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**ELDERCARE RESOURCE SERVICES**



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**"HELPING YOU HELP YOUR LOVED ONES"**

**FEBRUARY 2015**  
**A FREE PUBLICATION ON ELDER ISSUES**  
**TEL: 508-879-7008**

### **WINTER—PREPAREDNESS**

Winter is here and apparently is not leaving us anytime soon. If a family member lives alone it is important to consider their safety. Winter time can mean loss of electricity. Is there a generator in the home—this is something more people are purchasing for their homes. Purchase more canned goods and make sure there is a hand operated can opener in the home.

Keep a small blanket on the couch. For some people it provides warmth when sitting.

Change the batteries in the carbon monoxide detector. This needs to be in good working order to alert someone to a problem.

Have a plan in place if someone cannot live in their home. Where will your family member go, how will they get there, who will pick them up?

Keep a list of important phone numbers close to the phone. The list should include the local power company, gas/heating company, local fire and police department, 911 for emergencies only, plumber, electrician, physician, family members and neighbors if they are available. This list on one sheet of paper makes it easy to locate people.

Have a list of meds on the refrigerator—quick to grab. Keep meds in one

location if someone needs to leave their home. Change batteries in flashlights and keep extra batteries handy.

Also keep a small bag available to pick up and go in an emergency. This bag should have a list of meds, list of important family members, cash, extra set of keys, extra gloves and scarf, name of physician etc.

The American Red Cross has information on emergency preparedness. There is a section for Seniors.

Check out [www.redcross.org/prepare/location/home-family/seniors](http://www.redcross.org/prepare/location/home-family/seniors) for more information.

### **ABOUT US**

**ElderCare Resource Services** is a certified aging care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitter LCSW, C-SWCM. Our unique Nurse/Social Worker team is able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case. Families can consult with either of us. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care. Together we are able to assist our clients and their families with information on Community Services, Home Care, Assisted Living, and Nursing Homes. Linda and Debbie have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News '[Senior Questions and Answers](#)'

### **PRECISION MEDICINE INITIATIVE**

The Precision Medicine Initiative is a research effort to change how we treat disease and improve health. The idea of this initiative is to offer patients better treatments and options based upon their individual health needs, their environment and their lifestyle. Then there should be better outcomes.

No longer will medicine offer one treatment for everyone.

With this initiative there will be monies for research by the National Institute of Health, National Cancer Institute, and the National Coordinator for Health Information Technology.

With the aid of technology there will be more information about the patient to the physician, accessibility to the physician on treatments, and more partnerships and sharing of information among everyone to allow for the best treatment choices.

Certified Members of:



**National and New England Associations of Professional Geriatric Care Managers**

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## **FREQUENTLY ASKED QUESTIONS**

**Q: My siblings and I take turns visiting with our mother. We are each responsible for different tasks; one of us food shops, one brings her to medical appointments etc. This model is working. We want our mother to stay at home and die in her home. If my mother's health changes can we bring in Hospice at home?**

**A:** Yes, Hospice can be brought into the home. Hospice is a benefit of Medicare and the HMO's. Hospice does not cover 24/7 coverage. It is limited coverage by having a Nurse visit in the home to monitor pain, meds, health status, to speak with the physician and to support the family and client. There are Social Work visits, volunteer services, Home Health Aide, and Pastoral services. The staff from Hospice visit throughout the week and increase visits as health declines. If someone is need-

ed in the home 24/7 then the family would need to arrange that or private help can be hired.

**Q: My father was always depressed and angry. He has dementia and he is becoming more angry, short fused, threatening to his family, and sometimes I think he is talking to someone in the room that does not exist. What should I do?**

**A:** Call your father's primary care physician to discuss the changes. Consider sending the physician a fax to read. Let the physician decide if medications are needed or what the next step is.

**Q: My mother is living in her home with memory loss. She often asks when can she go home. I keep telling her she is home but she does not believe me. She keeps asking and**

**sometimes I think she may try to leave. Any comments?**

**A:** As per the Alzheimer's Organization asking to go home is a symptom of not feeling comfortable in the current space, looking for something familiar, remembering the past such as their home of origin, or remembering their mother and looking for her. It is best to show support by trying to find out what your mother is thinking. Ask her for her home address. She may give a general city but not an address. Tell your mother a "fible" such as the home is being painted and there is an odor in the home (or a similar "fible"). Once it's finished painting you can return home. This shows support, caring, and diffuses the situation. Each time your mother hears she is not going home can cause her to feel more angry. Anger builds and it will be directed at the caregiver.