

CAREGIVING DYNAMICS: Questions to Consider

- What is your relationship to the patient?
- Will you be the main caregiver?
- Do you live with the patient?
- Do you live nearby?
- Are you organized?
- Are you assertive?
- Do you already take good care of yourself?
- What is your financial status?
- Do you know the financial status of the patient?
- Will you be the only one taking care of this person?
- What does your normal day look like?
- Will you be responsible for taking this person to appointments?
- Does the patient have organized and accessible records?
- Has the patient talked with you about their care?
- Do you have a caregiving plan and do all family members understand and agree with the Plan?
- Have you been in the medical setting before?
- Do you have access to insurance policies (medical and prescription)s?
- Do you have power of attorney?
- Are you set up for impromptu hospital stays?
- Do you need referrals?
- Can you take pictures with your phone?
- Are you going to be able to shop and cook for special meals?
- Do you have good nutrition in place for yourself?
- Do you have a reliable vehicle?
- Do you know how to ask for help?
- Do you know what to ask help for?
- Is the home where the patient is staying clean and safe?
- Are you okay with travel in bad weather?
- Do you have a list of what to bring on hospital stays both planned and impromptu?
- Do you know who to call after hours?
- Do you have contacts set up in your phone (numbers and email)?
- Do you have someone set up to take care of pets, mail, lights?
- Is your place of employment aware of your new lifestyle?
- Do you have a network established: family, friends, health care?
- Do you have an action plan for the next phase?
- Do you have an action plan for the unexpected?
- Did you consider a life alert device and/or medical bracelet?
- Do you have a list of current medications posted in several locations?
- Do you have a notification site set up to disseminate the patient's health status?
- Are you aware of forms that your hospital requires to enable you to make and discuss health decisions for the patient?
- Are you comfortable discussing health changes with the patient?
- Do you have a way to efficiently communicate with others?
- Do you know who to talk to if you cannot answer these questions?
- Do you have a Plan B?

MEDICATIONS

(NOTE: Make Several Copies of This Form)

Drug Name	Strength	Quantity	Frequency
(Drug name)	(__ mg)	(2)	(Twice a Day)

TIPS FOR SELF-CARE

- Use positive statements that identify simple accomplishments: “I am good at sorting his meds” or “I can exercise 15 minutes today”.
- Recognize warning signs (irritability, sleep problems, forgetfulness).
- Identify some sources of stress (too much to do, inability to say no).
- Remember: we can only change ourselves.
- Take time for simple activities (water flowers, read a great book, have a friend over, meditate, pray, take a bubble bath).
- Keep a Journal of things for which you are grateful.
- Seek solutions: Identify a problem, list solutions, get opinions.
- Make appointments for personal physical checkups.
- Take special “me” time at least once a day or once a week.
- Communicate constructively: Use “I” messages, be clear, specific, and listen.
- Exercise: Short walks are a great start, or try Yoga or Tai Chi.
- Work on a fun craft (color, bake, create a vision board).
- Maintain good grooming.
- Call someone especially someone who told you to reach out.
- ASK FOR HELP!

HOW CAREGIVING AFFECTS YOU: The Warning Signs

- Sleep deprivation
- Feeling ineffective
- Feeling overwhelmed
- Poor eating habits
- Failure to exercise
- Failure to stay in bed when ill
- Seclusion
- Postponement of or failure to make medical appointments for yourself
- Depression
- Excessive use of drugs or alcohol
- Disorganization
- Misconception of being in control of everything
- Excess fear, anxiety or worry
- Financial stress
- Unrealistic expectations
- Lack of knowledge or resources
- Lack of effective time management
- Dreading the future
- Job Compromises or lack thereof
- Loneliness or sense of avoidance
- Headaches, exhaustion, lack of patience
- Stressed out all the time
- Failure to reach out to others
- Failure to do basic self care
- Forgetting appointments and routine tasks
- Feeling resentful
- Feeling guilty

WHAT TO BRING/DO

- Cell phone, charger
- Wallet, credit cards, cash
- List of patient's medications: name/strength/frequency
- Sweater or sweatshirt
- Blankets (for yourself and a favorite for the patient!)
- Snacks and Water Bottle
- One or two pillows
- Journal and calendar
- Extra shoes
- Medications and pain relievers for yourself
- Outerwear for daily commutes including umbrella
- Bathroom supplies (listing items separately is recommended!)
- Rag/small towel/wet wipes
- Change of clothes, undergarments for both of you
- Robe, slippers, pajama bottoms for the patient
- A small mirror for the patient's use
- Books/magazines
- Music on phone with earbuds for you and the patient
- Nightlight/flashlight
- Change for vending machine and laundry
- List of contacts (unless you know they are in your phone)
- Home lights on, or on a timer
- Extra key for neighbor
- List of tasks for neighbor to handle while you are gone
- List of bills to pay
- Gas tank full
- Doctors names and numbers
- Quick activated (instant) heat or cold packs
- Box of paperwork or magazines to sort as time allows
- *The Caregiver's Guidebook!*
- Red Shoes

THINGS YOU CAN HELP ME WITH TODAY

(Try to indicate days or times that coordinate with your schedule)

MEALS

- Set up an online meal signup site
- Consider meals for the caregiver/family
- Define meal needs/restrictions for the patient
- Gift cards for grocery stores or drive through restaurants
- Set up an online grocery delivery service
- Request water bottles, Gatorade, protein drinks, coffee
- Take the Caregiver out for a quick meal
- Determine time and frequency of delivered meals, or assign someone to monitor this

FINANCIAL HELP

- Cash
- Gift cards for cash, food, medical supplies, travel
- Organize my bills
- Set up a budget
- Organize and set up Tax Forms

IN THE HOSPITAL

- Bring or purchase a meal
- Give a packet of notecards
- Provide a book of stamps
- Give a coin purse of quarters for laundry or vending machines
- Provide a gift card for food or gas
- Purchase or make a keepsake that provides hope
- Bring or purchase a portable phone charger
- Provide a travel coffee mug and/or water bottle
- Bring snacks
- Offer to make phone calls
- Take back excess items home that are not needed
- Bring items from your home (mail or change of clothes)
- Stay with patient to allow for Caregiver time away to rest or shop
- Offer to take home or do laundry
- Provide a beautiful, small and lightweight Journal
- Give a beautiful pen
- Provide a lightweight pouch for paperwork and journal

THINGS YOU CAN HELP ME WITH TODAY

HOUSEKEEPING

- Dust
- Vacuum
- Shake out rugs
- Wash floors
- Clean bathroom
- Change sheets
- Do laundry
- Empty wastebaskets
- Take out garbage

OUTDOOR MAINTENANCE

- Mow lawn
- Weed garden
- Water flowers
- Rake leaves or shovel snow
- Sweep

RUN ERRANDS

- Pick up prescriptions
- Shop for groceries
- Drive to doctor appointments
- Assist in banking transactions

CHILDREN

- Drive to _____
- Pick up from _____
- Help with homework
- Pack lunches
- Babysit

PET CARE

- Feed pets
- Walk dog
- Pick up pet food
- Take to vet appointment
- Clean up yard/litter box

MISC

- Set up medications
- Organize mail
- Organize bills for payment
- Other