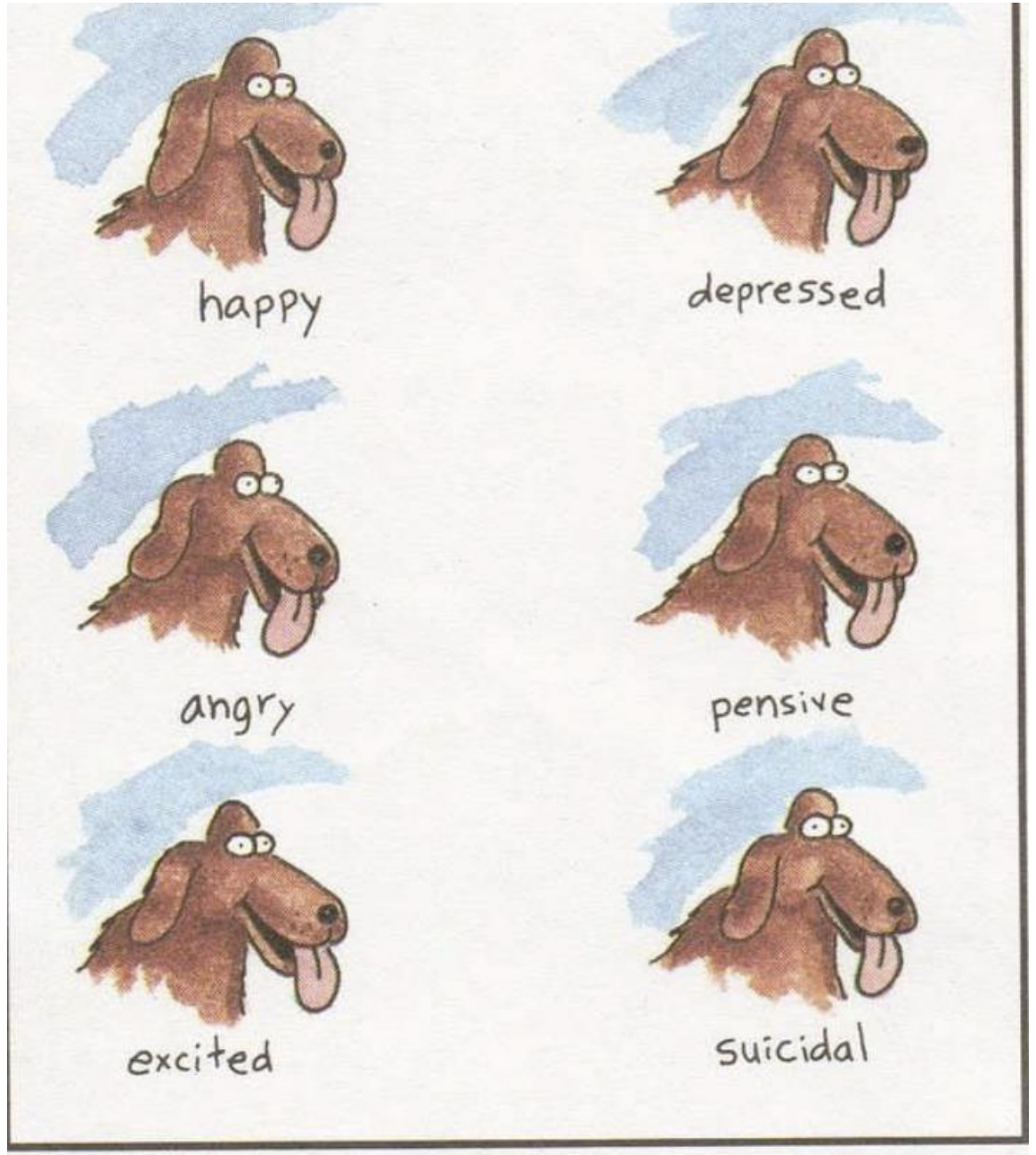
The presentation will begin shortly.
Thank you for your patience!

dukefamilysupport.org
919-660-7510

Stories from the Trenches

Practical Advice for Those Caring for Aging Loved Ones

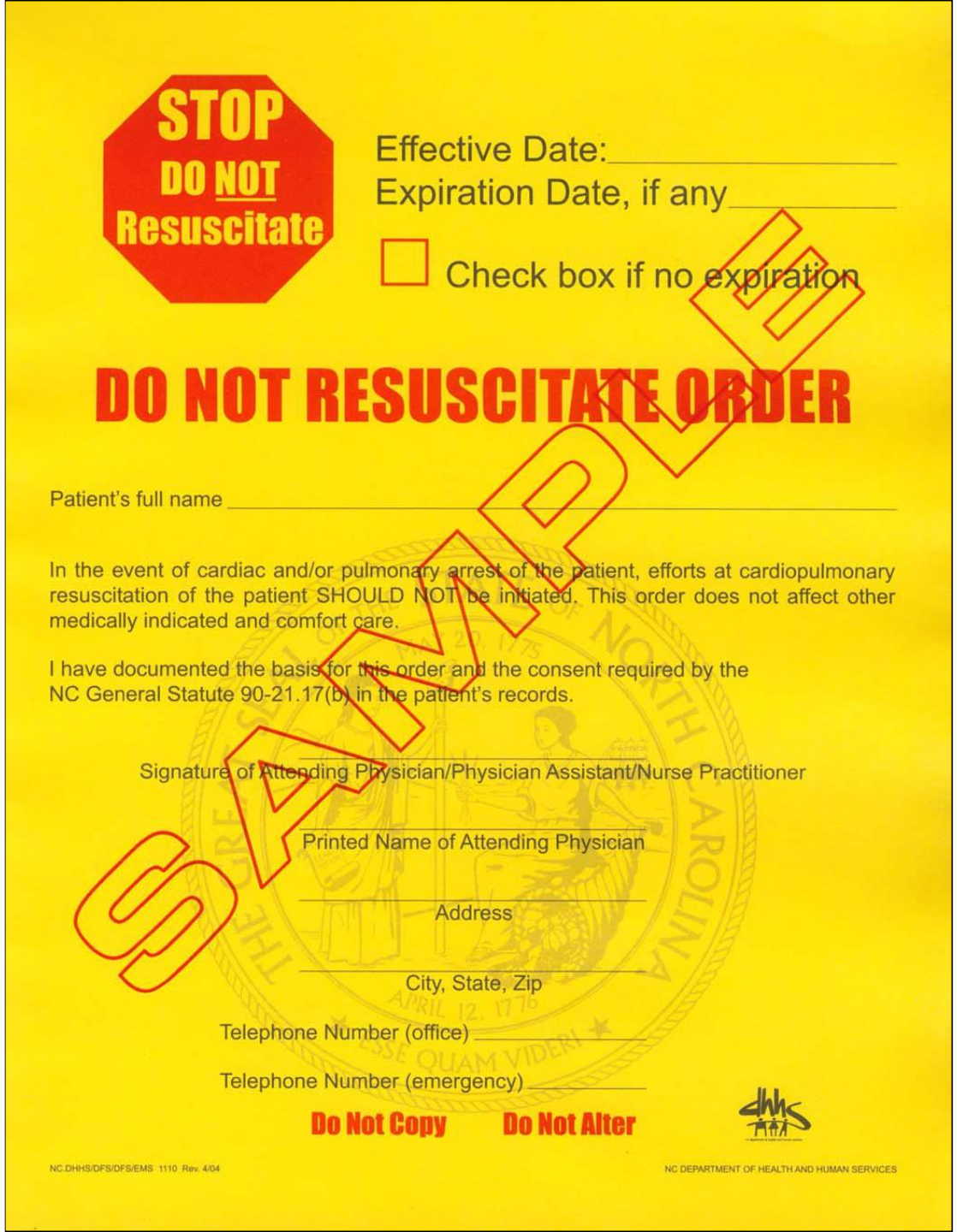
Liisa Ogburn
WRAL Aging Well
Aging Advisors NC



How to recognize the moods of an Irish setter

Build an inner sanctuary

Determine what kind of ending you want



HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Medical Orders for Scope of Treatment (MOST)

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. **When the need occurs, first follow these orders, then contact physician.**

Patient's Last Name:	Effective Date of Form: _____ *Form must be reviewed at least annually.*
Patient's First Name, Middle Initial:	Patient's Date of Birth:

Section A *Check One Box Only*

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ **Attempt Resuscitation (CPR)** ☐ **Do Not Attempt Resuscitation (DNR/no CPR)**

When not in cardiopulmonary arrest, follow orders in **B, C**, and **D**.

Section B *Check One Box Only*

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **Full Scope of Treatment:** Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. **Transfer to hospital if indicated.**

☐ **Limited Additional Interventions:** Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation; also provide comfort measures. **Transfer to hospital if indicated. Avoid intensive care.**

☐ **Comfort Measures:** Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital unless comfort needs cannot be met in current location.**

Other Instructions _____

Section C *Check One Box Only*

ANTIBIOTICS

☐ **Antibiotics if life can be prolonged.**
☐ **Determine use or limitation of antibiotics when infection occurs.**
☐ **No Antibiotics** (use other measures to relieve symptoms).

Other Instructions _____

Section D *Check One Box Only in Each Column*

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible.

☐ **IV fluids long-term if indicated**	☐ **Feeding tube long-term if indicated**
☐ **IV fluids for a defined trial period**	☐ **Feeding tube for a defined trial period**
☐ **No IV fluids** (provide other measures to ensure comfort)	☐ **No feeding tube**

Other Instructions _____

Section E *Check The Appropriate Box*

DISCUSSED WITH AND AGREED TO BY:

Basis for order must be documented in medical record.

☐ Patient	☐ Majority of patient's reasonably available parents and adult children
☐ Parent or guardian if patient is a minor	☐ Majority of patient's reasonably available adult siblings
☐ Health care agent	☐ An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient
☐ Legal guardian of the person	
☐ Attorney-in-fact with power to make health care decisions	
☐ Spouse	

MD/DO, PA, or NP Name (Print):	**MD/DO, PA, or NP Signature** (Required):	**Phone #:**

Signature of Person, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file)

I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.

If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.

You are not required to sign this form to receive treatment.

Patient or Representative Name (print)	Patient or Representative Signature	Relationship (write "self" if patient)

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

Building Your Team

- Healthcare Providers
- Mobile providers
- Home caregivers
- Family
- Healthcare Power of Attorney

Special considerations for Elder orphans

Making the Most of Doctor Visits

- What background information would help your doctor make the best use of his/her time?
- Who should go with you to the appointment?
- What questions do you want answered before you leave?
- Any paperwork filled out (handicap placard app., FL2, medical orders for PT/OT, durable medical equipment, palliative care, etc.)

Navigating the Hospital

- Create your one-pager (meds, primary conditions, health insur. #)
- Hospital preference
- Better times of day to go
- Who will go with you?
- What to take with you
- Short medical history/timeline of symptoms, if not in the system
- Kindness to staff goes a long way

Is this a bump in the road or is this ‘the road?’

Three Patterns of Decline

The Dive

The Rollercoaster

The Fade

Discharge Home or Facility?

- Medical needs?
- Available family members?
- Equipment?
- Private home care aides?
- Picking a temporary or permanent facility.

Palliative care and hospice

- Palliative care –support significant chronic conditions (RN visit every 4-6 weeks)
- Hospice care –support for last 6 months of life (RN home visit as often as needed, medical equipment, 24/7 phone line, social worker, chaplain, certified nurse assistant 2x/week for bathing)

Tools for home

Support for caregivers

- Burnout
- Physical health
- Mental health
- Extended family
- Hiring help
- Support groups
- Virtual therapist

- If the caregiver goes down, the whole ship goes down

Loving a Grandpa Right Down to His Toes

BY LIISA OGBURN JANUARY 24, 2016 6:40 AM 20

The author's daughter Sarah Colvin painting the toenails of her grandfather Larry Colvin. Liisa Ogburn

Although the world is full of suffering, it is also full of the overcoming of it.

- Helen Keller

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Thank you for joining us today!

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