BJC HOME CARE SERVICES
We put our hearts in home care™

Home Health | Rehabilitation/Home Therapy | Supportive Care
Hospice | Infusion Therapy | Medical Equipment
Lifeline Program | In-Home Services (Farmington Region)
Our Promise to You is for Service Excellence

It is our pleasure to serve you and the goal of all our staff is to meet your needs. If we can help you in any way, please contact us.

We want you to know that over the next few weeks you may be contacted by telephone by Professional Research Consultants (PRC), an independent research company, to participate in a survey about your experience with us. We very much welcome your opinions.
WELCOME TO BJC HOME CARE SERVICES

WE WILL PROVIDE EXCELLENT CARE TO YOU

INTRODUCING YOUR TEAM:

NURSING ____________________________________________________

_________________________________________________________________

PHYSICAL THERAPY ____________________________________________

OCCUPATIONAL THERAPY _______________________________________

SPEECH THERAPY _____________________________________________

SOCIAL WORKER _____________________________________________

AIDE _______________________________________________________

TEAM SUPERVISOR ___________________________________________

We want to provide the best care. If you have suggestions, please let us know immediately. We will schedule our appointments to best meet your needs, but please remember it is difficult to give an exact time, so our staff will give you a range. We will make every attempt to be timely or we will call you.

Our office contact number is ________________________________
Care Communication Sheet

Patient’s Name _________________________________  Doctor’s Name _________________________________  Telephone _______________________________

Not intended to be part of the medical records.

### VITAL SIGN READINGS

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<th>Body Weight</th>
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Patient’s Name _________________________________  Doctor’s Name _________________________________  Telephone _______________________________

Care Communication Sheet
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Not intended to be part of the medical records.
Your staff will schedule their visits with you. Please use this helpful reminder. Please forgive us if we are a little early or a little late.

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My Schedule
WHO TO CALL WHEN...

This plan outlines what to do in case of an emergency. Please keep this information where you can find it easily. Our agency has nursing staff on call 24 hours a day including nights, weekends, and holidays.

Agency Name:_____________________________ Phone Number:_____________________________

<table>
<thead>
<tr>
<th>CALL THE AGENCY IF YOU HAVE...</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐ Sudden weakness or dizziness</td>
<td>☐ Foul odor to urine</td>
</tr>
<tr>
<td>☐ Uncontrollable thirst or hunger</td>
<td>☐ Catheter not draining</td>
</tr>
<tr>
<td>☐ Blurred vision</td>
<td>☐ Back or flank pain</td>
</tr>
<tr>
<td>☐ Increased urination</td>
<td>☐ Difficulty urinating</td>
</tr>
<tr>
<td>☐ Sweating spells</td>
<td>☐ Increased fatigue</td>
</tr>
<tr>
<td>☐ Frequent headaches</td>
<td>☐ Bloody, cloudy or change in urine color</td>
</tr>
<tr>
<td>☐ Itching</td>
<td>☐ Blood sugar level greater than ______</td>
</tr>
<tr>
<td>☐ Drowsines</td>
<td>or less than ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNS OF INFECTION</th>
<th>HEART/LUNG PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Increased redness</td>
<td>☐ A productive or frothy cough</td>
</tr>
<tr>
<td>☐ More or difficult drainage</td>
<td>☐ New Congestion</td>
</tr>
<tr>
<td>☐ Wound area gets bigger</td>
<td>☐ Increased shortness of breath</td>
</tr>
<tr>
<td>☐ Temperature of _____ or more</td>
<td>☐ More swelling in your legs or feet</td>
</tr>
<tr>
<td>☐ Change or new odor from wound</td>
<td>☐ Weight gain of _____ in 24 hours</td>
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<tr>
<th>TOO MUCH BLOOD THINNER</th>
<th>OTHER PROBLEMS</th>
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<tbody>
<tr>
<td>☐ Bleeding from the nose, mouth, gums or rectum</td>
<td>☐ No bowel movement in _____ days</td>
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<tr>
<td>☐ Unusual bruising</td>
<td>☐ New wounds or open areas</td>
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<tr>
<td>☐ Leg pain</td>
<td>☐ Change in balance, coordination, or strength</td>
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<tr>
<td>☐ Tarry stools</td>
<td>☐ Fall with small or no injury</td>
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<tr>
<td>☐ Change in mental status</td>
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<thead>
<tr>
<th>CALL 911 IF YOU HAVE...</th>
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<tbody>
<tr>
<td>☐ A fall with a broken bone or bleeding</td>
<td>☐ Severe or prolonged bleeding</td>
</tr>
<tr>
<td>☐ Chest pain that medication does not help</td>
<td>☐ Sudden onset of severe or prolonged pain</td>
</tr>
<tr>
<td>☐ Difficulty in breathing</td>
<td>☐ Sudden weakness on one side</td>
</tr>
<tr>
<td>☐ Difficulty walking</td>
<td>☐ Difficulty with speech</td>
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<tr>
<td>☐ Unable to urinate</td>
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Dear Patient,

We appreciate the opportunity to provide home health care services to you. As a member of BJC Health Care, our mission is to improve the health of the people and communities we serve. We believe that the well-being of the patient is enhanced by the ability to remain in the home environment.

We can provide or assist you in the following areas of service:

<table>
<thead>
<tr>
<th>HOME HEALTH</th>
<th>HOSPICE</th>
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<tbody>
<tr>
<td>• Skilled nursing care</td>
<td>• Pain and symptom management</td>
</tr>
<tr>
<td>• Clinical evaluation</td>
<td>• End-of-life planning</td>
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<tr>
<td>• Cardiac Care Team – heart failure management</td>
<td>• Nursing care/coordination</td>
</tr>
<tr>
<td>• HomMed telemonitoring system</td>
<td>• Social work services</td>
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<tr>
<td>• Chronic obstructive pulmonary disease management</td>
<td>• Certified nursing assistant services</td>
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<tr>
<td>• Wound care</td>
<td>• Physician care</td>
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<tr>
<td>• Nutritionist/dietitian</td>
<td>• Spiritual support</td>
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<tr>
<td>• Supportive home care</td>
<td>• Volunteer support</td>
</tr>
<tr>
<td>• Social work services</td>
<td>• Caregiver respite and support</td>
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<tr>
<td>• Rehabilitation</td>
<td>• Pharmacy services</td>
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<tr>
<td>- Physical therapy</td>
<td>• Medical equipment and supplies</td>
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<tr>
<td>- Occupational therapy</td>
<td>• Bereavement services for adults and children</td>
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<tr>
<td>- Speech therapy</td>
<td>- Educational programs</td>
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<tr>
<td>- VitalStim therapy</td>
<td>- Counseling</td>
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<tr>
<td>• Private duty nursing (Farmington area)</td>
<td>- Support groups</td>
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<td>- Chaplain services</td>
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<td>• Wings program – pediatric hospice</td>
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<tr>
<th>INFUSION THERAPY/PHARMACY</th>
<th>HOME MEDICAL EQUIPMENT</th>
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<tr>
<td>• Total parenteral nutrition (TPN)</td>
<td>• Oxygen (stationary, portable, liquid)</td>
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<td>• IV antibiotics and anti-infectives</td>
<td>• CPAP machines</td>
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<td>• Chemotherapy</td>
<td>• BiPAP machines</td>
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<td>• Pain management</td>
<td>• Ventilators</td>
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<td>• Nausea management (antiemetics)</td>
<td>• Nebulizers</td>
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<tr>
<td>• Hydration</td>
<td>• Wheelchairs</td>
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<tr>
<td>• Nebulized medications</td>
<td>• Tracheostomy services and supplies</td>
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<tr>
<td>• Enteral nutrition (tube feeding)</td>
<td>• Enteral nutrition (tube feeding)</td>
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<td>• Synagis administration</td>
<td>• Suction devices</td>
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<tr>
<td>• Bone marrow transplant care</td>
<td>• Hospital beds</td>
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<td>• Chronic disease therapies</td>
<td>• Pressure relief overlays</td>
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<td>• Multiple Sclerosis therapies</td>
<td>• Phototherapy devices (Bilights)</td>
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<td>• Growth hormones</td>
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<td>• Hemophilia therapies</td>
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<td>• Crohn’s Disease therapies</td>
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This folder contains information that will help you be an active participant in planning care and services which are appropriate for you. Please take the time to read the enclosed materials, such as the Patient Bill of Rights, Patient Responsibilities and Home Safety Information. The home health staff will use your folder each time they visit you. Please keep the folder and its contents available for them.

The home health staff wears identification badges and will introduce themselves to you. If you are concerned about the identity of an employee, you may call the home health office for validation. Only licensed staff may administer medications under a physician's order. Any paper medical records are secured in a safe, locked, fire-protected area and are returned to this area at the close of each day. Records will not be released without a signed authorization. BJC Home Care Services has an information system (computer) which holds all patients’ records. These records may only be accessed by employees and will be kept confidential.

**YOUR SATISFACTION**

Our patients are very important to us and we appreciate your comments. You may receive a Patient Satisfaction Survey telephone call. Please participate in the survey. You may also call the office if you have a compliment or concern; ask to speak with a supervisor or manager.

**ADVANCE DIRECTIVES**

You have the right to provide us with your advance directives for medical care. No individual shall be discriminated against based on the presence or absence of these documents. You are responsible to provide us with a copy of your advance directive. For your safety, our agency is unable to adhere to any advance directive we do not have on file.

**AGENCY HOURS**

The BJC Home Health agency provides 24-hour assistance, seven days a week. Normal agency business hours are 8:00 a.m.-4:30 p.m. Monday through Friday. Nurses are available at other times when medically necessary. In case of an emergency after hours, you may call the agency number and ask to speak with a home health nurse. Please be prepared to give the patient’s name, date of birth and telephone number in order to help us help you. If you are experiencing a medical emergency, please call 911.

**EMERGENCY PREPAREDNESS**

In the event of a disaster, please tune in to your area emergency broadcast station. You may need to proceed to the nearest health care facility if no means of communication exists and you are in need of immediate medical attention.
Safeguarding your health information is important to us. The following is a summary of some of the BJC HealthCare privacy practices that describe how, when and why we may use and disclose your health information, as well as your rights regarding your health information. All of the BJC Home Care Services representatives follow these privacy practices.

You are entitled to receive and review our full-length legal notice of privacy practices. You may obtain a copy of our notice on our website at www.bjchomecare.org, at any of our hospitals, long-term care facilities, health services or medical offices or by calling 314-362-9355 or 1-800-392-0936.

The Health Insurance Portability and Accountability Act of 1996, which is the federal law commonly known as “HIPAA,” provides certain protections for any of your health information that can be specifically identified as yours. HIPAA permits, and our privacy practices allow, us to use your individually identifiable health information or share it with another health care provider or an insurance company in the following circumstances:

- To treat and care for you, including contacting you for appointment reminders
- To obtain payment from you or your insurance company
- In connection with our health care operations, which are operational activities typically carried on by health providers such as quality assessment and improvement, review and/or training of health care professionals, business planning, customer service, grievance resolution, and other general administrative activities.

HIPAA also permits us to use certain health information for the following activities:

- For fundraising for our facilities (You have the right to opt out of receiving those communications)
- When required by law
- When permitted by HIPAA for such activities including:
  - Public health and safety
  - Health oversight agencies for monitoring of the health care system
  - Law enforcement related to its criminal investigations
  - Judicial and administrative proceedings
  - Organ donation
- For research (provided other precautions are taken regarding your information.)
- We will also follow other federal and state laws when they provide extra protections regarding your health information.

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPAA, we will ask you to complete a written authorization before we use or release your health information. The authorization will:

- Describe in detail the health information it covers
- Identify to whom your health care information will be released and how it will be used
- Describe when it will be used or released
- State the expiration date of the consent
Our notice’s latest effective date: September 23, 2013
When receiving services from us, you will also be able to decide whether to remain listed in our patient
directory and whether we can discuss your health information with your family or friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing,
at any time to stop our future disclosures of your health information. Information disclosed before you
revoked your authorization will not be returned and any actions that we have already taken based on prior
authorizations will not be affected.

Your rights regarding your health information

HIPAA provides you with the following rights regarding your health information.

1. Restricting a Use/Disclosure. You may request a restriction on how we use or disclose your health
information. You may request in writing that we not share your information with a health care plan
for services that you have paid for in full out of pocket. Any approved restriction may be followed
only to the extent permitted by law.

2. Requesting Confidential Communications. You may request reasonable changes in how or where
we may contact you to remind you of an appointment, for lab results or other health information.

3. Inspecting and Obtaining Copies of Your Health Information. You may ask, in writing, to
look at and/or receive a copy of your health information. There may be a fee associated with your
request.

4. Requesting a Change in Your Health Information. You may request, in writing, a change or
addition to your health information. The law limits the types of changes that may be made and we
may not erase or delete any information in your records.

5. Requesting an Accounting of Disclosures of Your Health Information. You may ask, in writing,
for an accounting of certain types of disclosures made of your health information. Disclosures made
with your authorization will not be included in the accounting.

6. Receiving Notifications in the Event of a Breach of Unsecured Protected Health Information
We will notify you in writing in the event there is an unintended disclosure of your health information.
We will also share any steps that were taken to reduce the impact of the disclosure and what you can
do to further protect yourself.

We welcome the opportunity to address any questions or concerns that you may have regarding the privacy
of your health information. If you believe that the privacy of your health information has been violated
and you wish to file a complaint or discuss a privacy concern, you may contact our patient care advocate/
representative or HIPAA liaison through the operator at any of our facilities or offices. You may also file
a complaint with the Secretary of the U.S. Department of Health and Human Services. Be assured that
voicing a concern or filing a complaint will not impact your care in any way.
PATIENT'S RIGHTS

- The patient has the right to be informed of his/her rights.
- The agency must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.
- The agency must maintain documentation showing compliance of the rights listed above.
- The patient has the right to exercise his or her rights as a patient of the agency.
- The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent.
- The patient has the right to have his/her property treated with respect.
- The patient has the right to have his or her cultural, psychological, spiritual, and personal values, beliefs and preferences respected.
- The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so.
- The agency must investigate complaints made by a patient or the patient’s family or guardian regarding treatment or care that is (or fails to be) furnished or regarding the lack of respect for the patient’s property by anyone furnishing services on behalf of the agency and must document both the existence of the complaint and the resolution of the complaint.
- The patient has the right to be informed, in advance, about the care to be furnished and any changes in the care to be furnished.
  - The agency must advise the patient in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.
  - The agency must advise the patient in advance of any change in the plan of care before the change is made.
- The patient has the right to participate in the planning of the care.
- The agency must advise the patient in advance of the right to participate in the planning care or treatment and in planning changes in the care or treatment.
- The agency has written policies and procedures regarding advance directives. The agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state laws.
- The patient has the right to confidentiality (privacy) of the clinical records maintained by the agency.
- The agency must advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Patients' written consent is required for release of information not authorized by law.
- The patient has the right to be advised before care is initiated, of the extent to which payment for the agency services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.
  - Before care is initiated, the agency must inform the patient, orally and in writing of:
    - The extent to which payment may be expected from Medicare, Medicaid or any other federally funded or aided programs known to the agency.
    - Charges for services that will not be covered by Medicare and charges the individual may have to pay.
- The patient has the right to be advised orally and in writing of any changes in the information previously given to them.
• The agency must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the agency becomes aware of a change.

• When the agency accepts the patient for care, the patient has the right to be advised of the availability of the toll-free home health hotline in Missouri. The number is 1-800-392-0210 (8 a.m.—8 p.m., seven days a week) and in Illinois 1-800-252-4343 (24 hours a day, seven days a week). The purpose of this hotline is to receive complaints or questions about local home health agencies. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirement.

• The patient has a right to choose their health care providers.

• The patient has the right to receive the information necessary to give an informed consent prior to receiving care.

• The patient has the right to refuse treatment within the confines of the law and to be informed of the consequences of their actions.

• The patient has a right to refuse experimental treatments and/or to participate in research.

• The patient has a right to receive a timely response from the agency to their request for service.

• The patient has a right to appropriate and professional care and will only be admitted to service if the agency has the ability to provide safe and professional care at the level the patient requires.

• The patient has the right to be informed within a reasonable time of anticipated termination of service or plans to transfer to another agency. The patient will be informed of any financial benefit to the referring agency.

• The patient has the right to formulate an advance directive for medical care which will be honored by the agency to the extent provided by law, as long as the agency is provided with a copy of the document for the medical record.

• The patient has the right to appropriate assessment and management of pain. As a patient of this home care agency, you can expect:
  - Your reports of pain will be believed
  - Information about pain and pain relief measures
  - A concerned staff committed to pain prevention and management
  - Health professionals who respond quickly to reports of pain and
  - Effective pain management

• The patient has the right to be informed at admission of this organization’s policies regarding the withholding of resuscitation and the withdrawal of life-sustaining treatment as appropriate. BJC Home Care Services will initiate cardiopulmonary resuscitation (CPR) on all patients unless there is a written order by the physician not to resuscitate.

• The patient has the right to be informed, in advance and in a manner he or she understands, about the care to be furnished and any changes in the care to be furnished.
PATIENT RESPONSIBILITIES

1. You have the responsibility to have a willing and able caregiver available to assist with your care/treatment as determined by the professionals of the home care organization.

2. You have the responsibility to be available for scheduled visits and/or to notify the home care organization if you will not be available, if you move, or if you are hospitalized.

3. You have the responsibility to keep all information and supplies given to you by the home care professional in a safe, clean place for easy access at the time of each visit.

4. You have the responsibility to make every effort to comply with a mutually agreed upon plan of care. Repeated failure to comply with this plan of care could result in a discontinuation of the services provided by the home care organization.

5. You have the responsibility to take an active role in learning about or in providing your own care or treatments.

6. You have the responsibility to clarify the consequences of a decision to refuse care. You are responsible for any consequences or adverse effects you may incur as a result of refusing care or not complying with instructions given to you by the professionals of the home care organization.

7. You have the responsibility to provide the home care professionals with the information needed to provide appropriate care and teaching. This may include current and past health problems of yourself and/or family members.

8. You have the responsibility to notify the home care organization or your physician of any changes in your condition, as instructed by the professional of the home care organization.

9. You have the responsibility for obtaining those supplies for which the home care organization is unable to bill Medicare/Medicaid or our insurance company.

10. You have the responsibility to notify the home care organization if you have questions, concerns, or problems related to the home care services you are receiving.

11. You have the responsibility to provide a safe environment for your home care staff, free from security risks, i.e., family, friends or others.

12. You have the responsibility to notify your home care staff of any change in insurance provider, including Medicare, immediately.

13. You have the responsibility to provide the home care organization with a copy of any advance directive documents you may have.

When the patient is unable to directly assume these responsibilities, the above becomes the responsibility of the caregiver.
The Joint Commission Public Notice Regarding Safety & Quality of Care

The Joint Commission conducts an accreditation survey of BJC Home Care Services. The purpose of the survey is to evaluate the organization’s compliance with nationally established Joint Commission standards. The survey results are used to determine whether – and the conditions under which – accreditation should be awarded to BJC Home Care Services.

Joint Commission standards deal with organization and safety quality of care issues and the safety of the environment in which care is provided.

As a patient, family member, community representative or employee of BJC Home Care Services, you have the right to notify the Joint Commission regarding any concern you have about the quality of care provided, safety of care provided or safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters should notify:

The Joint Commission
Division of Accreditation Operations
Operations Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Phone: (800) 994-6610
Fax: (630) 792-5636
E-mail: complaint@jointcommission.org
Home Health Agency
Outcome and Assessment Information Set (OASIS)
STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

● You have the right to know why we need to ask you questions.
   We are required by law to collect health information to make sure:
   1) you get quality health care, and
   2) payment for Medicare and Medicaid patients is correct.

● You have the right to have your personal health care information kept confidential.
   You may be asked to tell us information about yourself so that we will know which home health services will be best for you.
   We keep anything we learn about you confidential.
   This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

● You have the right to refuse to answer questions.
   We may need your help in collecting your health information.
   If you choose not to answer, we will fill in the information as best we can.
   You do not have to answer every question to get services.

● You have the right to look at your personal health information.
   - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
   - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which is maintained in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice. PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.
Sections 1102(a), 1154, 1861(o), 1861(q), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS), the federal Medicare & Medicaid agency to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED
The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-0002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:
• support litigation involving the Centers for Medicare & Medicaid Services;
• support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
• study the effectiveness and quality of care provided by those home health agencies;
• survey and certification of Medicare and Medicaid home health agencies;
• provide for development, validation, refinement of a Medicare prospective payment system;
• enable regulators to provide home health agencies with data for their internal quality improvement activities;
• support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
• support constituent requests made to a Congressional representative.

III. ROUTINE USES
These “routine uses” specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:
1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of home health services provided in the State, for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION
The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION
If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:
Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.
Home Health Agency
Outcome and Assessment Information Set (OASIS)

NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
  - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
  - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
  - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.

- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.
A Brief Summary: Missouri Law Regarding a Patient’s Right to Make Health Care Treatment Decisions

Federal law directs that any time you are admitted to any health care facility, or served by certain organizations that receive Medicare or Medicaid money, you must be told about your right to make health care decisions. The requirement applies to all adult patients no matter what their medical condition.

The law also requires nursing homes and other health care facilities to determine if you have an “advance directive,” and if so, to have a copy of it on file. They cannot, however, require you to have one as a requirement for admission. They must adhere to your wishes, if these are not in conflict with facility policies. These policies must be provided to you or your legal representative on admission.

This pamphlet is designed to provide information about your rights under Missouri law to accept or refuse medical treatment including life support. These are important personal health care decisions and they deserve careful thought. It is a good idea to talk about them with your doctor, family, friends, staff members of your health care facility, and if possible, a lawyer.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE:
(Chapter 404 RSMo, Supp. 1991)
On August 18, 1991, a law went into effect in Missouri that allows a competent adult to designate another person to make health care and treatment decisions if and when the adult is unable to do so. The act is known as the durable power of attorney for health care.

The Durable Power of Attorney for Health Care
• must be signed by the patient, witnessed and notarized;
• becomes effective upon certification of the incapacity of an individual by two licensed physicians (unless the power of attorney document provides for a different number; but in any case, certification by at least one physician is required).
• must provide a specific grant of authority to withhold or withdraw artificially supplied nutrition and hydration if the patient intends the designated person to be able to withhold or withdraw this type of medical treatment; and,
• may be revoked by the adult, if competent, at any time and in any manner by which he/she is able to communicate his/her intent to revoke.

MISSOURI CASE LAW
The Cruzan Case
Cruzan v. Director, Missouri Department of Health
• determined that a state has a right to require “clear and convincing evidence” that a patient would have, if competent, refused treatment; and,
• established that there is a constitutional basis for persons to make decisions regarding their own medical care (including the withholding or withdrawing of food and hydration provided by artificial means).

As applied in Missouri, the Jasper County Circuit Court in Cruzan v. Mounton
• authorized the removal of nutrition and hydration based upon clear and convincing evidence that the patient would have desired the discontinuance of life support measures.
“Clear and convincing evidence” can be established in many ways. Persons can execute a formal document developed by their attorney, can use a statutory declaration form or other printed advance directive form, or can even write something out in their own words. Whatever form or format you use, be sure to give a copy to your physician and health care provider.

MISSOURI LIFE SUPPORT DECLARATION ACT (Chapter 459 RSMo)
On September 24, 1985, a law went into effect in declaration permitting the withholding of “death-prolonging procedures” if the adult has a terminal condition and is unable to make treatment decisions at that time. The act refers to the written authorization as a “Declaration.”

Declaration
- must be written, signed, dated and witnessed (unless wholly in the patient’s handwriting)
- is only valid in cases of terminal illness
- should be part of the patient’s medical record
- may not include directives regarding withholding food and water or palliative medical care.

Any person who executes a Declaration may revoke it orally, in writing, or in any other method of communication.

SOURCES OF INFORMATION
For more information regarding advance directives and the durable power of attorney for health care, contact:
- your attorney
- Midwest Bioethics Center
  410 Archibald, Suite 200
  Kansas City, MO 64111
- Missouri Bar Association
  326 Monroe
  Jefferson City, MO 63501

DEFINITION OF TERMS

Advance Directive
A general term used to apply to written advance health care treatment directives, often referred to as “living will” and durable power of attorney for health care

Durable Power of Attorney for Health Care
A signed, dated and notarized document that allows an individual to name an agent to make health care decisions in the event the person completing the document becomes incapacitated

Health Care Treatment Directive
Usually incorporated in a durable power of attorney for health care, health care treatment directives allow individuals to state in advance their wishes regarding health care decisions. Such directives are similar to a “living will,” however, they are far more comprehensive than most living wills. The health care treatment directives are not necessarily restricted to use only when one is terminally ill.

Living Will
A term used to describe a variety of advance directives. Usually it is used with a signed, dated and witnessed document indicating death procedures may be withheld or withdrawn.
You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are no longer able to make them for yourself. A do not resuscitate order (DNR order) is a medical treatment order that says cardiopulmonary resuscitation (CPR) will not be used if your heart and/or breathing stops.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. Illinois law allows for the following three types of advance directives: (1) health care power of attorney; (2) living will; and (3) mental health treatment preference declaration. In addition, you can ask your physician to work with you to prepare a DNR order. You may choose to discuss these different types of advance directives, as well as a DNR order, with your health care professional and/or attorney. After reviewing information regarding advance directives and a DNR order, you may decide to make more than one. For example, you could make a health care power of attorney and a living will.

If you have one or more advance directives and/or a DNR order, tell your health care professional and/or attorney when you sign the power of attorney. The power of your agent to make health care decisions on your behalf is broad. Your agent would make health care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may use a standard health care power of attorney form or write your own. You may give your agent specific directions about the health care you do or do not want.

The agent you choose cannot be your health care professional or other health care provider. You should have someone who is not your agent as witness when you sign the power of attorney.

The power of your agent to make health care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. You can name a backup agent to act, if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

Living Will

A living will tells your health care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition, such that death is imminent, and the application of any death-delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health care professional thinks you could have a live birth, your living will cannot go into effect.

State law provides copies of sample advance directives forms. In addition, you may get a copy of these forms and a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive at www.idph.state.il.us.
You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures that you do or do not want.

Two people must be witnesses when you sign the living will. Your health care professional cannot be a witness. It is your responsibility to tell your health care professional if you have a living will, if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health care decisions, unless he or she is unavailable.

**Mental Health Treatment Preference Declaration**

A mental health treatment preference declaration lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the “principal” and the person you choose is called an “attorney-in-fact.” Neither your health care professional nor any employee of a health care facility in which you reside may be your attorney-in-fact. Your attorney-if-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people act as witnesses when you sign the declaration. The following people may not serve as witnesses: your health care professional; an employee of a health care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

**Do-Not-Resuscitate Order**

You may also ask your health care professional about a do-not-resuscitate order (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician’s order that requires a physician’s signature.

Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, health care power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by one person who is 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you. You can see a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive that you and your physician may use at www.idph.state.il.us. The website also provides a link to guidance for individuals, health care professionals and health care providers concerning the IDPH Uniform DNR Advance Directive.

**What happens if you don’t have an advance directive?**

Under Illinois law, a health care “surrogate” may be chosen for you if you cannot make health care decisions for yourself and do not have an advance directive. A health care surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult
The surrogate can make all health care decisions for you, with certain exceptions. A health care surrogate cannot tell your health care professional to withdraw or withhold life-sustaining treatment unless you have a “qualifying condition,” which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. A “terminal condition” is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. “Permanent unconsciousness” means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An “incurable or irreversible condition” means an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient’s death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment. If your health care surrogate decision maker decides to withdraw or withhold life-sustaining treatment, this decision must be witnessed by a person who is 18 years or older. A health care surrogate may consent to a DNR order, however, this consent must be witnessed by one individual 18 years or older.

A health care surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A health care surrogate can petition a court to allow these mental health services.

Final Notes
You should talk with your family, your health care professional, your attorney and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives or a DNR order. If they know what health care you want, they will find it easier to follow your wishes. If you cancel or change an advance directive or a DNR order in the future, remember to tell these same people about the change or cancellation.

No health care facility, health care professional or insurer can make you execute an advance directive or DNR Order as a condition of providing treatment or insurance. It is entirely your decision. If a health care facility, health care professional or insurer objects to following your advance directive or DNR order, then they must tell you or the individual responsible for making your health care decisions. They must continue to provide care until you or your decision maker can transfer you to another health care provider, who will follow your advance directive or DNR order.

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Statement of the Policy from BJC Home Care Services
Each of our patients will receive total life-sustaining treatments unless the physician, patient and/or family decide otherwise. Sometimes a patient’s vital organs fail. At that time, “total life-sustaining treatment” means every appropriate and available treatment will be used to sustain life.

Our patients, physicians, and families are encouraged to clarify with one another treatment options and both current and future treatment choices. The patient, or if the patient is unable to make decisions, the patient’s family, working with the physician, may decide to limit, withdraw or go without life-sustaining treatment.

In order for BJC Home Care Services to honor your power of attorney for health care, living will or other advance directives, we require a copy be provided to us.
Fires are a leading cause of injury and death in the home. The hazards are smoking, oxygen, flammable substances, electrical equipment, faulty wiring, overloaded electrical circuits, combustibles and a multitude of other unsafe practices.

FIRE PREVENTION

You can help prevent fires by looking for fire hazards and correcting any problems. 

*Smoke alarms are the first line of defense for early warnings of fire.*

1. Maintain working smoke alarms on every floor of your home.
2. Test your smoke alarms monthly.
3. Change the batteries in your smoke alarms at least yearly.
4. Have a fire escape plan that includes at least two exits from each room. Plan ahead for assistance if you are limited in your ability to move quickly, including notification of your local fire department.
5. Keep fire extinguishers in key areas.
6. Never overload electrical circuits or pull on cords to unplug – use the plug at the wall. Do not run cords under rugs.
7. Keep combustibles and flammables away from heat or spark sources.
8. Dispose of combustibles properly.
9. Store oxygen safely away from open flames or sources of spark or heat, and in a well-ventilated area.
10. Do not smoke in your home if oxygen is in use.
11. Keep space heaters at least three feet from anything that can burn.

WHAT TO DO!

- In the event of a fire, contact your local fire department.
- Leave the building immediately.
- Do not use elevators in multi-story buildings.
- Feel doors for warmth and look for smoke seeping under doors before opening. If you see smoke or feel warmth, do not open the door. Use another escape route. If you cannot escape, stuff cloth around doors and cover vents to keep smoke out.
- If you must exit through smoke, **CRAWL**!
- If your clothing catches fire, **STOP, DROP & ROLL**.
- Smother the fire with a blanket.
Home Safety Measures

FALL PREVENTION

- Practice proper transfer techniques
  - Bed to chair, chair to bed, chair to toilet
- Use proper ambulation techniques
  - Safety belt, walker, cane or crutch
- Lift feet when walking
- Wheelchair safety
  - Ramps – 12 ft. ramp for 1 ft. rise
  - Proper furniture placement
  - Lock wheels
- Keep side rails up on hospital bed
- Avoid or anchor throw rugs
- Avoid walking hazards
  - Low-lying objects
  - Clutter
- Have proper lighting
- Avoid extension cords
- Work on developing your balance
- Avoid slippery surfaces
- Be careful when using tranquilizers
- Do exercises to strengthen legs
- Do not over-wax floors, use non-skid wax
- Wear properly fitting shoes
- Wear shoes with rubber soles
- Watch oxygen tubing
- Watch thresholds at doorway
- In bathroom
  - Have sufficient lighting
  - Use handrails near toilet and tub
  - Use skid-proof floor covering
  - Use bathtub mat
  - Use stable tub seat
- On staircase
  - Use proper handrails
  - Have sufficient lighting
  - Label first and last step
  - Use non-skid treads on steps
- Night light near bathroom
- Watch telephone cords
- Do not stretch cord across room
  - Do not tape down with heavy duty tape

BURN PREVENTION

- Unplug appliances after use
- Turn pot handles to back of stove
- Do not smoke in bed
- Turn off oven and stove burners
- Label hot and cold faucets
- Store flammables properly
- Have fire extinguishers
- Do not use lighted matches or lighters around suspected natural gas leaks
- Be cautious with heating pads
  - Do not sleep on pad
  - Use only on low unless directed otherwise by your health care professional
- Clearly mark controls on stove
- Avoid exposed wiring
- Report faulty wiring and outlets
- Be very cautious around any open flame, heater or fireplace
- Be aware that nylon catches fire very easily

POISON PREVENTION

- Label all poisons
- Keep all substances in their original containers
- Store cleaning agents away from food and medications

COLD WEATHER PRECAUTIONS

- Have warm blankets
- Wear a warm housecoat
- Avoid icy sidewalks and porch steps
- Have easy access to the thermostat
- Wear warm socks
- Cover your head – you can lose up to 20% of body heat through your scalp
HOT WEATHER PRECAUTIONS

• Drink plenty of cool, non-alcoholic fluids
• Avoid strenuous and outdoor activities between 11 a.m. and 6 p.m. – this is the hottest time of the day
• Use a fan or air conditioner during temperatures above 80 degrees
• If necessary, visit your local neighborhood cooling center for relief
• Wear light (cotton) loose-fitting clothes
• If you feel
  ✓ Dizzy
  ✓ Headache
  ✓ Weak
  ✓ Short of breath
  ✓ Confused
  ✓ Nauseous
  apply cool compress to forehead, drink cool fluids, rest, and if you don’t feel better, call your doctor

OTHER

• Mark glass doors with decals
• Avoid reaching overhead, use lower shelves
• Get up slowly to avoid dizziness
• Avoid sharp-cornered furniture
• Keep doors locked, ask visitors to identify themselves before you open the door. Open only if you know or are expecting that person
• Install proper locks
• Do not smoke if you have oxygen in the home
• Obtain emergency response system
• Be cautious with sharp objects
• Tornado safety
  ✓ Go to basement, closet or bathroom, avoid windows
  ✓ Wrap yourself in a blanket
  ✓ Cover your head with a pillow

EMERGENCY PREPAREDNESS

• In case of emergency, have these items handy
  ✓ Flashlight
  ✓ Portable radio
  ✓ First aid kit
  ✓ Fire extinguisher
  ✓ Blankets
  ✓ Extra clothing
  ✓ Canned food (can opener)
  ✓ Water
  ✓ Medication supply
  ✓ Pipe or crescent wrench
  ✓ Batteries
• Tune into the emergency information station in your area
• Have an emergency plan for you and your family
• Know how to operate back-up medical equipment

GENERAL MEDICATION FACTS

• Know the name, dosage, and reasons why you are taking each of your medications.
• Keep a current list of all medications, allergies and pharmacy phone number.
• Take your medications at the times and in the amounts prescribed by your doctor. Taking more or less of the medication may be unsafe.
• Do not stop taking your medications unless directed to do so by your doctor.
• If you miss a dose of your medication or if you cannot remember whether you took your last dose, wait until it is time for the next dose. Then take only the amount you are normally scheduled to take at that time.
• Medications purchased without a prescription may have an effect on your present medical condition. Ask your doctor before taking over-the-counter medications (Example: aspirin, anti-inflammatory medications, cold remedies, vitamins, etc.)
Bleeding Precautions

If you have been prescribed an anticoagulant medication by your doctor, it is important for you to take your dose as prescribed by your doctor. Try to take your dose at the same time every day, exactly the way your doctor tells you. Depending on your blood laboratory findings, your dose may change from time to time.

This medication helps reduce clots from forming in the blood. Because clots can move to another part of your body, these clots can cause serious medical problems. For example, if a clot moves to your brain, it can cause a stroke.

Anticoagulant medication is prescribed to prevent and treat blood clots:

• In the legs (thrombophlebitis) or lungs (Pulmonary embolism)
• Prevent and treat clots associated with atrial fibrillation (an irregular, rapid heartbeat)
• Prevent and treat clots associated with heart valve replacement
• If you have had a heart attack, anticoagulant medication is used to lower the risk of death, lower the risk of another heart attack or stroke, and lower the risk of blood clots moving to another part of the body.

PT / INR

Some blood thinning medications require dose monitoring based on PT /INR, a lab test ordered by your physician. This blood test will let your doctor know how fast your blood is clotting and whether your dose should change. Some things that can affect your PT / INR are sickness, other medications you are taking, diet and physical activities. Let your doctor know about any changes in these areas.

PROBLEMS WHICH REQUIRE MD / RN NOTIFICATION:

The most common side effect of anticoagulation therapy is bleeding in any tissue or organ. Let your nurse or doctor know if you experience any signs or symptoms of bleeding such as:

• Headache, dizziness or weakness
• A cut which does not stop bleeding after holding pressure for 5 minutes
• Nosebleeds
• Bleeding gums when brushing your teeth
• Vomiting or coughing up blood
• Unusual bruising for unknown reasons

• Dark brown urine or any signs of blood in your urine
• Red or black color in your stool
• Heavy menstrual bleeding or unexpected bleeding from the vagina

TO BE OBSERVED WHEN TAKING COUMADIN, HEPARIN, LOVENOX OR OTHER MEDICATIONS WHICH AFFECT YOUR BLOOD’S CLOTTING:

• Use only an electric razor to shave
• Use a soft bristle toothbrush
• Use extra caution when using knives and other sharp objects
• Do not take aspirin, Motrin, Ibuprofen, or any other over the counter medications until you check with your doctor.
• Inform anyone giving you medical or dental care if you are taking Coumadin (or Heparin, Lovenox, etc.)
• If you are cut, hold pressure for 5 minutes. If bleeding does not stop within 5 minutes, contact your doctor, or go to the emergency room.
• Check the color of urine (pink tinged or blood) and stool (black tarry stools or blood each time you use the bathroom.) Call MD if you notice these signs of bleeding.
Be sure to check with your doctor before starting, stopping, or changing any other medications you are taking. This includes over-the-counter medications. Many over-the-counter drugs affect your response to anticoagulation therapy. Some of these drugs are Tylenol, aspirin, Motrin, Advil and Aleve. Some herbal teas affect anticoagulation therapy. This is just a partial list. Your nurse of doctor can provide you with additional medications that interact with anticoagulation therapy medication.

**ALERTS:**

- Let all of your doctors, including your dentist, know that you are on anticoagulation therapy
- Do not take extra tablet(s) if you miss a dose
- Do not take this medication if you are pregnant or may become pregnant
- Do not take any other medications unless you have alerted your doctor or nurse
- Do not take Coumadin and generic Warfarin tablets together as over-dosage may result
- Avoid drastic changes in your diet
- Avoid drinking alcoholic beverages
- Avoid any activity that may cause a traumatic injury
- You may consider wearing a Medical Alert bracelet or Medical Alert necklace in the event of an emergency

**DIET:**

There are many foods with Vitamin K in them. Vitamin K helps your blood make clots. Remember to keep your diet consistent from day to day. Avoid drastic changes in your dietary habits. In general, green leafy vegetables, certain legumes, and vegetable oils contain high amounts of Vitamin K. Let your doctor or nurse know if you have any changes in your dietary habits. You do NOT need to stop eating foods with vitamin K.

It is important to eat about the same amount of vitamin K each day. One serving from the **HIGH vitamin K list has about the same amount as three to four servings from the LOWER vitamin K list.**

**Foods containing high concentrations of Vitamin K:**

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broccoli</td>
<td>1 cup</td>
</tr>
<tr>
<td>Brussels Sprouts</td>
<td>1 cup</td>
</tr>
<tr>
<td>Mustard Greens (cooked)</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Turnip Greens (cooked)</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Collard Greens (cooked)</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Kale (cooked)</td>
<td>1/3 cup</td>
</tr>
<tr>
<td>Spinach (raw)</td>
<td>2 cups</td>
</tr>
<tr>
<td>Spinach (cooked)</td>
<td>1/3 cup</td>
</tr>
<tr>
<td>Spring Mix salad</td>
<td>2 cups</td>
</tr>
<tr>
<td>Swiss chard (cooked)</td>
<td>1/2 cup</td>
</tr>
</tbody>
</table>

**Foods containing lower concentrations of Vitamin K:**

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabbage (cooked)</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Cabbage/Cole slaw (raw)</td>
<td>2/3 cup</td>
</tr>
<tr>
<td>Red Cabbage (raw)</td>
<td>2 cups</td>
</tr>
<tr>
<td>Romaine Lettuce</td>
<td>1 cup</td>
</tr>
<tr>
<td>Butterhead Lettuce</td>
<td>2 cups</td>
</tr>
<tr>
<td>Arugula Lettuce</td>
<td>2 cups</td>
</tr>
<tr>
<td>Bibb Lettuce</td>
<td>2 cups</td>
</tr>
<tr>
<td>Iceberg Lettuce</td>
<td>2 cups</td>
</tr>
<tr>
<td>Asparagus</td>
<td>1/2 cups</td>
</tr>
<tr>
<td>Green onion</td>
<td>1/4 cup</td>
</tr>
<tr>
<td>Peas</td>
<td>1 cup</td>
</tr>
<tr>
<td>Green Beans</td>
<td>1 cup</td>
</tr>
<tr>
<td>Soy Beans (edamame)</td>
<td>1 cup</td>
</tr>
<tr>
<td>Kiwi Fruit</td>
<td>1 large</td>
</tr>
<tr>
<td>Cashew Nuts</td>
<td>1 cup</td>
</tr>
<tr>
<td>Black-eyed peas</td>
<td>1 cup</td>
</tr>
<tr>
<td>Okra</td>
<td>2/3 cup</td>
</tr>
<tr>
<td>Avocado</td>
<td>1 large</td>
</tr>
</tbody>
</table>

- Avoid alcohol—this also effects your blood clotting!
- Avoid or drink only small amounts of cranberry juice, chamomile tea, or green tea.
- Talk to your doctor or pharmacist before taking Coenzyme Q-10, Glucosamine, Dong Quai, Fish Oil, Flaxseed, Garlic Pills, Gingko Biloba, Ginger pills, Ginseng, Seaweed, St. John’s Wort, or Vitamins A or E

Most grains, dairy foods, meats, and other fruits and nuts have very little or no vitamin K. Many more foods and details about their amount of vitamin K can be found in the USDA National Nutrient Database, available online at [http://ndb.nal.usda.gov/](http://ndb.nal.usda.gov/).
Oxygen is not flammable, but it can cause other materials that burn to ignite more easily and to burn far more rapidly. The result is that a fire involving oxygen can appear explosive-like. Oxygen is of great benefit to those in need of oxygen therapy, but it should always be handled with caution and awareness of the potential hazards.

- Post at least one NO SMOKING sign in a prominent place at the entrance to your home.
- Never smoke while using oxygen.
- Warn visitors not to smoke near you when you are using oxygen.
- Stay at least 10 feet from gas stoves, candles, lighted fireplaces and other heat sources.
- Keep oxygen cylinders and vessels in a well-ventilated area (not in closets, behind curtains, in trunks of cars, under beds, or other confined space). The small amount of oxygen gas that is continually vented from these units can accumulate in a confined space and become a fire hazard.
- Keep oxygen cylinders and vessels a minimum of 10 feet from heaters, heat producing and electrical appliances.
- Secure oxygen cylinders and vessels to a fixed object or place in a stand.
- Extra oxygen tanks can be stored flat on the floor in a clean, dry, well ventilated place, out of direct sunlight and walkways.
- When you go to a restaurant with your portable oxygen source, sit in a section away from any open flame such as candles or warming burners.
- In restaurants, sit as far away from the smoking section as possible. Explain the reason to your server/the manager if necessary.
- Always operate oxygen cylinder or container valves slowly. Abrupt starting/stopping of oxygen flow may ignite any contaminant that might be in the system.
- Turn the cylinder valve off when not using your oxygen. (Even if only removing cannula from face for a moment intending to put it right back on. Oxygen can saturate the bedding/clothing/etc. where cannula is placed, possibly causing fire/explosion.)
- Only use a properly grounded wall outlet for your oxygen concentrator.
- Do not use extension cords for your oxygen concentrator.
- Do not use equipment with frayed cords.
- Do not place the electrical cord/oxygen tubing under rugs/furniture.
- Do not use any flammable products (cleaning fluids, paint thinner) or aerosol sprays (hairspray) while using your oxygen.
- Keep all grease, oil, and petroleum products (many hand/body lotions) - even small amounts) and flammable materials away from your oxygen equipment. Some organic materials can react violently with oxygen if ignited by a hot spark.
- Avoid using electric razors and hair dryers while using oxygen.
- Use water-based lubricants on your lips and hands. Don't use an oil-based product like petroleum jelly, petroleum based creams or lotions.
- Do not use bedding/clothes made of wool, nylon or synthetic fabrics as these materials have the tendency to produce static electricity. The use of cotton material bedding/clothes will avoid sparks from static electricity.
- Use a humidifier in winter to add moisture to dry air in your home.
- Do not allow children/untrained individuals to handle or operate oxygen equipment.
- Always have your gas supplier's number handy.
- Ensure that you have an all-purpose fire extinguisher close by and familiarize yourself with its use.

*Information obtained from State of Vermont Department of Public Safety, Division of Fire Safety.*
BJC Home Care Services recommends the following infection control guidelines for the home setting.

HANDWASHING

• Wash hands thoroughly before and after all patient care, self care, meal preparation, and upon arrival and departure from the patient’s home.

DISPOSABLE ITEMS/EQUIPMENT

Examples

✓ Paper cups
✓ Dressings
✓ Chemotherapy supplies
✓ Urinary/suction catheters
✓ Mattress pad and tubing, etc.
✓ Tissues
✓ Plastic equipment
✓ Commode pail
• Double bag all paper, plastic or non-reusable items in a waterproof bag. Fasten securely. Dispose of bag in trash receptacle.
• Wash hands after handling any type of disposable items/equipment.

NON-DISPOSABLE ITEMS/EQUIPMENT

Examples of items

✓ Towels
✓ Laundry
✓ Clothing
• Soiled laundry should be washed apart from other household laundry in hot, soapy water. Handle these items as little as possible to avoid spreading germs. Household bleach should be added if viral contamination is present.

Examples of equipment

✓ Commodes
✓ Wheelchairs
✓ Mattresses
✓ Thermometers
✓ Walkers
✓ Bath Seats
✓ Suction machines
✓ Oxygen equipment
• Equipment utilized by the patient should be cleaned daily. Small items (except thermometers) should be washed in hot, soapy water and dried with clean towels. Thermometers should be wiped with alcohol after use.
• Household cleaners such as Lysol or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions for equipment and ask your nurse/therapist for clarification. Liquids used for cleaning may be discarded in the toilet and the container cleaned with hot, soapy water and rinsed with boiling water and allowed to dry.
• Wash hands after cleaning non-disposable items.

SHARP OBJECTS

Examples:

✓ Needles
✓ Scissors
✓ Staples
✓ IV catheters
✓ Syringes
✓ Knives
✓ Glass tubes or bottles
✓ Lancets and needles
• Place used sharp objects directly into clean, rigid containers with re-sealable lids. Use coffee cans or rigid plastic containers. Never overfill these containers or recap needles once used. Seal containers with lids and tape securely. Dispose in trash receptacle.
• Wash hands after disposing of sharp object container.

SPILLS IN THE HOME

• Blood/body substance spills are cleaned by putting on gloves and wiping fluid with paper towels. Then use a cleaning solution of bleach and water (1 cup of bleach mixed in 10 cups of water, or 1 tsp. dry bleach mixed in ½ cup water) to wipe up area again. Double bag towels and dispose in trash receptacle.
• Wash hands thoroughly after handling blood or body substance.
Restraints

WHAT IS A RESTRAINT?

Patient restraints may be chemical or physical. A chemical restraint inhibits behavior; therefore, the patient has decreased movement. Physical, also known as mechanical restraints, limit motion to a single area or limb or may immobilize the patient completely in chair or bed. Full bedrails and use of ties in chairs are defined as restraints. Please understand that restraint use may be unsafe and can increase agitation and potential for injury. Family and caregivers should talk with their Home Care staff when considering patient restraints. Your Home Care staff will be able to offer additional services such as a medical social worker, or education in alternatives to restraints such as:

• Diversionary activity
• Reality orientation
• Active listening
• Use of a ‘sitter’

If restraints are needed for patient safety, please talk to your Home Care staff or Physician regarding minimum restraint use. Your Home Care team will help guide you in appropriate restraint selection along with education for patient safety minimizing injury, contractures, dehydration, pressure ulcers, altered bowel and bladder function, and loss of muscle tone and bone mass when restraints are used, as well as guidelines for any restraint use. Your nursing staff will obtain Physician orders, establish an appropriate plan of care, educate family and caregivers in all aspects of the selected restraint, and reassess ongoing need.

GOOD RESPIRATORY ETIQUETTE PRACTICES

• Cover nose and mouth with tissue when coughing or sneezing.
• Use tissue when wiping nose.
• Dispose of tissue in appropriate container after use.

• Clean your hands after coughing, sneezing and disposing of tissue. Clean hands with an alcohol-based waterless hand rub or wash hands with soap and water.
• Place mask over mouth and nose if you have symptoms of a cold, or a cough is present.

• Position change or location change
• Relaxation techniques such as music, gentle massage, etc.
• Technology for monitoring
• Increase level of care
SYMPTOMS YOU MAY NOTICE WITH HEART FAILURE

• Excessive weakness and fatigue
• Shortness of breath, especially when lying down
• A dry, hacking cough
• Bloating of the stomach, with a decreased appetite and nausea
• Swelling in the feet and ankles
• Weight gain
• Decreased urination

REASONS TO CALL YOUR DOCTOR OR NURSE

• Your weight increases two to three pounds overnight or five pounds in a week
• Increased shortness of breath that is unusual for you while resting during the night, or with activity. It is not normal for you to need to sit in an upright position (such as sitting in a recliner or propped on several pillows) to sleep at night
• If you notice unusual swelling in your hands, face, lower legs, feet, ankles or abdomen – OR – if you notice a “full feeling” in your stomach and have less appetite or nausea
• If you notice persistent dizziness, blurred vision, headache, unsteadiness, extreme fatigue or racing heartbeat

YOUR DIET AND FLUIDS

Take the salt shaker off of the table! Limit your salt (sodium) intake to less than 2000 mg. per day. Read the labels for salt content of foods.

• Avoid items high in salt:
  - Canned soup or bouillon
  - Canned vegetables
  - Cold cuts and deli meats
  - Hot dogs and sausages
  - Ham, bacon and cheese
  - Tomato juice
  - Prepackaged meals
  - Soy sauce
• Season your food with Mrs. Dash® and replace butter with Molly McButter®
• Eat lean meats, whole grains, fresh fruits and vegetables
• Limit your TOTAL fluid intake to two quarts (two liters) per day
• Avoid alcohol

If you have unrelieved chest pain, unrelieved shortness of breath, confusion or fainting, call 911 immediately.
ABOUT YOUR WEIGHT

• Weigh yourself every morning after you get out of bed, after going to the bathroom and before eating or drinking anything
• Weigh yourself in the same amount of clothing, without shoes, and on the same scale. The scale should be on a hard, flat surface
• Record your weight in a notebook and compare to the last four to five readings
• A rapid weight gain may be a sign your body is retaining fluid and may indicate a need for a change in your treatment plan

MEDICATIONS

• Know your medications
  - How much to take
  - How often
  - What they are for
  - Any side effects
• Take your medications as prescribed and carry a list of them with you at all times
• Do not skip medication. Do not stop taking them without talking to your doctor
• If you miss a dose, do not “double up” on your next dose
• Check with your health care provider before taking any over-the-counter medicine

ACTIVITY

• A little activity can make you feel a lot better
• Go for a walk, visit a friend, or perhaps do some activity like gardening
• Wait at least one hour after meals before doing activities. Avoid extreme temperatures
• Stop and rest if you feel tired or short of breath

SMOKING

• Nicotine makes your heart work harder. STOP! If you need help, call the quit line: 1-800-548-8252
Date: ____________________________

Call your doctor if you have the following signs or symptoms:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Question you want to ask your doctor:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Call your doctor if you have the following signs or symptoms:

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

Question you want to ask your doctor:

____________________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Date: ____________________________
Wound Measurements

WOUND LOCATION

TUNNELING/UNDERMINING

(For multiple wounds, assign each a number and indicate wound number in date box.)

(Note location of tunneling/undermining. Document measurements below.)

Document wound measurements weekly.

<table>
<thead>
<tr>
<th>Date</th>
<th>Wound Location:</th>
<th>Length</th>
<th>Width</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Tunneling @ |       |       |       |
| __ o’clock |       |       |       |

| Undermining from |       |       |       |
| ___ to ___ o’clock |       |       |       |

<table>
<thead>
<tr>
<th>Wound Location:</th>
<th>Length</th>
<th>Width</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Tunneling @ |       |       |       |
| __ o’clock |       |       |       |

| Undermining from |       |       |       |
| ___ to ___ o’clock |       |       |       |

<table>
<thead>
<tr>
<th>Wound Location:</th>
<th>Length</th>
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<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Tunneling @ |       |       |       |
| __ o’clock |       |       |       |

| Undermining from |       |       |       |
| ___ to ___ o’clock |       |       |       |
Wound Care/Dressing Change Instructions

Location of wound ____________________________________________________________

• Wash hands. Put on gloves. Remove old dressing.

• Remove gloves. Wash hands. Put on gloves.

• Cleanse wound with:  □ Normal saline  □ Wound cleanser
  □ Soap & Water  □ May shower  □ Other: ____________________________

• Remove gloves. Wash hands. Put on gloves.

• Apply to intact skin around wound:
  □ Skin prep  □ Extra protective cream
  □ EPC antifungal  □ Other: ____________________________

• Apply to wound base or pack into wound: ________________________________________

• Cover wound with:  □ Gauze  □ ABD pad  □ Foam (Allevyn)
  □ Hydrocolloid (Duoderm)  □ Other: ____________________________

• Secure dressing with:  □ Gauze wrap  □ Tape ____________ (type)
  □ Transparent film  □ Coban  □ Elastic net  □ Other: ______________

• Change dressing:  □ Once daily
  □ Every other day
  □ Twice a week
  □ Weekly  □ Other: ____________________________

• Dispose of soiled dressings in double plastic bag.

• Elevate legs when sitting.

• Change position at least every 2 hours to relieve pressure and prevent skin breakdown.

• Wear compression stockings during the day. May remove at night.

  **Signs of infection include:**
  Fever, redness, pain, yellow or green drainage, odor, increased pain or swelling.
  Notify your nurse immediately if you have any of these signs.

Other instructions:
Philips Lifeline Medical Alert Service

How would you get help at a moment like this?
Only one medical alert pendant can call for help even when you can’t.

Why Lifeline?
When you experience a fall, medical issue, or other emergency, every second counts. If you are alone, delayed medical care can jeopardize your recovery and your independence! The Philips Lifeline Medical Alert Service provides simple, fast access to help 24 hours a day, 365 days a year.

Lifeline, the #1 medical alert service:
• Is trusted by thousands of hospitals
• Is recommended by over 65,000 healthcare professionals
• Has helped provide more than 6 million people with the peace of mind and confidence to help maintain independent living

The Lifeline Difference
Our industry-leading, standard Lifeline Service provides fast access to highly trained, caring Response Associates at the push of a button, 24 hours a day, 365 days a year.

NEW! Our new Lifeline with AutoAlert® option also enables you to push the pendant-style button for help at any time.

In addition, AutoAlert provides an added layer of protection by automatically placing a call for help if a fall is detected and you can’t push your button because you are disoriented, immobilized, or unconscious.

This enhanced service option can provide even greater peace of mind and confidence. Lifeline is the ONLY medical alert service provider that integrates this capability into a pendant-style Help Button.

BJC Home Care Services
BJC HealthCare

Lifeline associated with BJC Home Care Services
1-877-419-5567

*AutoAlert option is locally available at participating Lifeline programs. AutoAlert does not detect 100% of falls. If able, you should always press your button when you need help.
Is it time for a medical alert service?

Use this self-assessment as a guide to determine if a medical alert service is right for you.

A medical alert service can help independent older adults and individuals with chronic medical conditions feel more confident to continue living independently in the one place they feel most comfortable – their own home.

To find out if it's the right time to consider a medical alert service for yourself or someone you care for, answer the following 9 simple questions. For each question, check the box to the right if your answer is “Yes.”

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
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<td>1. Are you alone for several hours during the day and/or night?</td>
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<td>2. In the past year, have you fallen or been afraid of falling in your home?</td>
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<td>3. Have you been hospitalized or been to the emergency room in the past year?</td>
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<td>4. Do you have at least one of these chronic ailments (heart disease, stroke, COPD, osteoporosis, diabetes, arthritis)?</td>
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<td>5. Do you use a cane, walker, wheelchair, stair climber or other assistive device to help with balance or walking?</td>
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<td>6. Are you required to take several daily medications?</td>
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<td>7. Do you require assistance with at least one of the following activities (bathing, toileting, dressing, meal preparation, etc.)?</td>
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<td>8. Would a medical alert service provide peace of mind for your loved ones?</td>
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<td>9. Is it important for you to continue living independently?</td>
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See chart at right to review the assessment for your score.

This self-assessment is not a diagnostic test or medical advice.

Call the number below to learn how the Lifeline Service can help, and if you would benefit from Lifeline’s new medical alert service option – Lifeline with AutoAlert* – a service that can call for help if a fall is detected, even if you are unable to push your Help Button.

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6 – 9 Yes Answers
This high score indicates there is a serious risk for a fall or other medical incident, suggesting that a medical alert service may be strongly advised.

3 – 5 Yes Answers
This score indicates there is a risk for a fall or other incident, suggesting that a medical alert service would be helpful and should be considered.

1 – 2 Yes Answers
Share the results of this self-assessment with your healthcare provider and together develop a plan that addresses the following three important questions:
1. How can I minimize my falls risk?
2. What is the safest way for me to get up from a fall?
3. What is the best thing for me to do if I can’t get up and call for help myself after a fall?

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Understanding Pain

Pain is our body’s way of telling us something is wrong. Long-lasting pain is different than ordinary pain. It can limit abilities, cause depression, and make everything harder to handle.

Pain signals are sent through a complex system of nerves in your brain and spinal cord. Your system tries to stop these signals from reaching their destination by creating chemicals, called endorphins, that help block pain signals. Your body can produce endorphins through “natural” controls, such as thoughts and emotions, or in response to “outside” controls, such as medicine, exercise, relaxation, massage and heat and cold treatments.

Symptoms accompanying pain might include nausea, headache, dizziness, weakness, drowsiness, constipation, diarrhea or perspiration. Side effects of pain medications can include nausea and drowsiness, which usually subsides after a few days, and constipation.

Medications should be taken according to physician orders. Your condition may require a combination of two or more medications. Pain is easier to control when medications are given on a regularly scheduled basis. Tell the nurse when pain medications are not working so he or she can take necessary measures to have the medication increased or changed by the physician.

Don’t hesitate to talk about your pain to those who can help you. No one else can measure the amount of pain you feel. You have the right to the best pain control you can get. It is important that you use your pain medication so you are comfortable and functioning to your full potential. Trying to “tough it out” may cause further health problems.

Sometimes patients will deny feeling pain. Caregivers should look for these signs of discomfort which are either nonverbal or may seem mistakenly unrelated to pain:

- Grimacing
- Body stiffening upon touch
- Irritability
- Moaning
- Refusing to be mobile
- Withdrawal
**ST. LOUIS AREA**

4249 Clayton Avenue, Suite 240  
St. Louis, MO 63110

- **Home Care**  
  314-362-0200  
  888-BJC-HOME (888-252-4663)
- **Rehabilitation/Home Therapy**  
  314-362-0200
- **Cardiac Home Care**  
  314-747-5980

1935 Beltway Drive  
St. Louis, MO 63114

- **Administration**  
  314-953-1699
- **Home Care**  
  314-872-5001
- **Home Infusion Therapy**  
  314-953-2000
- **Infusion Treatment Room**  
  (St. Louis area)  
  314-205-8600
- **Home Medical Equipment**  
  314-953-2000
- **Hospice and Supportive Care**  
  314-872-5050
  877-227-8718

- **Lifeline Program**  
  314-953-1635  
  877-419-5567

**ILLINOIS AREA**

3535 College Avenue, Suite B  
Alton, IL 62002

- **Home Care**  
  618-463-7541  
  800-916-7541
- **Infusion Treatment Room**  
  (Alton area)  
  618-463-7541

One Professional Drive, Suite 180  
Alton, IL 62002

- **Hospice and Supportive Care**  
  618-463-7100

- **Lifeline Program**  
  877-419-5567

**PARKLAND AREA**

757 Weber Road  
Farmington, MO 63640

- **Home Care**  
  573-760-8575  
  888-633-9395
- **In-Home Services**  
  573-760-8552  
  888-213-8552
- **Supportive Care**  
  573-760-8575
- **Hospice**  
  573-760-8550

301 N. Washington  
Farmington, MO 63640

- **Home Medical Equipment**  
  573-747-1075  
  877-289-8422

- **Lifeline Program**  
  866-647-9900 ext. 4405

**SULLIVAN AREA**

153 East Springfield Road  
Sullivan, MO 63080

- **Home Care**  
  573-468-5167  
  800-367-8402
- **Supportive Care**  
  573-468-5167
- **Hospice**  
  573-468-3630
- **Home Medical Equipment**  
  (See Farmington address)  
  573-747-1075  
  877-289-8422

- **Lifeline Program**  
  877-419-5567

www.bjchomecare.org

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