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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

JULY 2017
A FREE PUBLICATION ON ELDER ISSUES
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POTENTIAL MEDICATION ERRORS

It is important to reconcile medications with the pharmacist and physician. When a doctor prescribes an increase in medication or a new medication he/she does not always tell the pharmacist to stop the order on the previous medication. Without a discontinued order the pharmacist may keep the medication as current but not filled. A family member who may go to the pharmacist to obtain a current medication list will get the current and often times the older medications that were once filled. This can be confusing. Also, the pharmacist may not have a list of the over the counter medications that have either been prescribed or that someone has decided to take. It is important to have one master list with all the prescribed medications and all the over the counter medications. Tylenol should be

listed if it is taken frequently and listed as taken for pain as needed. This list should be posted on the refrigerator with a copy to family members. EMT's are trained to look at the refrigerator for important information such as a current medication list, allergies, family members names and telephone numbers.

The File of Life is a folder with a magnet that can be placed on the refrigerator as well. EMT's are trained to look for The File of Life. Inside the File of Life should be a current medication list (remember to update it after each physician visit and ask for a copy when leaving the office), a copy of the health care proxy, allergies, phone numbers of family, list of physicians, information on hearing, eyesight (this way the EMT's know if someone is blind or hard of hearing when they do not an-

swer questions), a list of diagnoses, one's personal wishes such as resuscitation, etc.

The File of Life can be obtained for free from many of the local Council on Aging or Aging Area Access Points such as BayPath in MetroWest or you can send us an email and we can mail out a File of Life to you.

During spring and fall go through the medicine cabinets and remove outdated medications and over the counter medications. Some Police stations have a special dispensary to bring expires medications. This is environmentally safer. Call the police in your city to ask if you can bring old and not used medications to be destroyed. Some cities now have medication recycle days.

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'

UPDATES

Beginning on June 30, 2017 the Executive Office of Elder Affairs Elder Abuse Hotline will have a centralized single phone number for callers to report elder abuse. The telephone number is 800-922-2275. Reports can be made 24/7. The telephone number will be centralized but all reports will continue to be referred to the local Elder Protective office for investigation and

on-going service plans.

Elder abuse is not only physical but it can also be mental or financial.

Effective November 28, 2017 there are new federal requirements for nursing homes to develop and implement an antibiotic stewardship program. There will be training courses available to staff in nursing homes. The

purpose of the program is to establish a set of commitments and action plans designed to "optimize the treatment of infections while reducing the adverse events associated with the use of antibiotics." Studies show there are too many antibiotics given to patients in nursing homes. The CDC supports this initiative..



Certified Members:

Aging Life Care Association

SUMMERTIME COVERAGE

When we think of summer we think of warm weather, time off and vacation.

If someone is a caregiver for a relative, trying to plan a vacation can be stressful because of the worries of the family member's well being.

One option for coverage can include hiring a home care agency for a specific time frame to come into the house, prepare meals, check that the air conditioning is on, food shop, and light housework.

If your relative is doing well but you still worry that something will happen while away, a home care agency can be on call to cover if there is an emergency until you can return.

If an agency is going to cover document important information on your relative such as likes and dis-

likes. Leave notes about what the day is like and favorite foods. This will make it easier for someone to follow what is established in the home.

Some agencies can have someone visit in the morning for a.m. care and then come back in the evening for dinner and bedtime care. Or another option is for hiring live in help so there are eyes on someone all the time.

Many Assisted Livings offer a respite program to allow someone to move in from a few weeks to one month. The respite program allows someone to try the Assisted Living as an option for the future, but also to have oversight, meals, laundry, etc. while family members and caregivers travel.

The Assisted Living will work with families. The apartment is completely furnished so all your relative needs to bring is clothes—almost like hotel living. While at the Assisted Living your relative can meet other people and enjoy

the activities within the facility.

It is also important to inform the Assisted Living of likes and dislikes, habits and routines. The staff is able to provide reminders around medications.

If a family member is able to cover in the home, again it is important that they follow what your systems are in place. This will reduce anxiety and worry for your relative.

When systems work there is no need for a change but it is important for people covering to follow established patterns. This is not the time to make changes. Continuity is very important. Anybody at home needs to wake up and know that today will be like yesterday. That consistency provides contentment and a feeling of security.

FREQUENTLY ASKED QUESTIONS

Q: . My sister and I do not agree on what is best for mom. My sister has an alcohol problem and has been in and out of facilities. She now wants to live with my mother which I think is not a good idea. My mother thinks she can help her daughter. What can I do to protect my mother and make sure having my sister return is best? Who will have eyes on them?

A: This is difficult because your mother is thinking like a mom. It does not sound that your sister has established your trust. One idea is to hire a Geriatric Care Manager/Aging Life Care Specialist to talk with your mother and to put together guidelines in writing under what situation would she call the police, under what situation would she tell her daughter she cannot stay with her, etc. That person can also make periodic visits to the home to monitor how things

are going. This person can be the go to person if your sister is not holding up her end of the deal.

A discussion of the finances also needs to be reviewed. Will your mother give your sister money to live? Will your mother allow you to oversee her banking? If yes, you can check online to see what is being withdrawn. If you are concerned that your mother is at risk you can contact Elder Protective Services to discuss your concerns. Someone will come out from the state to monitor the situation. They can also be an advocate for your mother.

Q: My daughter has a learning disability. I have been able to watch over her through her adult life. She did attend a special school that met her needs. Now that I am getting on in years I

worry about what will happen to my daughter. My son said he would watch over her but I am concerned that he will not follow all of my wishes. I would like to leave my daughter money so she can have what she needs, separate from what I leave to my son. How do I go about doing this?

A: Contact an Elder Law Attorney that has an associate that specializes in Special Needs Planning. That attorney can advise you on how to make plans. Your son can be included in the meetings so he can hear your wishes and understand what you want. The attorney can put together the necessary documents to protect your daughter and honor your wishes. It is best to do it before you have a medical crisis.