



ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES

DEHYDRATION IN SENIORS

Summer is here and so is the risk of dehydration. Many seniors do not drink enough fluids because they do not want to go to the bathroom so often.

During the summer when it is hot most, seniors do not feel the extent of the heat and do not drink extra fluids.

It is important to find creative ways to keep seniors hydrated. Consider purchasing popsicles (even for a diabetic there are low sugar popsicles), preparing jello, and having fleshy fruit such as juicy peaches in the home. Keep ice chips in a cup and these can be sucked on throughout the day or

until they melt. Consider purchasing more fruit juices. It is important for seniors to drink fluids throughout the day. For some seniors a full glass of fluid looks like a lot. Consider putting the drink (with ice if someone likes it cold) in a container with a straw next to where they sit most of the day. Seeing the straw may trigger the response to drink. Avoid alcohol, coffee, and tea as they are diuretics and can cause the body to lose fluids.

If someone shows an increase in confusion it could be a sign of dehydration. Contact the doctor or go to the hospital.

HEARING DEFICITS

As we age our bodies change. Many seniors are unable to hear well but refuse a hearing device. The hearing loss affects the senior's ability to fully participate in conversations and the decisions that affect them. Many seniors are able to hide their hearing loss; looking like they are hearing by nodding their head and saying yes. This can be troublesome when the senior is not hearing but is nodding and agreeing with something. The reverse can happen and questions may not be answered in the ER and the doctor's may label someone with dementia when indeed it was just hearing loss.

ABOUT US

ElderCare Resource Services is a geriatric care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitner 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 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 each have over 30 years working with the geriatric population. Now is the time to plan for the future. Call us today if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News called "Senior Savvy."

HEMOCARE SERVICES

The Commonwealth of Massachusetts is in the midst of debating the budget for the next fiscal year. Currently the Aging Senior Access Points which are funded by The Commonwealth of Massachusetts have a waiting list for services to sen-

iors. If there is an increase in the budget to the Aging Senior Access Points they will be able to provide services to seniors on the waiting list. Otherwise the waiting list could grow and it could be many months before seniors living in the com-

munity are eligible for free services; such as help with personal. If your relative is in the hospital or rehab and in need of services, call the local agency to inform them of the discharge as services are need based.



Member of:
The National Association of Professional Geriatric Care Managers

"Helping you help your loved ones"

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FREQUENTLY ASKED QUESTIONS

Q: My parents are doing well at home but I worry that one day their health will change. Is there anything that I can do in advance to prepare for the day one of them is sick?

A: Start to talk with your parents about that situation. If they will not talk with you then begin to put together a list of resources in their community such as rehabilitation centers, Nursing Homes, insurance numbers and telephone numbers. Include on that list a Geriatric Care Manager that can help advise you at the same time advocate for your parents through this medical and non-medical maze.

Q: My father and I have discussed a living will. He has not decided on life supports such as a ventilator, feeding tube and IV's. I would like

my father to have a decision made before he becomes ill otherwise as the health care agent I will not know what to do. What information can I provide to my father to help him with this decision?

A: This discussion needs to occur between your father (and you if your father agrees) and with his primary care physician. The physician can explain to your father what is involved and the possible outcome(s) of his decisions. Keep in mind decisions can be changed as your father's health changes. It is a difficult decision and your father is taking time to think about the pro's and con's of the issue.

Q: My aunt was moved into a Nursing Home and is very un-

happy there. When she was in the hospital recently I tried to have her moved to another facility. The case worker at the hospital met with my aunt. The next thing I know the case manager called me to let me know my aunt decided to return to the Nursing Home and that my aunt is competent to make that decision. My aunt went back. I think my aunt was intimidated and agreed. What can I do to help my aunt?

A: Ask for a meeting with the Director of Nurse's and your aunt (and you if your aunt agrees) to discuss the issues. If the home does not know about a problem they can not be given a chance to fix it. You can begin to call other Nursing Homes for a transfer. If your aunt is again hospitalized reinforce to your aunt that she is to say no to a return to that Nursing Home.