We believe in more.

We believe no matter where you are in life’s journey, you deserve to get the most out of every day. The most comfort, kindness, respect and love. We believe you should have more opportunities to create moments of joy and memories. We believe in more smiles, more hugs, more sweet moments of gratitude. We believe in less pain and more quality of life. We believe in less stress and more peace of mind. We believe in less “No” and more “Yes, we can make that happen.”

We believe that you, and you alone, know how you want to navigate these moments and that your wishes should be heard and respected. We believe in being there for you whenever and wherever you need us with the compassion and expertise to help you find your unique “more from life” and make it a reality.

We are here to give you more. It’s not just our job, it’s our calling. And we wouldn’t have it any other way.

ADMINISTRATIVE OFFICES
501 S. Cherry St. Suite 700
Denver, CO 80246
303-321-2828

INPATIENT CARE CENTER AT LOWRY
8299 E. Lowry Blvd.
Denver, Colorado 80230
303-418-3000

NURSE SUPPORT LINE
303-338-5600

THE DENVER HOSPICE
More from life
TheDenverHospice.org
Your hospice care team is: ________________________________ Team Name

Nurse ____________________________________________

Social worker ________________________________________

Chaplain __________________________________________

Certified Nursing Assistant ____________________________

Dietitian ____________________________________________

Volunteer ____________________________________________

Team Manager ________________________________________

When you need to reach a Team member:

Call (303) 321-2828

Identify:
   a) the name of the patient
   b) your Team
   c) reason for the call
   d) if this is an emergency

If for some reason the phone number doesn’t work, dial (303) 281-8383.
CONTACT US

The Denver Hospice is available anytime day or night to answer questions, address concerns and provide physical and emotional support for our patients and families.

How to contact The Denver Hospice:

Call 303-321-2828
Anytime – day or night
Our backup after-hours number is 303-281-8383

Please call The Denver Hospice and have a team member paged with your questions or concerns.

When to contact us – 24 hours a day, seven days a week:

• General questions or concerns involving physical or emotional care
• If there is a medical emergency
• If you notice a change in the patient’s condition or there are changes in caregiving needs
• When medications need to be changed or need to be re-ordered before the next hospice visit
• If there is a need for equipment, oxygen or supplies, or problems with supplies, equipment, pharmacy or oxygen
• When the level of pain changes or is not controlled by medication

Call The Denver Hospice for:

• Difficulty breathing that is not controlled by oxygen or medication
• Nausea and vomiting
• Urinary problems – difficulty or inability to urinate
• Bowel problems – constipation, diarrhea, difficulty moving bowels, blood in the bowel movement
• Bleeding
• Fever over 100.5 degrees orally
• Falls – whether there is injury or not
• Restlessness, anxiety, agitation or combativeness
• Behavior that puts the patient or others in danger
• A family member or friend needs to talk to someone for support
• Spiritual care or concerns
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OVERVIEW OF HOSPICE CARE

Welcome to The Denver Hospice and our circles of care. As the region’s leading hospice since 1978, we provide an unprecedented level of expert, comprehensive, and personalized care. From programs to promote comfort and manage pain, to counseling and support for families and friends, nowhere else will you find such a continuous circle of the most compassionate group of experts dedicated to one greater purpose – you.

Hospice care provides comfort and support to patients with advanced illnesses, and their families. Hospice is not a place; it is a program that provides care wherever patients live. The goal of hospice care is to improve the quality of life for patients and their families by addressing their physical, emotional, psychological, and spiritual needs.

Along with providing help with personal care needs, hospice care focuses on:

- Educating and supporting patients and their family members on care, disease progression, and treatment.
- Allowing nature to take its course.
- Placing a priority on managing pain, easing suffering, and promoting maximum comfort.
- Supporting choices in advanced illness.

Optio Palliative Care at Home is a consult service available to those not eligible for hospice care. The palliative care staff works with your doctor to improve or manage your symptoms and coordinate care. Your doctor is always involved and continues to manage your care along with the ongoing support from the palliative care team.
Making the Decision to Enter Hospice Care

At any stage of an advanced illness, it’s appropriate to discuss options, including hospice and palliative care. The decision belongs to the patient, his or her personal physician, and family.

Hospice care is most beneficial when referrals are made as early as possible affording adequate time for symptom and pain management and the development of trusting relationships between patient, family, and The Denver Hospice team.

We encourage you to begin conversations with physicians and family members now regarding your end-of-life wishes, including advance healthcare planning and designation of a healthcare agent.

Understandably, most people are uncomfortable with the idea of stopping all efforts to cure their disease. It is courageous to fight terminal illness, and it is equally courageous to know when to discontinue treatment that is no longer helpful. Our staff members are highly sensitive to these concerns and always available to discuss these and other issues with patients and families.

A Message for Family Members and Other Loved Ones

Family members and other loved ones are often a critical part of hospice care. At times, a patient who may benefit from hospice care may not be aware such treatment is available or may not be capable of contacting hospice. That’s when family members or other loved ones contact hospice.

If your loved one is considering hospice care or is already under hospice care, we are here for you, too, and welcome your questions and insights.

Family members and other loved ones play a vital role in caregiving. Many times, after being trained by a hospice nurse, they will provide much of the hands-on care.

This guide is written for family members and their loved ones. By using this guide and with instruction from the hospice team, family members will be able to provide the necessary care for their loved one.
Levels of Hospice Care

Hospice provides four levels of care to meet the needs of patients and their families. These levels include:

- **Routine Care**: Care provided in the comfort and security of your home wherever you are - home, assisted living facility or skilled nursing facility. A hospice nurse will work with a patient’s primary physician to bring the appropriate hospice services to your home. Members of a hospice team will work with caregivers to help them feel comfortable performing routine care activities.

- **Respite Care**: Care provided when caregivers would benefit from short-term relief from the day-to-day care they provide at the home. This type of short-term care is usually provided at a skilled nursing facility for up to five days in a row.

- **Continuous Care (Care Plus)**: Care provided for short periods in your home when skilled nursing care is required to help manage symptoms. This type of care is provided for a set number of hours per day for a few days.

- **General Inpatient Care**: Care provided for a short-term stay in a hospice care center, skilled nursing facility, or hospital when 24-hour skilled nursing care is necessary to help manage symptoms.
The Denver Hospice

The Denver Hospice, a Colorado non-profit organization, has been setting the standard for palliative care, hospice care, and grief support since 1978.

The following are testimonials about The Denver Hospice Team:

“Every evening, Mom would tell us stories about you, her caretakers. Loving words that expressed her joy in your friendship and her gratitude for your gentle care. We thank you for being the special people you are.”

“He felt understood by hospice. He kept telling me, you need to talk to them. They’re the people who know what I’m going through. I also recognized that hospice wasn’t caring for my father, but for my entire family. Hospice freed us from something impossible and tragic.”

“We cannot see her, but she is with us still. A grandmother like ours is more than a memory. She is a living presence. Thank you for making her last days here about living. We cherished every moment and your dedicated staff and skilled nurses helped us accomplish that.”

Although all hospices specialize in care for those with advanced illness, the quality of care and extent of services can vary widely. Many hospices are part of large, for-profit health care systems, while others such as The Denver Hospice – established in 1978 – operate as not-for-profit organizations. The staff at The Denver Hospice prides itself on being experts in end-of-life care in Colorado. In addition to quality hospice and palliative medical care, The Denver Hospice integrates art, music and aromatherapy. Other integrative therapies include animal-assisted therapy, hypnotherapy, music thanatology and healing touch. The Denver Hospice Grief Center offers individual counseling and support groups for adults, while the Footprints Children’s Grief Center offers support to children.

At The Denver Hospice, we believe that you deserve to:

- have your pain controlled
- live without fear and have your choices honored
- have your life celebrated and end with dignity
- have your grief respected

From the day hospice care begins, we bring our services to you, wherever you are. The Denver Hospice is committed to family-centered care that involves both the patient and family in all decision-making. We help family and friends become confident, capable caregivers by providing them with the necessary healthcare equipment, education, and support. Hospice team members keep family members and loved ones informed about what to expect at each stage of a patient’s illness.
The Denver Hospice has a reputation as the most trusted and comprehensive care provider serving the Denver-metro area. The Denver Hospice maintains its reputation by focusing on what matters most.

- **Expertise:** We have specialists in many areas, including pain and symptom management, emotional and spiritual support, and nutritional care.

- **Experience:** Our board-certified palliative care doctors and our registered nurses are among the most experienced in their field.

- **Flexibility:** Through our clinical staff, inpatient care center, and health care partnerships, The Denver Hospice serves a nine-county metro area. No matter where you reside, we have a team of hospice specialists nearby.

- **Your needs:** Palliative care doctors, nurses, social workers, and chaplains will attend to your needs. Medications, medical supplies, and equipment are provided to promote comfort and to effectively manage symptoms. Certified nursing assistants give routine personal care and help with daily activities.
THE DENVER HOSPICE SETTINGS

The Denver Hospice provides care in various settings. Whether in your own home, a skilled nursing facility, assisted living facility, or a hospital, we will provide superior medical attention and compassionate support. If a patient requires care outside of their personal residence, an admissions nurse can advise you on which facilities partner with The Denver Hospice.

**In-Home**
Most hospice patients receive care in their own home. The patient, their family, the primary care nurse, social worker and chaplain determine the number of hospice visits based on each patient’s needs.

**Skilled Nursing Facility or Assisted Living Facility**
Many hospice patients are in skilled nursing or assisted living facilities. Visits by the hospice team are the same as for patients living in private residences. The hospice team works with the facility staff to ensure proper care is provided.

**The Denver Hospice Inpatient Care Center**
The Denver Hospice Inpatient Care Center is a care unit for hospice patients to go when their symptoms are out of control and they need 24-hour short-term nursing care.

**Hospitals**
Patients who are extremely ill may receive hospice care in a hospital setting. The hospice team works with the hospital staff to ensure the patient is as comfortable as possible. A member of the hospice team visits hospital patients daily. Before a patient is discharged from the hospital, the hospice team will work with the hospital discharge planner to find appropriate placement for the patient.
THE DENVER HOSPICE SERVICES AND PROGRAMS
Every service we provide and program we offer is designed to help and support patients and families during a difficult time. The following programs and services are available through The Denver Hospice.

**Care Plus**
Care provided for short periods in your home when skilled nursing care is required to help manage symptoms. This type of care is provided for a set number of hours per day for a few days.

**Care Center**
24-hour care provided in an inpatient facility for patients experiencing complex clinical pain and symptom management issues.

**Integrated Therapies**
Treatment through healing touch therapy, aromatherapy, animal-assisted therapy, music therapy, hypnotherapy, art therapy, and other holistic therapies to help provide comfort.

**Financial Advisors**
Patient benefit advisors available to answer questions about insurance and related benefits, as well as assist in qualifying for benefits and receiving community resources.

**Footprints Children’s Grief Center**
Colorado’s premier center specializing in care and support for children facing the loss of a loved one and for grieving children ages 3-18.

**Adult Grief Center**
Various bereavement services for adults, including individual counseling, grief support groups, and educational resources.

**Life Quality Institute**
An institute founded to educate the next generation of doctors and health professionals on how to provide end-of-life care while preserving the dignity of their patients. The Life Quality Institute also provides community education on hospice and palliative care, caregiving, and other quality of life issues.
THE DENVER HOSPICE TEAM
The Denver Hospice team consists of individuals who focus on comfort by addressing physical, emotional, psychological, and spiritual needs. Along with a patient’s family members or other loved ones, the team will provide the necessary support and care for each patient.

**Medical Providers**
Our doctors, nurse practitioners and physician assistants work with the patient’s doctor and others on the hospice team to ensure the patient is comfortable and symptoms are managed.

**Nurse**
Manages the plan of care, coordinates physical care, monitors the patient for symptom management, and arranges for medications, supplies, and medical equipment. They will teach patients and families about the illness, what to expect, and how to provide care.

**Certified Nursing Assistant (CNA)**
Assists with bathing, personal care, meals, and exercise. The CNA will also assist with changing bed linen, laundry, running errands, and miscellaneous tasks that are in direct support of the patient.

**Social Worker**
Provides patients and families with emotional support and counseling for transition to end-of-life care. Assesses the patient and family for signs of distress and addresses psychological, social and resource needs.

**Chaplain**
Provides non-denominational spiritual and emotional support for patients and their families. They also assist with funeral arrangements, if desired.

**Volunteer**
Visits patients and their families to provide support and companionship through such services as reading or helping write letters. Some volunteers also provide emotional comfort by visiting, calling, or sending cards throughout the grief period.
**Planning and Decisions**

To plan for healthcare decisions, hospice patients should be able to understand their treatment choices as well as be able to express their values and wishes. There are various legal documents, known as advance directives, available to help ensure that your wishes will be honored.

Note: Several significant changes were made to Colorado’s advance directives in 2010. More detailed information is available at www.coloradoadvancedirectives.com

**LEGAL DOCUMENTS**

The following list includes legal documents you should be aware of before and after you decide to use hospice care. You will need to seek legal counsel for some of these documents.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Orders For Scope of Treatment (MOST)</strong></td>
<td>A summary of advance directives/current instructions for key areas of medical treatment including cardiopulmonary resuscitation, general scope of treatment, provision of antibiotics, and provision of artificial nutrition/hydration. When the MOST form is signed by a physician, advanced practice nurse, or physician’s assistant, the directives/instructions become medical orders.</td>
</tr>
<tr>
<td><strong>Medical Durable Power of Attorney (MDPOA)</strong></td>
<td>A signed document that gives authority to an adult at least 18 years of age allowing them to make necessary medical and health care decisions if you become incapacitated. This document does not need to be notarized or witnessed and it does not need to be completed by an attorney.</td>
</tr>
<tr>
<td><strong>Colorado Cardiopulmonary Resuscitation (CPR) Directive</strong></td>
<td>A document that instructs emergency medical personnel or others that you do not want to have CPR performed if your heart or breathing stops or malfunctions.</td>
</tr>
<tr>
<td><strong>Five Wishes</strong></td>
<td>An advance directive document, which addresses and documents your personal, emotional, and spiritual needs, as well as your medical wishes. It also allows you to choose the person you want to make health care decisions for you if you are not able to make them yourself (In lieu of MDPOA document). Five Wishes encourages you to talk with your family, friends, and doctor to communicate to them exactly how you wish to be treated if you become seriously ill. This directive can be very helpful for family members as well, since they will no longer be required to make difficult choices and determine your wishes without sufficient information.</td>
</tr>
<tr>
<td><strong>Proxy Healthcare Decision Maker</strong></td>
<td>The individual appointed to make health care decisions when a MDPOA has not been identified. The selection is made by a mutual agreement (consensus) of family members and interested persons.</td>
</tr>
</tbody>
</table>
**Power of Attorney (POA)**

A notarized document that assigns authority to an adult at least 18 years of age allowing them to make decisions regarding your money or property. This document ceases to be in effect at the time of death.

**Durable Power of Attorney**

A notarized document stating that the designated POA can continue their authority to make decisions regarding your money or property even if you become incapacitated, disabled, or incompetent. This document ceases to be in effect at the time of death. Please note that the Social Security Administration (SSA) will require you to complete one of its forms as well.

A statement to this effect must be included in the POA document: “The power of attorney will continue to be in effect even if I become disabled, incapacitated, or incompetent.”

**Living Will**

A Living Will is a document signed by a person which instructs the doctor regarding the use of artificial life support measures if the person becomes terminally ill and is unable to make medical decisions.

In Colorado, Living Wills may also be used to stop tube feeding and other forms of artificial nourishment, but ONLY IF the Living Will clearly indicates this instruction and the person has a terminal illness. If the patient is able to swallow food and/or fluids, the Living Will won’t prevent the patient from being fed.

The Living Will must be signed by two witnesses and need not be notarized. Neither witness can be a patient of The Denver Hospice, any person associated with The Denver Hospice, any physician, employee of his/her primary physician, or persons who may inherit any of the patient’s money or property.

Living Will forms and other information regarding Living Wills can often be obtained through doctors, lawyers, health care facilities, other health organizations or an office supply store.

**PATIENTS’ RIGHTS**

At The Denver Hospice, we believe patients have the right to dignity and respect, decision making, privacy, financial information, and quality of care.

We will discharge patients in situations in which we determine hospice is no longer able to serve them or if the patient no longer meets hospice criteria. A patient may voluntarily choose to leave the hospice program at any time. When choosing to leave the program, the hospice staff will assist patients and their families with a plan for care after discharge.
REGULATORY NOTICES
RESOLVING CARE PROBLEMS

Federal laws give you the right to complain to home health agency staff or outside sources without fear of discrimination or retaliation. If you or a relative are receiving home health services, it is possible that problems may arise. To prevent problems, the best tool is open communication with your direct care givers and other agency staff.

- Develop and maintain good relationships with the nurses, aides and others who are providing you with services. Do not hesitate to ask questions.
- Bring issues to the attention of the staff as soon as they arise.
- Work up the chain of command: if you have a care problem, talk to the direct care giver first. If that doesn’t work, ask to speak to that person’s supervisor.
- If visits are missed or staff is very late for an appointment, call the agency.
- If problems persist, contact the agency’s administrator. If this doesn’t help, contact the agency’s governing body.
- The agency should have written policies explaining how to file a complaint or grievance by contacting the governing body. This information is included in the packet you receive.
- It is best to put your complaint in writing; you can later show others that you gave the agency an opportunity to address your concerns.

FILING A FORMAL COMPLAINT

If previous steps fail, you may file a complaint with the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division (HFEMSD) by calling 303-692-2800 (Denver Metro Area) or the Home Health Hotline at 1-800-842-8826. A complaint may also be filed in writing or by fax. Write to Colorado Department of Public Health and Environment, HFEMSD A-2, 4300 Cherry Creek Drive South, Denver CO 80246 or FAX to 303-782-4883.

The HFEMSD will investigate all complaints related to patient care, abuse and violation of patient rights. Complaints about billing and insurance coverage are not addressed by the Health Department. You should call your insurance carrier.

AN IMPORTANT MESSAGE TO MEDICARE BENEFICIARIES REGARDING QUALITY OF HOSPICE CARE

The Omnibus Reconciliation Act (OBRA) Sections 9353 (c and e) requires a review of all written complaints from Medicare beneficiaries about the quality of care they have received. These complaints about the quality of care can be in hospitals, skilled nursing facilities, hospital outpatient departments, ambulatory surgery centers, or home health agencies. This review is to be carried out by Peer Review Organizations (PROs). PROs are groups of doctors who are paid by the Federal Government. PROs will respond to your request and inform you of the outcome of that review and any corrective action taken. If you have a complaint about the quality of care you have received as a Medicare beneficiary, place your complaint in writing and send to:
KEPRO
5700 LOMBARDO CENTER DR., SUITE 100
SEVEN HILLS, OH 44131

If you have questions regarding payment of your bill, charges on your bill, or questions about whether services are paid by Medicare, they should be directed to:

IASD HEALTH SERVICES CORP.
636 GRAND AVENUE
DES MOINES, IOWA 50309-2565

PATIENT/FAMILY COUNSELOR DISCLOSURE STATEMENT
According to Colorado State Law (House Bill 1026), we are required to provide you with the following information:

1. The practice of both licensed and unlicensed persons in the field of counseling is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to:

Department of Regulatory Agencies
1560 Broadway, Suite 1340
Denver, CO 80202
(303) 894-7766

2. The patient/family is entitled to receive information about the methods of counseling, the techniques used, and the fee structure. Patient/family may seek a second opinion from another counselor or terminate counseling at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.

3. Privileged Communication - The information provided by the patient/family during counseling sessions is legally confidential in the case of licensed clinical social workers, except as provided in Section 12.43.218 and except for certain legal exceptions which will be identified by the licensee should any situation arise during counseling.

4. The patient/family is entitled to information (upon request) concerning any counselor in the employ of this agency who is providing counseling services to that patient/family. Such information includes: the counselor’s name, educational degrees, licenses and credentials.

ORGAN DONATION
Organ donation is an important decision to be discussed and made before the time of death. Donation does not disfigure the body and does not interfere with having a funeral, unless the person wishes to donate their whole body. You may choose to donate the following:

- Organs (for research) – heart, brain, kidneys, pancreas, lungs, liver, intestines, or whole body
- Tissues (for research) – cornea, skin, bone, heart valves, and connective tissue

If you intend to be a donor, please let the hospice team know. They can assist you by providing you with further information and consent forms.
# PAYING FOR HOSPICE CARE

At The Denver Hospice, we understand that dealing with finances along with an illness can be overwhelming. We want to make paying for hospice care as easy as possible. We are available to answer any financial questions.

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>This information section explains:</th>
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<tbody>
<tr>
<td></td>
<td>• Who pays for hospice care</td>
</tr>
<tr>
<td></td>
<td>• What is excluded from hospice care</td>
</tr>
</tbody>
</table>

| **Questions and help** | If you have any financial questions or concerns, you may contact us ANYTIME at 303.321.2828. |

| **Who pays for hospice care?** | At The Denver Hospice, we understand that dealing with finances along with an illness can be overwhelming. We want to make information about paying for hospice care as easy to understand as possible. The following displays different methods to pay for hospice care: |

<table>
<thead>
<tr>
<th><strong>Medicare</strong></th>
<th>Medicare provides a hospice benefit that covers the full cost of hospice care. The care covered includes a hospice team to help take care of a patient and provide them with medications and medical equipment to manage symptoms related to their diagnosis. Medicare covers the following hospice services when related to a hospice diagnosis and pays nearly all of their costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Nursing care and Certified Nursing Assistant services</td>
</tr>
<tr>
<td></td>
<td>• Medical equipment, such as wheelchairs or walkers</td>
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<tr>
<td></td>
<td>• Medical supplies, such as bandages and catheters</td>
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<tr>
<td></td>
<td>• Medications to manage and control symptoms and relieve pain</td>
</tr>
<tr>
<td></td>
<td>• Physical and occupational assessments</td>
</tr>
<tr>
<td></td>
<td>• Social worker services</td>
</tr>
<tr>
<td></td>
<td>• Chaplain services</td>
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<tr>
<td></td>
<td>• Nutritional counseling</td>
</tr>
<tr>
<td></td>
<td>• Grief and loss counseling for patients and families</td>
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<tr>
<td></td>
<td>If you elect the Medicare Hospice Benefit, you do not give up all other Medicare benefits. In order to elect the Medicare Hospice Benefit, you must be enrolled in Medicare, Part A. However, you may still use all appropriate Medicare Part A and Part B benefits, if enrolled, for the treatment of health problems not related to your hospice diagnosis. When standard benefits are used for conditions not related to hospice, you are responsible for Medicare’s deductible and coinsurance amounts.</td>
</tr>
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</table>
### Who pays for hospice care?

<table>
<thead>
<tr>
<th><strong>Medicare Health Maintenance Organization (HMO)</strong></th>
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<tbody>
<tr>
<td>Medicare HMOs, such as Kaiser Permanente and Secure Horizons, also cover hospice care. You do not have to relinquish other HMO services to receive hospice care.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Colorado Medicaid</strong></th>
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<tbody>
<tr>
<td>Colorado Medicaid has a hospice benefit for patients who qualify for regular Medicaid benefits. Colorado Medicaid pays for the same hospice services as Medicare. In addition, room and board in a skilled nursing facility or assisted living facility is paid through Medicaid. It is not available through Medicare.</td>
</tr>
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<table>
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<tr>
<th><strong>Private Insurance</strong></th>
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<tbody>
<tr>
<td>In most cases, private insurance plans provide a hospice benefit. Deductibles, co-pays, and limits of coverage are set by your policy. The Denver Hospice Admissions Department will verify eligibility for hospice care and any limits that may apply.</td>
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<tr>
<th><strong>Self-Pay</strong></th>
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<tbody>
<tr>
<td>Self-pay rates and payment arrangements are available through our administrative offices. A Patient Benefit Advisor will discuss your situation and work with you.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Inability to Pay</strong></th>
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</thead>
<tbody>
<tr>
<td>As an independent, community-based, not-for-profit healthcare provider, we offer hospice services in our home care program if you don’t have the resources to pay or are not eligible for insurance. We are committed to providing care to those who are in need.</td>
</tr>
</tbody>
</table>

### What is excluded from hospice care?

<table>
<thead>
<tr>
<th><strong>Hospice patients receive comfort care to help cope with their illness, not cure it. Comfort care includes medications for symptom control and pain relief, physical care, counseling, and other hospice services. Hospice uses medicines, equipment, and supplies to make a patient feel as comfortable and pain-free as possible.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Under the hospice benefit, Medicare won’t pay for treatment to cure an illness. Talk with your primary care doctor when considering potential treatment to cure an illness.</td>
</tr>
<tr>
<td>- Room and board are not covered by most insurance companies when receiving hospice care in a nursing home, assisted living facility, or in our inpatient care center. There are also additional costs for a private room.</td>
</tr>
</tbody>
</table>
# What is Medicaid?

Medicaid is a state and federally funded program that can provide help in a variety of ways. This primarily addresses Long Term Care Support Services (room & board in a nursing home, assisted living costs, personal care provider help at home).

Medicaid should be the payer of last resort for medically necessary goods and services. All sources of payment, including applicant and spouse’s countable income and resources, should be utilized to the fullest extent possible before Medicaid is accessed.

## How Do I Qualify for Assistance?

Medicaid considers your primary residence, automobile, household goods and irrevocable burial plan not counted as part of your assets in determining your eligibility for Medicaid.

1. The total resource value of your countable assets (bank accounts, stocks, bonds, CD’s, annuities, retirement funds, cash surrender value of life insurance with a face value greater than $1500.00, vehicle(s) if more than one vehicle is owned, and property other than primary residence) will need to be less than $2000.00.

2. If the applicant is married, spousal resource limit is $119,220.00.

3. If married and both need assistance at home or both are in a nursing home, the resource limit is $3000.00.

4. Applicant’s monthly gross income must be below $2199.00. If the monthly income is over this amount, then an Income Trust will need to be completed. An income trust packet is available through the county social services office or from your Social Worker.

## What if I have more than the Resource Limit?

If you do not meet the above criteria, you must spend down your resources until the value is below the amount allowed. Medicaid will not begin until the applicant and his/her spouse are BELOW the resource limit. The following are some ways the applicant may spend down:

- Room and board expenses at a nursing home, assisted living
- Payment of outstanding medical bills
- Purchase of an irrevocable funeral/burial plan
- Payment of repairs/maintenance on home
- Payment of other outstanding bills

## Is there a Penalty for Transferring Resources?

Yes. Transferring assets will disqualify the applicant for a period of time, depending on the amount of the gift. All gifts and transfers must be disclosed to Medicaid. Failure to disclose such gifts and transfer is fraud. Medicaid will look back 5 years to review all gifts and transfers made by applicant and spouse.
| **Is there an Estate Recovery Program?** | Yes, there are several factors used to make this determination. The following information is from Colorado Medicaid Recovery at [www.comedicaidrecovery.com/co/cofaqs.htm](http://www.comedicaidrecovery.com/co/cofaqs.htm) or call 303-837-8293.

The State may recover the costs of medical assistance from an estate only when medical services were delivered to a person of any age living in a nursing facility or to a person over the age of 55 in any living situation and the Medicaid recipient is not survived by a spouse, child under 21 or blind or disabled dependent.

The State will not recover medical assistance costs from the sale of recipient’s home if there is a brother or sister who lived in the home for at least one year before the recipient went into a nursing facility, and who has lived there continuously since the date of entry into the facility OR there is a son or daughter who lived in the home for at least two years before the recipient entered a nursing facility whose care allowed the recipient to delay nursing facility placement and who has lived in the home continuously since the date of nursing facility entry.

| **How Do I Apply?** | The Denver Hospice will provide you with an application or you can print from [http://coloradopeak.force.com](http://coloradopeak.force.com) or Colorado Peak.

Copies of the following items must be provided by the applicant plus * items must be provided by the spouse.

a. * Picture ID

b. **Citizenship and identity documents (such as: birth certificate or passport) are required if applicant DOES NOT receive Medicare, Social Security, Social Security Disability or Social Security Supplemental Income. These must be submitted in person with application before it can be processed.**

c. Veteran’s serial number (if applicable)

d. * Social security card

e. * Medicare card (if applicable)

f. * Proof of all gross monthly income i.e. social security and pension income

g. Document of proof of purchase of an irrevocable burial/funeral plan |
h. Life insurance (face value amount and cash surrender amount)
i. * Documents to verify savings and checking accounts, certificates of deposit, IRA statements (6 months of recent records)
j. * Car registration and documentation of insurance costs on the vehicle(s)
k. * Tax assessments for any property owned
l. * Proof of one month of current living expenses: rent/house payment, utilities including phone
m. * Insurance card and medical bills, i.e. monthly prescriptions

The County Technician may request other financial information based on your application.

Is There Any Payment Required? Yes, if a person lives in a nursing home facility or assisted living facility Medicaid requires a monthly payment, which will be about the same as the applicant’s gross monthly income less a monthly personal needs allowance. There is consideration for the amount of the patient pay if applicant is married. The patient pay portion is paid directly to the facility. Failure to pay this portion may result in the Medicaid being discontinued.

The county has a minimum of 45 days to finalize and make a decision on approval of the application. If applicant does not receive Social Security Benefits, the minimum is 90 days to process the application. During this time you may be required to pay the facility a month up front for room and board. You must make payment arrangements directly with the facility.

For more information and/or assistance in completing the Medicaid application, please ask your Social Worker.
**LEVELS OF CARE, LENGTH OF STAY, ROOM AND BOARD COSTS**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>General Inpatient Care</strong></td>
<td>We offer “general inpatient” care to those whose symptoms are unmanageable because of pain, nausea and vomiting or other conditions. Our highly-trained staff provides intensive nursing care to meet each patient’s unique needs. The length of stay and eligibility at the general inpatient (GIP) level is determined by our Inpatient Care Center nurses and physicians. <em>Most insurance policies cover room and board at this level of care.</em></td>
</tr>
<tr>
<td><strong>Routine Level of Care</strong></td>
<td>Once a patient’s symptoms become manageable or no longer meet eligibility, our staff will assess to determine whether the patient is able to return home or needs the care of a nursing facility. At this time the patient will be placed on “routine level of care” and private pay rates will apply. Most insurance companies, Medicare, and Medicaid do not pay room and board costs at the routine level of care. Our staff will work with you on making discharge plans. If you decide to stay at the Inpatient Care Center past your GIP level of care, a deposit to cover room and board charges will be collected.</td>
</tr>
</tbody>
</table>
| **Private Pay Room and Board Rates for Routine Level of Care** | $600 per day for a private room *(A five-day deposit is required)*  
$700 per day for a private suite *(A five-day deposit is required)* |
| **Amenities**                |  
- Private rooms & suites with patios  
- Hydro-therapy spa  
- Hair washing basin  
- Family dining room and gathering places  
- Family laundry room  
- In-room safes  
- Chapel  
- Wireless internet access throughout the facility  
- Scenic views & garden walkways |
Personal Belongings and Medications

We provide personal care items, including gowns. You may bring your own clothes and gowns. Please bring the following personal items: toothbrush, toothpaste, denture cup, denture cream and cleaner, mouthwash, hairbrush, hair ties, bobby pins and barrettes, feminine hygiene products, shaving cream and razors, nail file, nail clippers, skid-proof slippers, hearing aids and batteries, glasses and ostomy supplies that you may be using at home. Bring a few items to help you feel at home and comfortable. Please do not bring valuables that cannot be stored in the in-room safes.

We will log all belongings on an inventory sheet. Large amounts of cash, checkbooks, and credit cards are discouraged. If these are brought in, we will lock them in the in-room safe. Special jewelry should be left at home or with family. We cannot take responsibility for lost or stolen items.

Medications related to the patient’s hospice diagnosis will be provided at the Inpatient Care Center, however, non-hospice medications will not. Our admissions or hospice nurse will explain what medications you need to bring with you. Medication schedules are determined by our physician and staff to meet the unique needs of each patient.

Personal Care and Meal Schedules

We provide personal hygiene daily. We post a schedule for meals. Other nourishments such as juice, ice cream, sodas and snacks are available around-the-clock.

Visiting Hours

Anyone, including children, may visit any time. In public areas, we ask that you respect the need for rest and privacy of other patients and their families.
CARING FOR YOUR LOVED ONE

Providing the necessary care and support for your loved one can be difficult and it may take time to adjust to the situation. The Denver Hospice team will support you with all your caregiving efforts every step of the way. We are here to guide you through the caregiving process, as well as provide you with the necessary support you may need.

The First 24-to-48 Hours

During the first two days of care, The Denver Hospice team members will answer any questions you and your loved one may have about hospice and the hospice nurse will be contacting you to make an appointment. The necessary medical equipment and medications will be delivered to the patient. If you have any questions or concerns, please don’t hesitate to call The Denver Hospice at 303.321.2828. They will explain the different programs and help you determine what services you will need.

Hospice provides the following services:

- Pain control and symptom management
- Visits from nurses, social workers, chaplains, dieticians, and complementary therapists, as needed
- Family, individual, and group counseling; caregiver support
- A CNA for personal care, as needed
- Medical equipment, such as a hospital bed, bedside commode, and medical supplies
- Grief support for family members

We have several programs ranging from palliative care for symptom management and specialized insurance programs to hospice care. Hospice care is available in a residential home, a skilled nursing facility, assisted living facility, in-patient hospice center, or hospital. Regardless of the location, we will work together with you to meet both you and your loved one’s needs.

IN-HOME HOSPICE CARE

If you are providing hospice care in your home, it is important that you prepare your home to ensure the safety and comfort of your loved one.

FIRE SAFETY TIPS

Always adhere to the following fire safety guidelines:

- Do not smoke while using oxygen or while around oxygen equipment. Make sure cigarettes are stubbed out and disposed of properly. Never smoke in bed.
- Install smoke alarms on each level in your home. Keep them free from dust and test them at least once a week. Change the batteries in the alarms yearly.
- Keep a fire extinguisher in your home. Make sure everyone in your home knows where it is located and how to use it.
• Develop a fire action plan so that everyone in your home knows how to escape if there is a fire.
• Keep the exits in your home clear so that people can escape if there is a fire. Make sure that everyone in your home can easily locate keys to doors and windows.
• Take extra precautions in the kitchen – accidents while cooking account for over half of the fires in homes. Never leave young children alone in the kitchen. Take extra care when cooking with hot oil.
• Never leave lit candles or incense in empty rooms where children are alone. Make sure candles are in secure holders on a surface that does not burn and are away from any materials that could burn.
• Consider closing inside doors at night, as this may prevent the spread of a fire.
• Don’t overload electrical sockets. Only one plug should be used per socket.
• Keep matches and lighters where children cannot see or reach them.
• Take special precautions when you are tired or when you’ve been drinking or taking medications.
## Hygiene and Grooming

| Purpose | This information section explains:  
|---------|--------------------------------------------------------------------------------|
| | • What you can do to prevent the spread of infections  
| | • What you should know about bathing, showering, and shampooing  
| | • What you should know about mouth care  
| | • What you should know about skin care  

| Questions and help | If you have questions about hygiene and grooming, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.  

| What you can do to prevent the spread of infections? | It is easy for a person with a severe illness to get an infection; therefore, proper hygiene is extremely important. The hospice nurse and CNA can help you take steps to prevent infections. Here are some guidelines to follow:  
| | • Everyone should wash their hands frequently for at least fifteen seconds with antibacterial soap.  
| | • Do not share such personal items as razors and toothbrushes.  
| | • Wear proper infection control gear, such as gloves or masks. The hospice nurse and CNA will explain the special conditions that require specific infection control procedures and will provide special protective equipment when necessary.  

| What should you know about bathing, showering, and shampooing? | A CNA will come to the patient’s location to assist with bathing, showering, and shampooing. The CNA will always respect the patient’s privacy when helping. The hospice nurse will talk with all caregivers to decide how often the CNA should assist.  
| | Here are important items to remember when helping your loved one with bathing, showering, or shampooing:  
| | • A complete bath or shower may only be necessary two to three times a week in order to save their energy and keep their skin from drying out.  
| | • If they are still able to get to the bathtub, but have trouble standing up, the hospice nurse can order a shower bench or chair.  
| | • Since skin is sensitive and can burn easily, the temperature of the water should always be checked before bathing, showering, or shampooing.  
| | • Use only mild, non-drying soaps, such as baby shampoo or Dove®.  
| | • Dry skin completely after a shower or bath.  
| | • Use lotion to prevent skin from getting dry.  
| | • Check the skin while bathing to make sure sores are not developing.  
| | • The CNA and hospice nurse can provide instructions on ways to give a bed bath when they are not available to assist with bathing. |
What should you know about mouth care?

Regular mouth care helps prevent sores and may improve the desire to eat. The hospice nurse and CNA can provide tips on mouth care techniques. Here are important items to remember about mouth care:

- Mouth care should be performed at least twice a day.
- It helps to sit up when receiving mouth care. It is also safer.
- Use a soft toothbrush and mild toothpaste when brushing teeth. You may also use mouth swabs or “toothettes,” which the hospice nurse or CNA can provide.
- Use a mouthwash that does not contain alcohol to clean and rinse the mouth. Mouthwashes that contain alcohol will dry out the mouth.
- Lip balms or Vaseline can be helpful to keep the lips from drying out.
- If your loved one has lost weight and has dentures, they may no longer fit properly. If possible, visit the dentist to have the dentures refitted. If refitting isn’t possible, leave the dentures out.
- Consistently check for mouth sores. You can use a flashlight when doing this. If you do see any mouth sores, notify the hospice nurse. The hospice nurse will look at the mouth sores and provide instructions for treating them.

What should you know about skin care?

Keeping skin moist and in good condition is very important. If your loved one is unable to get out of bed, it is important to try to prevent them from getting pressure sores (bedsores).

**Here are some tips for preventing bedsores:**

- Change position in bed at least every two hours.
- Take pain medicine as necessary to make moving in bed less painful.
- Use pillows as support while lying on your side.
- Keep skin clean and dry. If your loved one has trouble controlling their urine or bowels, clean urine or stool off their skin as soon as possible.
- Keep bed linens dry and wrinkle free.

**If a red area develops and does not go away, you should:**

- Notify the hospice nurse so that they can look at it and recommend ways to care for the skin.
- The nurse may recommend a special mattress, heel or elbow protectors, or a dressing for added comfort and to prevent bedsores.

**If a bedsore does develop:**

- The nurse will assess it and talk to the doctor about how to treat it.
- The nurse will care for the wound and teach you how to care for the wound.
## Bed Side Rails

### Why doesn't the bed have side rails?

The Denver Hospice’s policy is not to use bed side rails due to the risk of patient entrapment and death.

According to a Food and Drug Administration (FDA) workgroup, “In recent years, the healthcare community has recognized that physically restraining patients can be dangerous. Between 1985 and January 2009, there were 803 incidents of patients caught, entangled or strangled in beds with side rails. Of these reports, 480 people died, 138 had a nonfatal injury, and 185 were not injured because staff intervened. Most patients were frail, elderly or confused.”

### Potential risks of bed side rails include the following:

- Strangling, suffocating, injury or death when patients are caught between the rails/mattress
- More serious injuries from falls when patients climb over rails
- Skin bruising, cuts and scrapes
- Inducing agitated behavior when bed rails are used as a restraint
- Feeling of isolation or being unnecessarily restricted
- Preventing patients from performing routine activities, such as getting out of bed to use the bathroom

The Denver Hospice recommends a fully electric bed without side rails that can be raised and lowered to accommodate the patient, caregivers and healthcare workers.

### Please keep the following precautions in mind:

- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed.
- Anticipate reasons why the patient may want to get out of bed. Meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.
- Frequently “check in” on the patient.
- Further assessment by the patient’s healthcare team will help to determine how best to keep the patient safe.

**Please discuss any questions you have with your nurse.**

For more detailed information, go to the Website:

[www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/Hospitalbeds/default.htm](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/Hospitalbeds/default.htm)
# Preventing Falls

## Purpose
This information section explains how to prevent falls:
- Related to health changes
- Resulting from poor lighting
- In the bathroom
- On floors and stairs
- Outdoors

Use this information sheet as a resource to prevent a patient from falling.

## Questions and help
If a patient falls and you need help, contact The Denver Hospice at 303.321.2828. They will contact emergency services for you, if necessary, and a hospice nurse will contact you with instructions.

## What should you do if a patient falls?
Falls can result from changes in health or hazardous situations in a residence. If your loved one falls, it is important to remember to:
- Avoid injuring yourself or them by trying to help them up.
- Provide them with pillows and blankets to keep them comfortable and safe on the floor until you can get help.
- If they are bleeding, apply pressure directly to the area.
- Keep them safe until help arrives.
- Call The Denver Hospice at 303.321.2828.

## What should you do to prevent falls related to health changes?
Here are ways to help prevent falls that may occur due to changes in your loved one’s health:
- Use a hospital bed without side rails, if possible. Side rails are often more dangerous and falls from beds with side rails can result in more severe injuries. If you choose to have side rails on a hospital bed, you will be required to sign a release before the side rails are delivered.
- Review medications with the hospice nurse so you are aware which medications may cause dizziness or unsteadiness.
- Instruct your loved one to sit for several minutes on the side of the bed before slowly standing and then stand for several minutes before walking. They should also sit down and rest or stay seated if they feel dizzy when trying to stand.
- Help them exercise gently when possible.
- Limit their alcohol intake.
- Be sure they wear their glasses or hearing aids at all times possible.

## What should you do to prevent falls resulting from poor lighting?
Here are ways you can help prevent falls resulting from poor lighting:
- Ensure there is a lamp or light switch near your loved one that they can easily reach without getting out of bed.
- Use night-lights in the bedroom, bathroom, and hallway.
- Keep a flashlight handy.
| **What should you do to prevent falls in the bathroom?** | Here are ways you can help prevent falls in the bathroom:  
- Install grab bars in the shower, tub, and toilet area.  
- Use a bath mat with suction cups or non-slip adhesive strips in the shower or tub.  
- Place a bench or stool in the shower.  
- Install a raised toilet seat. |
| **What should you do to prevent falls on floors and stairs?** | Here are ways you can help prevent falls on floors or on the stairs:  
- Install handrails on both sides of the stairs.  
- Ensure all carpets are firmly attached to the floor.  
- Remove all area rugs to prevent slipping or tripping. |
| **What should you do to prevent falls outdoors?** | Here are ways you can help prevent outdoor falls:  
- Paint the outside stairs with a mixture of paint and sand for better traction.  
- Keep outdoor walkways clear and well lighted.  
- Remove all snow and ice from entrances and sidewalks. |
## Pain Symptoms

| Purpose | This information section explains:  
|---------|--------------------------------------------------------------------|
|         | • What pain is  
|         | • What you should tell The Denver Hospice team about pain  
|         | • What you can do about your loved one’s pain  
|         | Use this information sheet as a resource to manage pain. |

| Questions and help | If your loved one’s pain continues, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns. |

| What is pain? | Pain and feelings of discomfort are two of the biggest concerns our patients and their families have, since it can affect all areas of a person’s life. The Denver Hospice’s philosophy is not to question when a patient says they are in pain; rather, we believe them. Pain can be the result of a variety of things including:  
|               | • Primary or metastatic cancer  
|               | • Inflammation of joints or other areas in the body  
|               | • Muscle spasms  
|               | • Damage to organs or nerves as a result of an illness or injury |

| What should you tell The Denver Hospice team about pain? | If your loved one is experiencing pain and discomfort, they should tell The Denver Hospice team members:  
|                                                          | • What the pain feels like  
|                                                          | • Where the pain is located  
|                                                          | • How severe the pain is based on a scale of zero being equal to no pain and ten being equal to the worst imaginable pain  
|                                                          | • What makes them feel better and what makes their pain worse  
|                                                          | • How well the pain treatment is working  
|                                                          | • If they are having any side effects from the medicine they are taking, such as sleepiness, constipation, nausea and vomiting, or itching |

| What can you do about pain? | Remember that not all pain is the same and not all treatments are the same. The Denver Hospice nurses and physicians have a wide variety of medications and other treatments for pain. They will help decide which treatment is best for pain symptoms based on your loved one’s diagnosis, stage of disease, response to pain and treatments, and personal likes and dislikes. |
What can you do about pain?

<table>
<thead>
<tr>
<th>Here are ways your loved one can manage pain through the use of medications:</th>
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<tbody>
<tr>
<td>• Take pain medicines as prescribed. There are many types of medication for pain management, both narcotic and non-narcotic. The hospice nurse will review each of the medications and discuss their possible side effects. When taking pain medication, always remember the following:</td>
</tr>
<tr>
<td>• Be sure to take the medicine exactly as instructed by your doctor or hospice nurse. If they request that you take the medicine at certain times of the day or at certain time intervals, such as every 12 hours, it is important to do this.</td>
</tr>
<tr>
<td>• Do not wait until pain is severe to call the hospice nurse or take prescribed pain medicine. One of the ways that scheduled pain medicine works is by helping to prevent episodes of severe pain. In order to do this, there must be a certain amount of medicine in the bloodstream. Medicine is prescribed at regular intervals to ensure that the blood level stays high enough to control your pain.</td>
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Here are non-medicated treatments to help reduce your loved one’s pain:

| • Allow them to take warm showers and baths and apply hot water bottles, or warm washcloths to areas of pain. Heat relaxes muscles, which can help reduce pain and give a sense of comfort. Check with the hospice nurse or doctor about how long to apply heat since prolonged exposure can cause tissue damage and increase pain. You should not set heating pads on high since they can burn the skin. |
| • Apply cold packs or cool cloths to areas of pain. Cooling the skin and muscles can soothe pain, especially pain that comes from inflammation or swelling. For example, many people find that using a cool washcloth on their forehead reduces pain when they have a headache. You should check with the nurse or doctor about how long to apply cold compresses since prolonged exposure can cause tissue damage and increase pain. |
| • Gently massage sore spots, such as their neck and shoulders. If they have bleeding problems (thin blood) or a history of blood clots, ask the hospice nurse before using massage as a method to alleviate pain. |
| • Practice relaxation techniques by first positioning them carefully on and between pillows and soft seat cushions. Have them breathe slowly and quietly to help the mind and body relax and decrease pain. Simple relaxation methods can be learned from The Denver Hospice team. Books and CDs about various relaxation techniques are also available at most bookstores. |
| • Have them partake in activities that may help take their mind off the pain. Pleasant visits with friends and family are encouraged. Distractions such as watching television, reading, and listening to music may also decrease their awareness of pain. |
# Breathing Problems

| Purpose | This information section explains:  
• What breathing problems are  
• What you should tell The Denver Hospice team about breathing problems  
• What you can do about your loved one’s breathing problems  
Use this information sheet as a resource to manage breathing problems. |
<table>
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<tbody>
<tr>
<td>Questions and help</td>
<td>If your loved one’s breathing problems continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.</td>
</tr>
</tbody>
</table>
| What are breathing problems? | Breathing problems can be caused by such illnesses as lung cancer, lung disease, or heart disease. Types of breathing problems include shortness of breath, difficulty breathing, and congestion. Depending on your illness, these problems may be recent, long-standing, mild or severe.  
Breathing problems can also lead to many other problems including:  
• Restrictions and limitations on activities  
• Anxiety for both caregivers and patients  
• A slight bluish discoloration around lips, nose, fingers or toes |
| What should you tell The Denver Hospice team about breathing problems? | If your loved one feels short of breath, can’t catch their breath, or is having other problems with breathing, tell the hospice nurse or another member of The Denver Hospice team.  
Your loved one should also tell them:  
• What makes their breathing better and what makes it worse  
• How often they need their medications and treatments and how well they are working |
| What can you do about breathing problems? | The hospice nurse and physician will assess the patient’s breathing and will work with you to develop a plan on how to deal with any problems. Here are ways your loved one can manage breathing problems:  
• Follow your nurse’s instructions and take medications to help make breathing easier. These medications may include:  
• Narcotic medication to slow breathing  
• Decongestant to help loosen secretions  
• Medication to help lessen anxiety  
• Medication to dry up excess secretions |
**What can you do about breathing problems?**

- Take breathing treatments to help open airways and cough up secretions.

- Practice breathing exercises and relaxation techniques.
  - Exercise One: Breathe in through the nose for two counts, then pucker lips and exhale slowly through the mouth.
  - Exercise Two: Sit in a comfortable position with your hands resting on your stomach. Inhale slowly through the nose so you can feel the stomach muscle relax. Then, tighten the stomach muscle and exhale slowly through pursed lips.

- Practice relaxation or visualization techniques. Your social worker, chaplain, or nurse can recommend techniques.

- Use oxygen therapy.
  - If oxygen is needed, the hospice nurse will talk to your doctor to determine how much oxygen you need. The nurse will have a medical supply company deliver the oxygen equipment and the medical supply company will teach you how to use the equipment.
  - Do not smoke or use matches or any type of open flame in a room where oxygen is being used. THIS IS A FIRE HAZARD!

- Use suctioning techniques.
  - On rare occasions, a patient may need suctioning to help clear their mouth or throat secretions. Sometimes, suctioning may make the patient feel more anxious and shorter of breath. The hospice nurse will help you decide if suctioning would be helpful. If necessary, the hospice nurse will arrange for the appropriate equipment to be delivered by a medical supply company and the hospice nurse will teach you the proper way to suction.

Here are ways your caregiver can help manage breathing problems:

- Practice reassurance and repositioning treatments, by:
  - Remaining calm at all times
  - Keeping the room quiet or playing quiet soothing music
  - Having a fan on or opening a window to circulate the air
  - Raising the head of the bed or propping the patient up to a sitting position with pillows
  - Assisting the patient with sitting and leaning forward to help the lungs fill more easily
# Fatigue

| Purpose | This information section explains:  
• What fatigue is  
• What you should tell The Denver Hospice team about fatigue  
• What you can do about your loved one’s fatigue  
Use this information sheet as a resource to manage fatigue. |
| Questions and help | If your loved one’s symptoms of fatigue continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns. |
| What is fatigue? | Fatigue is a feeling of excessive tiredness or lethargy with a constant desire to rest or even sleep. Both mental and physical fatigue are common symptoms for hospice patients and can make everyday normal tasks difficult. |
| What should you tell The Denver Hospice team about fatigue? | If your loved one is experiencing symptoms of fatigue, tell The Denver Hospice team members immediately. You can also ask the hospice nurse or CNA to suggest equipment that might help manage their fatigue. |
| What can you do about fatigue? | Here are ways your loved one can help manage fatigue symptoms:  
• Try to schedule regular times for rest and uninterrupted sleep.  
• Take short rests or naps during the day.  
• Limit alcohol and tobacco use.  
• Avoid caffeine and other stimulants if you have trouble sleeping. Use caffeine and other stimulants if you have trouble staying awake.  
• Get exposure to sunlight daily.  
• Follow a nutritious diet. Good nutrition can help maintain energy.  
• Eat six small meals instead of three large meals. It takes less energy to eat small meals.  
• Eat high protein snacks, if possible.  
• Maintain good mouth care in order to make eating meals easier.  
• Eat a light bedtime snack.  
• Drink supplements, such as Ensure®, if you can tolerate them.  
• Ask the hospice registered dietitian any questions you have about diet and nutrition. |
## What can you do about fatigue?

Here are ways your loved one can deal with mental fatigue:

- Plan time outdoors either sitting or taking a short walk.
- Listen to music.
- Meditate or use relaxation techniques. The hospice social worker or chaplain can suggest some simple techniques.
- Work on a hobby.
- Plan visits with friends and family or other social activities.

Here are ways your loved one can conserve energy during activity:

- Use a walker, cane, or wheelchair.
- Use a bedside commode.
- Place chairs in different areas so you can sit and rest as needed while walking around your house or yard.
- Use a tray for meals rather than eating at the table.
Eating and Drinking in Hospice and Palliative Care

Purpose
This information section explains:
• What changes in a patient’s eating and drinking you can expect
• What you can do to make eating and drinking more appealing
• What other things you can do for the patient

Questions and help
If you have questions about what your loved one is eating and drinking, contact your hospice nurse or the hospice registered dietitian. You can also call us at 303.321.2828 ANYTIME with ANY questions or concerns.

What can you expect?
Here are some changes in eating and drinking you can expect:
• The patient will have less interest in eating and drinking. As an illness progresses, changes in the body often cause a significant decrease in appetite, often combined with difficulty in chewing, swallowing, digesting and eliminating foods.
• They may find that they no longer like the foods that were once their favorites. Favorite foods and even the smells associated with those foods may now make them feel sick. Also, they may feel like eating something one minute and change their mind the next minute.
• They may feel satisfied and “full” after eating only a few bites of food or sips of a drink. The patient, the family, and other caregivers may be concerned that the patient “isn’t getting enough to eat,” but it is important to understand that decreased intake is normal and to be expected in advanced illness. An individual’s refusal of food is not a rejection of the caregiver.

Here are some changes in eating and drinking to expect during the final stages of a disease:
• Most body systems no longer work very well – like a machine that is “running out of steam.” Swallowing is often difficult.
• Peristalsis, the process that moves food along the gastrointestinal tract, usually slows down.
• Increased tiredness and weakness can also result in less interest in eating.
• As the end of life nears, hunger ceases and the person may take little or no food at all. Thirst also decreases and eventually the person may take little or no fluid. The caregivers may use damp swabs or “toothettes” to keep an individual’s mouth and tongue moist.
What can you do to make eating and drinking more appealing?

Forcing an individual to eat and drink may cause choking, vomiting, and an upset stomach. Likewise, pushing nutrition by artificial means, such as a feeding tube or IV may be harmful and can result in fluid in the lungs, shortness of breath, swelling of arms and legs and/or nausea and vomiting.

Here are suggestions to make eating and drinking more appealing:

- Make sure the patient is alert, awake, and able to swallow. Good oral care will also help them enjoy food.
- Help them sit up or elevate the head of the bed prior to eating.
- Try to determine their interest for foods as close as possible to mealtime. Tastes and appetite may change from minute to minute.
- Look for ways to make foods more attractive and when possible, serve them in a calm and pleasant setting.
- Offer “comfort” foods, such as fruit juices, soft textured puddings, seasonal fruits, ice cream, sherbet, Jello, soups, mashed potatoes, milkshakes, or mildly seasoned casseroles.
- Avoid foods with strong smells, such as broccoli or cabbage.
- Serve small portions on a small plate at the time that food is desired. Food may be offered several times a day rather than at the traditional meal times.
- Save liquids for the end of the meal or for between meals to prevent an overly full feeling.
- Keep medications available for any nausea and vomiting. Consider providing medication before eating or as directed by your hospice nurse or doctor. Occasionally, medications may be used to stimulate a person’s appetite. Contact your hospice nurse, doctor, or registered dietitian for more information.
- If the individual has enjoyed a cocktail before a meal or a glass of wine with meals in the past, this may stimulate appetite. Talk with your hospice nurse to determine how their medication schedule may be affected by alcohol intake.
- Consider a variety of locations for meal times. An individual may prefer to eat in the kitchen, family room or even outdoors, weather permitting.
- Commercial liquid nutritional supplements may be appropriate for some patients. Recipes for homemade beverages are also available. Contact your nurse or registered dietitian for more details.
- If the individual has difficulty with swallowing, offer softer textures and thickened liquids which may be easier to swallow. A thickening powder for liquids can be provided by your nurse or registered dietitian.

Be aware that even after doing all of these things, an individual may still not be interested in eating.

What else can you do?

There are many other ways for caregivers to provide support and comfort when food and fluids are no longer tolerated. Reminiscing, reading aloud, laughing, aromatherapy, pet visits, listening to favorite music, holding hands and quiet listening are just a few of the ways to add quality to life. Talk with your loved one about what they would like.
# Nausea and Vomiting

## Purpose

This information section explains:
- What nausea and vomiting are
- What you should tell The Denver Hospice team about nausea and vomiting
- What you can do about your loved one’s nausea and vomiting symptoms

Use this information sheet as a resource to manage nausea and vomiting symptoms.

## Questions and help

If your loved one’s nausea and vomiting symptoms continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.

## What are nausea and vomiting?

Nausea is an unpleasant feeling that usually occurs in the back of the throat or stomach, producing the feeling that you may vomit. Vomiting is the emptying of stomach contents.

## What should you tell The Denver Hospice team about nausea and vomiting?

If your loved one is experiencing nausea and vomiting symptoms, they should tell The Denver Hospice team members:
- What they think may have caused these symptoms
- What makes these symptoms better or worse
- How often they have been nauseated or vomited
- How much they vomited
- What the vomit was like, such as color or texture

## What can you do about nausea and vomiting?

Here are ways your loved one can manage nausea and vomiting symptoms:
- Keep track of when they are nauseated or vomit. Note the time of day or if these symptoms occur after a specific action is taken, such as after eating or drinking.
- Take medications for nausea and vomiting, as discussed with the hospice nurse and doctor.
- Avoid the following:
  - Eating when nauseated or immediately after vomiting
  - Citrus fruits and acid juices, such as cranberry, grape, and apple juice
  - Fried foods
  - Milk products
  - Meals with strong smells
  - Strong odors, such as perfume and deodorizers
  - Food temperatures that are too warm or cold
- Try taking medication for nausea and vomiting thirty minutes to one hour before eating.
### What can you do about nausea and vomiting?

- Before eating again, try sipping:
  - Small amounts of water or ice chips
  - Carbonated drinks that have gone flat
  - Sports drinks such as Gatorade® for adults or Pedialyte® for children
- When eating, try:
  - Bland foods such as toast, rice, or cereal
  - Small, frequent meals throughout the day, rather than three large meals
  - Small amounts of salty foods, such as crackers or chicken broth
## Constipation

### Purpose

This information section explains:

- What constipation is
- What you should tell The Denver Hospice team about constipation
- What you can do about your loved one’s constipation symptoms

Use this information sheet as a resource to manage constipation symptoms.

### Questions and help

If your loved one’s constipation continues to be a problem or if they start to have too many bowel movements or diarrhea, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.

### What is constipation?

Constipation is when bowel movements occur less than normal for you, when you have hard stools, and/or when you have difficulty moving your bowels. Constipation can be caused by:

- Diet changes, such as drinking less water and eating less fiber
- Medications, especially narcotic pain medications
- Lack of physical activity
- Obstruction in the stomach or bowel, although this is rarely the cause

### What should you tell The Denver Hospice team about constipation?

If your loved one experiences constipation symptoms, they should tell The Denver Hospice team members:

- If they haven’t had a bowel movement in two days
- If their bowel routine has changed, such as having more frequent or less frequent bowel movements
- If they have:
  - Cramping, tenderness, or pain
  - A feeling of fullness or bloating
  - Nausea and/or vomiting
  - Diarrhea or oozing of stools
  - Blood in their bowel movement, either bright red blood or black stools

### What can you do about constipation?

Here are ways your loved one can manage constipation symptoms:

- Keep track of when they have a bowel movement and note whether it was large, medium, small, soft, or hard.
- Drink liquids whenever possible, especially water. Warm drinks, such as coffee or tea, can also help to stimulate bowel movements.
What can you do about constipation?

- Eat more fruits and drink more fruit juices.
- Be physically active, if possible.
- Sit upright on the toilet, commode, or bedpan when going to the bathroom, if possible.
- Establish routine times for using the toilet. Mornings are often the best time.
- Take medications for constipation as discussed with the hospice nurse and doctor, such as laxatives, stool softeners, suppositories and/or enemas.
  - If you are taking narcotic pain medicine, it is important to also take laxatives.
  - Avoid bulk laxatives, such as Metamucil, if you are unable to drink enough fluids.
## Diarrhea

### Purpose
This information section explains:
- What diarrhea is
- What you should tell The Denver Hospice team about diarrhea
- What you can do about your loved one’s diarrhea symptoms

Use this information sheet as a resource to manage diarrhea symptoms.

### Questions and help
If your loved one’s diarrhea symptoms continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.

### What is diarrhea?
Diarrhea is loose, watery stools (bowel movements) occurring more than three times a day. Diarrhea can cause dehydration, which means the body lacks the proper amount of fluid to function properly. Diarrhea can be caused by certain illnesses, foods, or medications, including antibiotics or too many laxatives.

### What should you tell The Denver Hospice team about diarrhea?
If your loved one is experiencing diarrhea symptoms, they should tell The Denver Hospice team members:
- What they believe may have caused the diarrhea
- What makes it better or worse
- How often they have had diarrhea
- How much diarrhea they have had
- What the diarrhea was like

### What can you do about diarrhea?
Here are ways that may help manage diarrhea symptoms:
- Keep track of when they have diarrhea.
- Take medication for diarrhea, as discussed with the hospice nurse and doctor.
- Avoid the following:
  - Eating immediately after an episode of diarrhea
  - Juices or fruits other than bananas or apples
  - Fried foods
  - Spicy foods
  - Milk products
- Before eating again, try drinking:
  - Clear, decaffeinated liquids
  - Clear broth
  - Sports drinks, such as Gatorade® for adults or Pedialyte® for children
- When eating, try:
  - Small amounts of salty foods, such as crackers and chicken broth
  - Rice and bread
  - Small, frequent meals rather than three large meals
## Anxiety

| Purpose | This information section explains:  
|---------|---------------------------------------------------------------------------------|
|         | • What anxiety is  
|         | • What you should tell The Denver Hospice team about anxiety  
|         | • What you can do about your loved one’s anxiety  
|         | Use this information sheet as a resource to manage anxiety.                        |
| Questions and help | If your loved one’s anxiety continues, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns. |
| What is anxiety? | Anxiety, sometimes described as fear or worry, is a feeling that things are not right or out of control. Anxiety can be caused by a number of things, including your illness, family situations, and certain medications.  
|         | Anxiety includes symptoms, such as:  
|         | • Difficulty catching your breath  
|         | • Sleeplessness  
|         | • Inability to relax  
|         | • Confusion  
|         | • Muscle tension  
|         | • Shaking  
|         | • Sweating  
|         | • Difficulty paying attention or concentrating |
| What should you tell The Denver Hospice team about anxiety? | If your loved one is anxious, he or she should tell The Denver Hospice team members:  
|         | • What they think might be causing the anxiety  
|         | • What the anxiety feels like  
|         | • What physical symptoms the anxiety is causing  
|         | • Any concerns they would like to discuss, such as concerns about their illness, family or relationships, spiritual concerns, or financial concerns |
| What can you do about anxiety? | Here are ways to help your loved manage anxiety:  
|         | • Keep track of when they are anxious and what might have caused the anxiety  
|         | • Do things that have helped them overcome anxiety in the past  
|         | • Take care of physical problems, such as shortness of breath or pain that might lead to anxiety  
|         | • Limit visitors, if possible  
|         | • Take part in relaxing activities  
|         | • Keep the environment calm  
|         | • Play calming music  
|         | • Try a gentle massage  
|         | • Offer medications for anxiety, as discussed with the hospice nurse and doctor |
# Confusion and Delirium

| Purpose | This information section explains:  
|• What confusion and delirium are  
• What you should tell The Denver Hospice team about confusion and delirium  
• What you can do about your loved one’s confusion and delirium symptoms  
Use this information sheet as a resource to manage confusion and delirium symptoms. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Questions and help</td>
<td>If your loved one’s confusion and delirium symptoms continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.</td>
</tr>
</tbody>
</table>
| What are confusion and delirium? | Confusion is a mental state characterized by a lack of clear and orderly thought and behavior. A patient may be confused about what time it is, where he or she is, and who the people around them are.  
Delirium is a mental state characterized by disorientation and confusion. Delirium can happen quickly, in a matter of hours or days. Symptoms of delirium may include:  
• Sleeping during the day and staying awake at night  
• Becoming confused or having confusion that gets worse at night (known as “sundowning”)  
• Having severe mood swings that change over the course of a day  
• Having difficulty paying attention  
• Seeing or hearing things that aren’t there (known as hallucinations)  
• Believing or imagining things that are not really happening  
• Becoming agitated or irritable  
A number of things may cause delirium, including:  
• Illness  
• Certain medications  
• Pain  
• Infection  
• Chemical imbalances  
• A full bladder or constipation  
• Alcohol or medication withdrawal  
• Extreme anxiety |
| What should you tell The Denver Hospice team about confusion and delirium? | If your loved one experiences signs of confusion and delirium, tell The Denver Hospice team members about any:  
• Changes in the patient’s food or fluid intake  
• Decrease in urine output  
• Change in frequency or type of bowel movements  
• Depression  
• Wandering  
• Withdrawal from people or activities  
• Changes in medications the team may not be aware of |
<table>
<thead>
<tr>
<th>What can you do about confusion and delirium?</th>
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</thead>
<tbody>
<tr>
<td>Here are ways you can help manage your loved one’s confusion and delirium symptoms:</td>
</tr>
<tr>
<td>• Keep track of when they are more confused</td>
</tr>
<tr>
<td>• Try to keep them safe; keep a nightlight on and stay with them if they are confused or wandering</td>
</tr>
<tr>
<td>• When talking to them:</td>
</tr>
<tr>
<td>• Remind them of who you are when assisting them</td>
</tr>
<tr>
<td>• Reassure them of their surroundings and that you are there</td>
</tr>
<tr>
<td>• Explain what you are going to do and while you are doing it</td>
</tr>
<tr>
<td>• Avoid asking a lot of questions or arguing</td>
</tr>
<tr>
<td>• Structure surroundings to make them less confusing</td>
</tr>
<tr>
<td>• Try to maintain a daily routine</td>
</tr>
<tr>
<td>• Provide a quiet, peaceful setting without television or loud noise</td>
</tr>
<tr>
<td>• Play their favorite music</td>
</tr>
<tr>
<td>• Use medications as ordered by their doctor and let the team know of any improvement, worsening, or side effects from the medications</td>
</tr>
</tbody>
</table>
# Dementia

## Purpose

This information section explains:

- What dementia is
- What you should tell The Denver Hospice team about dementia
- What you can do about your loved one’s dementia symptoms

Use this information sheet as a resource to manage dementia.

## Questions and help

If you continue to have questions or concerns about your loved one’s dementia symptoms, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.

## What is dementia?

Dementia is a form of mental deterioration due to physical changes in the brain. Dementia results in a poor memory that makes it difficult for the person to interact with others. It can range from mild to very severe and generally occurs gradually over time. The most common disease causing dementia is Alzheimer’s disease.

## What should you tell The Denver Hospice team about dementia?

Tell The Denver Hospice team members if your loved one experiences any of the following signs of dementia:

- Forgetfulness
- Getting lost
- Misplacing items
- Leaving the refrigerator door open or the stove on
- Poor judgment
- Difficulty with familiar activities
- Loss of interest in long-time hobbies
- Difficulty in dressing or grooming one’s self
- Language and calculation problems, such as:
  - Forgetting words
  - Using the wrong words
  - Inability to balance a check book
- Personality changes and mood swings
- Paranoia

You should also make the team aware of how the patient is responding to any medications he or she may be taking and any safety problems that might exist.

## What can you do about dementia?

Here are ways you can help manage your loved one’s dementia:

- Give medication as instructed by the hospice nurse.
- Make sure that both you and the patient are safe.
## What can you do about dementia?

- Interact with and treat them with respect as an adult.
- Explain what you are doing before and while you are helping them.
- Gently remind them of the time, the place, and who people are, as necessary.
- Try to remain calm and not get angry. They are not intentionally trying to upset you.
- Provide physical closeness, touching and eye contact, when appropriate. This can be very reassuring.
- Provide structure
  - Create a daily routine
  - Allow them to handle as much of their own care as possible
  - Provide them with things that represent a part of their life
  - Set limits and calmly take control as necessary

Be sure to take care of yourself and allow The Denver Hospice team and others to help you. The sooner you accept help, the longer you can help your loved one.
## Restlessness and Agitation

| Purpose | This information section explains:  
| - What restlessness and agitation are  
| - What you should tell The Denver Hospice team about restlessness and agitation  
| - What you can do about your loved one’s restlessness and agitation  
| Use this information sheet as a resource to manage restlessness and agitation symptoms. |

| Questions and help | If your loved one’s restlessness and agitation symptoms continue, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns. |

| What are restlessness and agitation? | Restlessness is an inability to rest, relax, or concentrate. Extreme restlessness is sometimes called agitation. Some hospice patients may become restless or agitated especially in the hours or days before the patient dies.  
Signs of restlessness include:  
- Muscle twitching  
- Moving around without a known reason  
- Pulling at sheets, covers, or clothing  
- Trying to get out of bed for no known reason  
- Fidgeting  
- Sleeplessness  
- Inability to get comfortable  
- Grimacing |

| What should you tell The Denver Hospice team about restlessness and agitation? | If your loved one is experiencing signs of restlessness or agitation, you should tell The Denver Hospice team members the following:  
- If they are unable to swallow medications  
- If there are specific things that seem to make the restlessness worse or better  
- If there are situations that might be unsafe. For example, situations in which they could fall  
- Concerns you have as caregiver, or what might help you cope with the restlessness |

| What can you do about restlessness and agitation? | Here are ways that you can manage your loved one’s restlessness and agitation:  
- Give medication as instructed by the nurse  
- Do not leave them alone when they are restless  
- Offer frequent reassurance to them  
- Keep their surroundings calm  
- Quietly read to them or play soothing music  
- Provide gentle massage and physical closeness, as appropriate  
- Let friends and family know that restlessness and agitation may be a sign that the end is near |
## Depression

### Purpose

This information section explains:

- What depression is
- What you should tell The Denver Hospice team about depression
- What you and your loved one can do about depression symptoms

Use this information sheet as a resource to manage depression.

### Questions and help

If depression continues, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.

### What is depression?

Depression is a range of feelings that may include sadness, gloom, numbness, emptiness, helplessness, and hopelessness. Depression often occurs in the end-stages of a chronic illness and can be mild or severe.

Signs of depression may include:

- Sadness and crying
- Decreased or lack of interest or pleasure in daily activities
- Feelings of worthlessness, hopelessness, and guilt
- Thoughts of death or suicide
- Withdrawal from family and friends
- Loss of appetite with weight loss
- Sleep disturbances, trouble sleeping, or sleeping all the time
- Fatigue
- Difficulty paying attention or thinking clearly

### What should you tell The Denver Hospice team about depression?

If you or your loved one experience any signs of depression, you should tell The Denver Hospice team members:

- What symptoms you or the patient have
- If there is a known history of depression in your family
- Any thoughts that the patient may have expressed about suicide
- Any symptoms such as pain, nausea, or difficulty breathing
- Any change in medications The Denver Hospice team may not be aware of

### What can you do about depression?

Here are ways your loved one can manage depression:

- Discuss concerns with The Denver Hospice team
- Be sure to get enough rest
- Eat well
- Set small, realistic, achievable goals
- Use relaxation techniques
- Consider complementary therapies, such as aromatherapy or art and music therapy
- Talk with the doctor about the need for medication

If you are a caregiver of someone who is depressed:

- Make sure you talk to The Denver Hospice team about their depression
- Keep them and their surrounding area safe
- Let them know that you will be there
- Allow them to express their feelings
- Allow them to control as much as possible related to treatment decisions and activities
# Wound Care

| Purpose | This information section explains:  
| --- | ---  
|  | • What wounds are  
|  | • What you should tell The Denver Hospice team about your loved one’s wounds  
|  | • What you can do to prevent and treat wounds  
|  | • Use this information sheet as a resource for wound care.  
| Questions and help | If your loved one’s wounds are getting worse, contact your hospice nurse or another hospice team member by calling us at 303.321.2828 ANYTIME with ANY questions or concerns.  
| What are wounds? | Wounds are open areas on the skin and are very common in people with severe illnesses. Wounds can occur as a result of staying in one position for longer than one or two hours, poor nutrition, poor blood circulation, low oxygen in the blood, urine or stool on the skin, or as a result of certain diseases or cancer.  
| What should you tell The Denver Hospice team about wounds? | If you are a caregiver, tell The Denver Hospice team members:  
|  | • If you notice any red areas or wounds on the patient’s skin  
|  | • How long the red area or wound has been there  
|  | • What skin care or wound treatment has been done in the past  
| What can you do to prevent and treat wounds? | Here are ways you may prevent wounds:  
|  | • Look at the skin often for early detection of red areas and wounds.  
|  | • Keep the skin clean and dry.  
|  | • Change positions every two hours if possible without causing severe pain.  
|  | • Eat a diet high in protein, if possible.  
|  | • Avoid rubbing or massaging areas on the skin that stay red.  
|  | Once a wound has developed in a person with a severe illness, it is difficult for the wound to heal. The goals for treating a wound in a hospice patient include:  
|  | • Controlling the pain  
|  | • Managing the drainage  
|  | • Minimizing the odor  
|  | • Trying to keep the wound from getting bigger  

### What can you do to prevent and treat wounds?

<table>
<thead>
<tr>
<th>To treat the wound:</th>
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<tbody>
<tr>
<td>• Continue to follow the steps above on preventing wounds.</td>
</tr>
<tr>
<td>• If instructed by the hospice nurse, have them take pain medication when the wound is painful or if necessary before a dressing change.</td>
</tr>
<tr>
<td>• Cover the wound to keep the wound moist; do not let it dry out.</td>
</tr>
<tr>
<td>• Avoid daily dressing changes unless the wound is draining a large amount of fluid. Daily dressing changes can cause damage to new tissue that is trying to heal the wound. Your hospice doctor and nurse will decide on the best dressing and how often the dressing should be changed. The hospice nurse will teach you how to change the dressing, if necessary.</td>
</tr>
<tr>
<td>• If odor is a problem, The Denver Hospice team has various ways to control the odor.</td>
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</tbody>
</table>
MEDICATIONS, SUPPLIES, AND EQUIPMENT

The Denver Hospice provides all medications, supplies, and equipment related to a patient’s hospice diagnosis and according to the patient’s plan of care.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>This information section explains:</th>
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<tr>
<td></td>
<td>• How medications are delivered and picked up</td>
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<tr>
<td></td>
<td>• What safety precautions you should follow with medications</td>
</tr>
<tr>
<td></td>
<td>• How to dispose of unused medications</td>
</tr>
</tbody>
</table>

| Questions and help | If you have questions about medications, you can also call us at 303.321.2828 ANYTIME. |

| How do you receive medications? | All medications related to a hospice diagnosis will be ordered and paid for by The Denver Hospice. Typically, hospice-related medications will be ordered for delivery the next business day and will be delivered by mail. |
|                                | • If any medications are required the same day or within a few hours ("stat"), you will need to pick up the medication at a local contracted pharmacy. |
|                                | • Medications that are not related to a hospice diagnosis are not paid for by hospice. You should continue to get these medications the same way you did before becoming a hospice patient. Always talk to the hospice nurse about the medications the patient is taking, since some may not be necessary. |

<p>| What safety precautions should you follow? | Follow these safety precautions with medications: |
|                                           | • Verify that the correct name, dose, and expiration date appear on medication and solution bottles and packages. |
|                                           | • Know the name of each medication, its purpose, and the appropriate dosage. |
|                                           | • Ask the hospice nurse about foods, drinks, or activities to avoid while taking certain medications. |
|                                           | • Read and follow all instructions provided with medications. Have plenty of light so you are able to read the label. |
|                                           | • Tell the hospice nurse about any drug or food allergies a patient has and any other medical treatments they are receiving. |
|                                           | • Tell the hospice nurse about any other medications and supplements being taken, so The Denver Hospice team can evaluate the mixture of the medications and assess for potential dangerous interactions between drugs, and/or other products. Medications and supplements include: |
|                                           | • Prescription medications |
|                                           | • Nonprescription (over-the-counter) medications, such as aspirin and laxatives |
|                                           | • Supplements, such as vitamins and herbal remedies |
|                                           | • Nutritional supplements, such as Ensure® |
|                                           | • Report medication side effects to health care providers immediately. |
|                                           | • Ask the hospice nurse any questions or concerns regarding medications. |</p>
<table>
<thead>
<tr>
<th>What safety precautions should you follow?</th>
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<tbody>
<tr>
<td>• Store medications in a cool, dry location, unless otherwise directed. Always read the instructions on the label. Avoid storing medications in bathrooms and other humid or hot areas.</td>
</tr>
<tr>
<td>• Use tamper-resistant lids and keep medications away from children and adults who may be experiencing confusion.</td>
</tr>
<tr>
<td>• Discard any unused and expired medications using The Denver Hospice Team Green Protocol (below).</td>
</tr>
<tr>
<td>• Check with the hospice nurse before drinking alcohol when taking medications.</td>
</tr>
<tr>
<td>• Do not alter the dosage or stop taking medications without first discussing with your hospice nurse.</td>
</tr>
<tr>
<td>• Do not store different medications in the same container unless it is in a medication organizer.</td>
</tr>
<tr>
<td>• Do not crush medications without first checking with the hospice nurse. Many medications, especially pain medications, should not be crushed.</td>
</tr>
<tr>
<td>• Do not take any medications prescribed for another individual.</td>
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</tbody>
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<tr>
<th>How do you dispose of unused medications?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The task of disposing of what may be a large amount of unused and expired medications can be overwhelming. The Denver Hospice cannot re-use most of these medications. However, consider donating some of the medications to organizations for redistribution to those in need. If you choose not to donate, The Denver Hospice nurse has a method of disposal, known as the Team Green Protocol, which helps prevent unused medications from contaminating the water supply. The Team Green Protocol involves the following steps:</td>
</tr>
<tr>
<td>• Cross out any personal information on all medication containers.</td>
</tr>
<tr>
<td>• Keep medications in their original containers when feasible. If not, use a plastic container, such as a plastic beverage container with a screw-top lid.</td>
</tr>
<tr>
<td>• Render all medications unusable in order to prevent the unintended ingestion of discarded medication.</td>
</tr>
<tr>
<td>• Liquids – add kitty litter or flour to the container, recap, and shake.</td>
</tr>
<tr>
<td>• Tablets/capsules – add rubbing alcohol or water to the container followed by kitty litter or flour, recap, and shake.</td>
</tr>
<tr>
<td>• Suppositories – add kitty litter or flour to the container and recap.</td>
</tr>
<tr>
<td>• Transdermal (skin) patches – while wearing disposable gloves, remove the patch from the packaging. Cut the patch in half, handling it by the edges. Place the patch in a plastic container, add kitty litter or flour to the container, and recap.</td>
</tr>
<tr>
<td>• Medicated ointments and creams – add kitty litter or flour to the container and recap.</td>
</tr>
<tr>
<td>• Syringes and needles – place in puncture resistant containers, such as empty bleach or detergent bottles. These containers should be kept out of the reach of children and adults who may be experiencing confusion. When ¾ full, these containers should be sealed with heavy tape, such as duct tape, and disposed of with the household garbage.</td>
</tr>
<tr>
<td>• Place all medication containers in a plain paper bag to discourage identification and tampering. Dispose of the paper bag in a trash bin.</td>
</tr>
</tbody>
</table>
# SUPPLIES AND EQUIPMENT

| Purpose | This information section explains:  
• How supplies and equipment are delivered and picked up  
• What equipment safety precautions you should follow  
• How to dispose of supplies and equipment |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions and help</td>
<td>If you have questions about supplies or equipment or if you believe there is a need for specific supplies or equipment, talk with your hospice team members by calling us at 303.321.2828 ANYTIME.</td>
</tr>
</tbody>
</table>
| How do you receive supplies and equipment? | The Denver Hospice team will provide patients with all supplies and equipment related to their hospice illness.  
• Equipment commonly used by hospice patients includes bedside commodes, shower benches, raised toilet seats, walkers, wheel chairs, oxygen tanks, bedside tables, and hospital beds.  
• Supplies commonly used by hospice patients include mouth swabs, gloves, disposable briefs, disposable incontinence pads (chux), bedpans, urinals, and dressing supplies.  
• All necessary equipment for hospice treatment will be delivered by the appropriate equipment company and a member from The Denver Hospice team will deliver all the supplies.  
• Please try to anticipate the patient’s needs and let a team member know before running out of supplies so supplies can be delivered on the next scheduled visit. If necessary, The Denver Hospice can request its courier to deliver supplies Monday through Friday. |
| What equipment safety precautions should you follow? | At the time of delivery, the equipment company will explain how to use the equipment. If you have questions or the equipment is not working properly, contact the hospice nurse. Please do not attempt to fix any equipment on your own. This could result in harm to the patient. |
| How do you return supplies and equipment? | Once supplies have been in a patient’s home, The Denver Hospice cannot re-use these supplies for other patients. If you have leftover supplies, they can be donated to a company that will redistribute them to those in need.  
Any equipment delivered by a specific equipment company for hospice treatment will be picked up by that equipment company. The company usually picks up the equipment within 24 hours following the next business day from the time you request the pick up. For example, if you call on Monday, the equipment will be picked up from your home on Wednesday. They will contact you to arrange a pick-up time. If necessary, you can move the equipment to a back room or garage until it can be picked up. Please be sure to keep track of all equipment. If any equipment is broken or missing, you may be charged. |
PREPARING FOR DEATH

You may be wondering how you will be able to tell when death is near and what you should expect. The Denver Hospice team realizes that this period of time is often the most difficult and stressful for caregivers.

The following information on signs and symptoms of impending death is offered as a guideline to help you understand the natural changes which may occur during the dying process. For most patients, these signs appear hours before death; for others, the symptoms may occur days or even weeks before death. There is no particular order in which these events occur and some patients may not experience them at all. No one knows exactly when the patient will die.

The Denver Hospice team’s goal is to help caregivers understand what to expect so they can be comfortable in continuing to provide the same loving support which has sustained the patient during their illness.

In this section, we have included various symptoms that indicate a patient may be ready to die, and offer suggestions for promoting the comfort of the patient. It is important to remember that during the final stage of life, there are no “rights” and “wrongs.” Trust your instincts about knowing what the “right thing to do” is. This may mean just sitting or lying with the patient assuring them that you are there.

<table>
<thead>
<tr>
<th>Purpose</th>
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<tbody>
<tr>
<td>This information section explains:</td>
</tr>
<tr>
<td>• Changes which commonly precede death as body systems slow down</td>
</tr>
<tr>
<td>• Actions you can take as these changes occur</td>
</tr>
<tr>
<td>By understanding what to expect, The Denver Hospice hopes to reduce your anxiety and stress. During this final stage of life, often the most important thing is just being there.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions and help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call us at 303.321.2828 ANYTIME with ANY questions or concerns.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes – what to expect and what you can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change</td>
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<tr>
<td>Changes in appetite</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Difficulty in swallowing</td>
</tr>
<tr>
<td>Increased sleeping</td>
</tr>
<tr>
<td>Decreased senses</td>
</tr>
<tr>
<td>Decreased urine output</td>
</tr>
<tr>
<td>Incontinence</td>
</tr>
<tr>
<td>Changes in breathing</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Body changes</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Restlessness</strong></td>
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<td></td>
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<tr>
<td><strong>Disorientation</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Withdrawal from people &amp; surroundings</strong></td>
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</tbody>
</table>
**Saying Goodbye**

Feelings of grief and loss can occur at any time when caring for a dying patient – not just in the final stages. While caring for a loved one with advanced illness, you may experience “anticipatory grief.” This feeling involves coming to the realization that death is inevitable.

There is no right or wrong way to grieve either prior to a loved one’s death or after it has occurred. Feelings of grief are very powerful. These feelings can be both physical and emotional and may come and go and last for much longer than you expect. Allow The Denver Hospice team members to support you and help you understand what you are experiencing and feeling.

Dealing with your own grief and saying goodbye is very difficult. Saying goodbye to the dying patient may be done in a variety of compassionate ways. For example, holding their hand, lying near them, or saying what you need to say. Tears are a normal and natural way of saying goodbye.

---

**Excerpt from**

Maggie Callanan and Patricia Kelley

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Some individuals realize they will die more peacefully under certain conditions and until those conditions are met, they may delay the timing of their death. This differs from knowing when they will die; some people do know and do indicate when death will happen, others actually choose the moment of death. Some wait to die until certain people arrive, or until others leave, or until the ones they care about most have the right kind of support.

---

**NOTES**
RESPONSIBILITIES AFTER DEATH

When you lose someone, a period of grief usually follows and it may be difficult for you to concentrate or focus on your responsibilities. The Denver Hospice team understands this and will help you manage both your personal and financial responsibilities.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>This information section explains:</th>
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<tbody>
<tr>
<td></td>
<td>• What happens at the time of death</td>
</tr>
<tr>
<td></td>
<td>• What you should do</td>
</tr>
<tr>
<td></td>
<td>• What The Denver Hospice team members will do</td>
</tr>
<tr>
<td></td>
<td>• What mortuary decisions must be made</td>
</tr>
</tbody>
</table>

| Questions and help | You can call us at 303.321.2828 ANYTIME with ANY questions or concerns. |

<table>
<thead>
<tr>
<th>What happens at the time of death?</th>
<th>At the time of death, the patient’s:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Breathing stops</td>
</tr>
<tr>
<td></td>
<td>• Heartbeat stops</td>
</tr>
<tr>
<td></td>
<td>• Control of bladder and bowel ceases</td>
</tr>
<tr>
<td></td>
<td>• Responses to verbal commands or shaking cease</td>
</tr>
<tr>
<td></td>
<td>• Eyelids may be partially open with eyes in a fixed stare</td>
</tr>
<tr>
<td></td>
<td>• Mouth may slightly open as the jaw relaxes</td>
</tr>
</tbody>
</table>

| What should you do? | Call The Denver Hospice at 303.321.2828 and ask to have the hospice nurse paged. (Do not call 911 or the emergency number for your area.) You may call the secondary backup number at 303.281.8383, if necessary. Spend time alone with the patient if you would like and wait for the hospice nurse to arrive. |

<table>
<thead>
<tr>
<th>What will the hospice nurse do?</th>
<th>The hospice nurse:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Verifies absence of heartbeat and breathing.</td>
</tr>
<tr>
<td></td>
<td>• Contacts the doctor who verifies the cause of death and signs the death certificate.</td>
</tr>
<tr>
<td></td>
<td>• Assists in contacting family members, if desired.</td>
</tr>
<tr>
<td></td>
<td>• Contacts the coroner/medical examiner, if necessary.</td>
</tr>
<tr>
<td></td>
<td>• Contacts the mortuary.</td>
</tr>
<tr>
<td></td>
<td>• Cleans the patient’s body, if necessary.</td>
</tr>
<tr>
<td></td>
<td>• Helps dispose of the patient’s medications and notifies the medical supply company to pick up any medical equipment, if applicable.</td>
</tr>
<tr>
<td></td>
<td>• Completes the patient’s discharge paperwork.</td>
</tr>
<tr>
<td></td>
<td>• Calls or visits the family.</td>
</tr>
<tr>
<td></td>
<td>• May attend the funeral or memorial service.</td>
</tr>
</tbody>
</table>
### What will the social worker do?

The social worker:
- Calls or visits family.
- Assists in contacting family members, if desired.
- Provides counseling as needed.
- May make referrals to appropriate resources for the family.
- May attend the funeral or memorial service.

### What will the chaplain do?

The chaplain:
- Assists in contacting family members, if desired.
- Assists in choosing a mortuary if previous arrangements have not been made.
- Informs family about The Denver Hospice grief recovery and support groups.
- Provides counseling or prayer as needed.
- May call or visit family.
- May conduct the funeral or memorial service, if requested.
- May attend the funeral or memorial service.

### What other decisions must you make?

If you or other family members would like additional time, the patient’s body may stay at home for up to 24 hours. A hospice team member will call the mortuary when the family is ready and the mortuary will pick up the body when requested to do so.

If a decision has been made to donate organs or tissues, the nurse or funeral director can answer any questions you may have and assist you in signing the required consent forms.
## FINANCIAL RESPONSIBILITIES AFTER DEATH

| Purpose | This information section explains:
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• What financial responsibilities you may have after the death of a loved one</td>
</tr>
</tbody>
</table>

| Questions and help | If you have any financial questions or concerns, you may contact us ANYTIME at 303.321.2828.                                                                                                                                                   |

<table>
<thead>
<tr>
<th><strong>What financial responsibilities do you have after death?</strong></th>
<th>The following list of financial responsibilities can serve as a guide for what needs to be done in the first few months after the death of a loved one. However, this is only an overview. Since each individual’s affairs vary, you may need to seek legal counsel in order to satisfy all financial obligations.</th>
</tr>
</thead>
</table>
| **Changing ownership or title**                            | You may want to change the following documents to your name only:
|                                                           | • Insurance policies – change the beneficiary.
|                                                           | • Automobile policies – if the deceased owned a car, the title needs to be changed.
|                                                           | • Bank accounts – change the title and signature card on accounts.
|                                                           | • Safe-deposit box – a court order may be required to open a safe-deposit box. The bank where the box is located can assist you with that matter. As with bank accounts, the signature card should be changed. |
| **Credit cards**                                            | Cancel any credit cards issued in the name of the deceased. Any payments due on the card should be paid by the estate.                                                                                                                        |
| **Death certificate**                                       | The County Coroner will issue a death certificate signed by the attending doctor. You can order certified copies of the death certificate through your funeral director for a small fee. The certificates are issued by the Clerk of the Court in the county in which the death occurred. You will need certified copies for:
|                                                           | • Insurance companies
|                                                           | • Stocks and bonds
<p>|                                                           | • Transfer of property                                                                                                           |</p>
<table>
<thead>
<tr>
<th>What financial responsibilities do you have after death?</th>
<th>Insurance policy(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The proceeds from an insurance policy are usually processed quickly and are paid directly to the named beneficiary. Usually, you must provide a certified copy of the death certificate to receive proceeds. Types of insurance may include:</td>
</tr>
<tr>
<td></td>
<td>• Life</td>
</tr>
<tr>
<td></td>
<td>• Benevolent</td>
</tr>
<tr>
<td></td>
<td>• Mortgage or loan</td>
</tr>
<tr>
<td></td>
<td>• Accident</td>
</tr>
<tr>
<td></td>
<td>• Auto</td>
</tr>
<tr>
<td></td>
<td>• Credit card</td>
</tr>
<tr>
<td></td>
<td>• Employee</td>
</tr>
<tr>
<td></td>
<td>Social Security</td>
</tr>
<tr>
<td></td>
<td>The funeral director may notify the Social Security Administration (SSA) about the death, using a form designated by the SSA. The surviving spouse, dependent(s), or the individual acting on their behalf should call the SSA at 1.800.772.1213. When calling, be sure to have the Social Security numbers available for both the surviving spouse and the deceased.</td>
</tr>
<tr>
<td></td>
<td>Survivor benefits</td>
</tr>
<tr>
<td></td>
<td>Contact the employer of the deceased regarding any benefits there may be for survivors. Contact past employers to check if survivors are entitled to payments from a pension plan. You may be required to provide a certified copy of the death certificate to receive these benefits.</td>
</tr>
<tr>
<td></td>
<td>Veteran’s benefits</td>
</tr>
<tr>
<td></td>
<td>The funeral director may assist you in applying for burial benefits if the deceased is an eligible veteran. Veterans are entitled to burial in a National Cemetery such as Fort Logan. Veterans are also eligible for a grave marker and a flag. If the deceased was receiving disability benefits, other financial benefits may be obtained. If you have questions about veteran benefits, call the Veterans Administration (VA) at 1.800.872.1000.</td>
</tr>
<tr>
<td></td>
<td>Will</td>
</tr>
<tr>
<td></td>
<td>A will is a legal document that directs how such assets as money, property, vehicles, and personal items are distributed after death. The deceased may or may not have a will.</td>
</tr>
<tr>
<td></td>
<td>Probate</td>
</tr>
<tr>
<td></td>
<td>Probate is a process for formally distributing assets after death including all assets that do not have an assigned beneficiary.</td>
</tr>
</tbody>
</table>
RECEIVING CONTINUED SUPPORT

At The Denver Hospice we understand the grief process happens differently for each person. Healing takes time, a lot of time. That’s why we offer a number of support groups and resources designed to help you express your grief in a number of ways – and in your own time.

| Purpose | This information section explains:  
|---|---|
|  | • Common responses to grief  
|  | • What you can do for yourself when grieving  
|  | • What type of support The Denver Hospice offers  

| Questions and help | For further information about grief-counseling services, contact The Denver Hospice at 303.321.2828 and ask for The Denver Hospice Grief Center. The Grief Center offers group support and individual counseling.  

| What are common responses to grief? | At The Denver Hospice, we understand that everyone grieves differently. We are here to support you in every way possible during this difficult time. The following responses to grief are normal and natural:  
|---|---|
|  | • Physical aches and pain, such as headaches, muscle aches, and upset stomach.  
|  | • Feelings of being tired, difficulty sleeping, or wanting to sleep much of the time.  
|  | • Changes in appetite.  
|  | • Crying at unexpected times.  
|  | • Feelings of sadness, depression, fear, anger, or guilt.  
|  | • The need to tell and retell the events leading up to the death and afterwards.  
|  | • Difficulty concentrating and getting organized.  
|  | • Feeling restless and needing to fill time with activity.  
|  | • Feeling as though the loss is not real, that it did not really happen.  
|  | • Sensing the deceased person’s presence.  
|  | • Being intensely preoccupied with the life of the deceased.  

| What can you do for yourself when grieving? | Here are things you can do when you are grieving which may help you get through the difficult times following your loved one’s death:  
|---|---|
|  | • Acknowledge and express your feelings. Talk about your feelings or keep a journal to help you gain perspective and insight.  
|  | • Take good care of yourself. Eat properly and get enough rest and exercise. Take care of yourself emotionally and spiritually as well.  
|  | • Be patient. Grieving takes time. Give yourself time to grieve. Listen to yourself and feel comfortable going at your own pace.  
|  | • Try to avoid making such major decisions such as selling your home, quitting your job, or moving.  
|  | • Learn about grief. Understanding the process of grief can help you gain a sense of control.  
|  | • Seek support from others. Find people you can trust who will listen when you want to talk. Support groups can be very helpful.  

(303)321-2828 www.thedenervhospice.org 03/16
What support does The Denver Hospice offer?

The mission of The Denver Hospice is to help and support you and your family while you deal with the loss of your loved one. For many people, support groups can reduce the sense of isolation and loneliness that accompanies a loss. Connecting with others and sharing experiences can be the first step toward building new social relationships and developing hope for the future.

We offer a comprehensive bereavement program that includes the following resources:
- Individual counseling
- Grief support groups
- Footprints Children’s Grief Center
- Grief education
- Newsletters

Please call our grief counselors at 303.321.2828.

THE FOLLOWING IS OUR CURRENT GROUP LISTING:

Newly Bereaved

Four-week support group for adults who have lost a family Support Group member or friend in the last 3-4 months. Group size limited to 10 people. This group is offered every month. Registration required.

Adult Grief Support Group

Eight-week support group for adults who want to work on their grief process in a structured way. Group size limited to 12 people. Registration required.

Creative Arts Group

Six-week support group for adults interested in exploring art, writing and other creative tools for expressing and working through grief and loss. Group size limited to 10 people. Registration required.

Special Focus Groups

From time to time groups are offered on a specific topic like using creative writing to support the grief process, grieving the loss of a parent or grieving as a young widow/widower. These groups run between four and eight weeks (depending on the group).

Grief Education Program

An educational program open to adults who are dealing with grief due to the death of a family member or friend.

Groups for Children and Teens

For information about grief support groups for children and teens please call a Grief Counselor at 303/321.2828.

Please call a Grief Counselor at 303/321.2828 for dates and times for all groups or see this month’s Healing Hearts Newsletter available online at www.thedenverhospice.org.
APPENDIX A: WEB RESOURCES

The following web sites provide information about hospice and hospice-related services.

LOCAL HOSPICE WEB SITES

www.thedenverhospice.org  The Denver Hospice web site provides information on our hospice and Pathways Palliative Care programs.

www.cochpc.org  The Colorado Center for Hospice and Palliative Care advocates hospice care and provides resources for hospice providers.

GENERAL HOSPICE WEB SITES

www.hospicefoundation.org  The Hospice Foundation of America (HFA) provides hospice information and support, including a message board where you can post messages about various hospice-related topics.

www.hospicenet.org  This web site provides information about hospice and palliative care, terminal illnesses, caregiving, and end-of-life and bereavement issues.

www.nhpco.org  The National Hospice and Palliative Care Organization provides information about hospice care providers throughout the United States, as well as support for terminally ill individuals and their families.

www.nahc.org  The National Association for Home Care & Hospice provides the latest industry news and information for hospice families, caregivers, and professionals.

HOSPICE CAREGIVING WEB SITES

www.dyingwell.org  This web site includes various resources for people facing terminal illness, their families, and professional caregivers.
<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.hospicecareinc.org">www.hospicecareinc.org</a></td>
<td>Hospice &amp; Palliative Care, Inc. focuses on information related to improving the quality of life for hospice patients and their families.</td>
</tr>
<tr>
<td><a href="http://www.nahc.org/HAA/">http://www.nahc.org/HAA/</a></td>
<td>The Hospice Association of America (HAA) provides consumer information about hospice, as well as the latest industry news.</td>
</tr>
<tr>
<td><a href="http://www.thefamilycaregiver.org">www.thefamilycaregiver.org</a></td>
<td>The National Family Caregivers Association (NFCA) provides support for all individuals caring for a chronically ill person.</td>
</tr>
</tbody>
</table>
APPENDIX B: SUPPORTING THE DENVER HOSPICE

The mission of the Denver Hospice is to encircle those facing advanced illness with unprecedented levels of comfort, compassion and expertise. Our programs, our people and our passion form a continuous circle of care that centers on you, your family and loved ones.

At the center of our circle is a giving spirit. Our staff, volunteers, and donor community all come together to provide relief, support, comfort and strength. Whether it’s a gift of time or treasure, by giving to The Denver Hospice our community continues to widen our circle of care!

The Denver Hospice development professionals are dedicated to helping our patients, families and community partners provide charitable support in a variety of ways:

- **Major Gifts**
  A way to provide significant investments in our programs, our people and our mission. Gifts may be for general support or restricted to a particular program and/or organizational need.

- **Corporate and Foundation Giving**
  The Denver Hospice provides a variety of platforms to highlight the generosity of our corporate and foundation partners. Platforms include special events, workplace giving campaigns, and cause marketing efforts. Gifts may be for general support or restricted to a particular program and/or organizational need.

- **Annual Gifts**
  Annual gifts are a way for patients, families, and other members of the community to say “thank you” to The Denver Hospice and know that to whatever extent is within their capacity they are helping the organization continue its mission. Gifts may be for general support or restricted to a particular program or specific organizational need. Donor envelopes can be found in the pocket of this guide.

- **Tribute Gifts**
  Tribute gifts provide a mechanism for individuals and organizations to make gifts in honor of someone or to commemorate an occasion. Many find this alternative appealing in lieu of or in addition to giving a material gift to someone, particularly if they have limited accommodations to store material items. A personalized message communicating the gift is sent to the designated recipient.

  Special tribute gift recognition opportunities exist at upper contribution levels.
**Planned Gifts**

Planned gifts may be made during one’s lifetime or through a bequest in one’s estate plan. The Development Office staff is happy to work directly with donors in arranging gifts of stock, real estate, insurance policies, retirement funds, or such personal property as art, jewelry, or collectibles.

**Memorial Gifts**

Memorial gifts are often identified as the preferred way for family and friends to express their sympathy and condolences after someone dies. This type of gift to The Denver Hospice may be done in lieu of or in addition to flowers or contributions to other charitable organizations.

In addition to including the necessary information in a funeral notice or obituary, the Development Office is happy to provide the family or mortuary with gift envelopes. Each memorial donor will receive acknowledgement of their gift. A listing of contributors can also be made available to the appropriate designated parties.

Special memorial gift recognition opportunities exist at upper contribution levels.

**Vehicle Donations**

Vehicle donations are gladly accepted by the The Denver Hospice. Please contact us for further information about vehicle donations or to make arrangements for donating.

**Workplace Giving Campaigns**

If a place of employment participates in workplace giving campaigns that include Community Shares of Colorado, you may designate your gift to The Denver Hospice. Please use our agency number 5061 to indicate our organization as the preferred beneficiary of your gift.

It is generally The Denver Hospice’s practice not to send invitations and notices for fundraising events, educational activities, direct mail, or special campaign solicitations to patients and their families while there is any care being provided or for three months after a loss has been suffered. Should you or your family wish to receive this information earlier, please contact our office and we will be happy to ensure you receive the appropriate information.

To receive further information about gifts to The Denver Hospice or to speak with someone about planned gifts or special gift recognition opportunities, please contact the Development Office at 303.321.2828.
### APPENDIX C: DONATING MEDICAL SUPPLIES

The following table displays The Denver Hospice suggested donation list for medical supplies.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone</th>
<th>Needs</th>
<th>Pick-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver Assistance League</td>
<td>303.322.5205</td>
<td>Durable medical equipment only</td>
<td>No</td>
</tr>
<tr>
<td>Dominican Sisters Home Health</td>
<td>303.322.1413 ext. 18</td>
<td>Durable medical equipment only, dressing supplies</td>
<td>No</td>
</tr>
<tr>
<td>Greenwood Wildlife Rehabilitation Sanctuary</td>
<td>303.545.4849</td>
<td>Medical supplies, dressings, syringes, IV supplies</td>
<td>Call</td>
</tr>
<tr>
<td>Project C.U.R.E. (International)</td>
<td>Main Office 303.792.0729</td>
<td>Medical supplies, IV supplies, fluids, medical equipment, over-the-counter medications that don’t expire in the next 6 months</td>
<td>720.323.5448</td>
</tr>
<tr>
<td>Senior Hub</td>
<td>303.426.4408</td>
<td>Durable medical equipment only</td>
<td>No</td>
</tr>
</tbody>
</table>
We believe in more.

We believe no matter where you are in life’s journey, you deserve to get the most out of every day. The most comfort, kindness, respect and love. We believe you should have more opportunities to create moments of joy and memories. We believe in more smiles, more hugs, more sweet moments of gratitude. We believe in less pain and more quality of life. We believe in less stress and more peace of mind. We believe in less “No” and more “Yes, we can make that happen.”

We believe that you, and you alone, know how you want to navigate these moments and that your wishes should be heard and respected. We believe in being there for you whenever and wherever you need us with the compassion and expertise to help you find your unique “more from life” and make it a reality.

We are here to give you more. It’s not just our job, it’s our calling. And we wouldn’t have it any other way.

**ADMINISTRATIVE OFFICES**
501 S. Cherry St. Suite 700
Denver, CO 80246
303-321-2828

**INPATIENT CARE CENTER AT LOWRY**
8299 E. Lowry Blvd.
Denver, Colorado 80230
303-418-3000

**NURSE SUPPORT LINE**
303-338-5600

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**THE DENVER HOSPICE**
More from life
TheDenverHospice.org