

alzheimer's association®

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alz.org/CaCentral

## Preparing Hospital Stays for People with Dementia



A trip to the hospital with a person who has memory loss or dementia can be stressful for both of you. There are steps you can take now to make hospital visits less traumatic and your loved one more comfortable once you arrive at the hospital.

Planning ahead is key to making an unexpected or planned trip to the hospital easier. Here is what you should do now:

- ➔ **Think** about and discuss hospitalization before it happens and as the disease and associated memory loss progresses.
- ➔ **Register** your relative for a MedicAlert® + Alzheimer's Association Safe Return® bracelet through your local Alzheimer's Association Chapter. People who are lost may be taken to an emergency room. This bracelet will speed up the process of reconnecting you with your loved one.

Learn more about safety-related programs such as Project Lifesaver International ([www.projectlifesaverinternational.com](http://www.projectlifesaverinternational.com)).

- ➔ **Know** who you can depend on. You need a family member or trusted friend to stay with your loved one when he or she is admitted to the emergency room or hospital. Arrange to have at least two dependable family members, neighbors or friends you can call on to go with you or meet you at the hospital at a moment's notice so that one person can take care of the paperwork and the other can stay with your care partner.

### Emergency Bag

Pack an "emergency bag" containing the following:

**Personal Information Sheet:** Create a document that includes the following information on your care partner:

- ◆ Preferred name and language (some people may revert to native languages in late stage Alzheimer's disease)
- ◆ Contact information for doctors, key family members, minister and helpful friends (also program into cell phone, if applicable)
- ◆ Illness or medical conditions
- ◆ All current medicines and dosage instructions; update whenever there is a change
- ◆ Any medicines that have ever caused a bad reaction
- ◆ Any allergies to medicines or

foods; special diets

- ◆ Need for glasses, dentures or hearing aid
- ◆ Degree of impairment and amount of assistance needed for activities
- ◆ Family information, living situation, major life events
- ◆ Work, leisure and spiritual history
- ◆ Daily schedule and patterns, self-care preferences
- ◆ Favorite foods and music; touch and visual resources
- ◆ Highlight behaviors of concern; how your relative communicates needs and expresses emotions

**Paperwork:** Include copies of important documents such as:

- ◆ Insurance cards (include policy numbers and pre-authorization phone numbers)
- ◆ Medicaid and/or Medicare cards
- ◆ Durable Power of Attorney, Health Care Power of Attorney, Living Will and/or an original POLST (Physician Ordered Life Sustaining Treatment)

**Supplies for the patient:**

- ◆ A change of clothing, toiletries, and personal medications
- ◆ Extra adult briefs (e.g., Depends), if usually worn. These may not be available in the emergency room if needed
- ◆ Moist hand wipes such as Wet Ones. Plastic bags for soiled

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**Caregiver Tips****If anxiety or agitation occurs:**

Remove personal clothes from sight.

Post reminders or cues if this comforts your care partner.

Turn off the television, telephone ringer, and intercom. Minimize background noise to prevent overstimulation.

Talk in a calm voice and offer reassurance. Repeat answers to questions when needed.

Provide a comforting touch or distract your care partner with offers of snacks and beverages.

Consider “unexpressed pain” (i.e., furrowed brow, clenched teeth or fists, kicking). Assume your relative has pain, if the condition or procedure is normally associated with pain. Ask for pain evaluation especially if he or she has labored breathing, loud moaning, crying or grimacing or if you are unable to console or distract your loved one.

Listen to soothing music or try comforting rituals such as reading, praying, singing or reminiscing.

Slow down; try not to rush your loved one.

Avoid talking about subjects or events that may upset the patient.

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clothing and/or adult briefs

- ◆ Reassuring or comforting objects
- ◆ An iPod, MP3 or CD player; earphones or speakers

**Supplies for the Caregiver:**

- ◆ A change of clothing, toiletries and personal medications
- ◆ Pain medicine such as Advil, Tylenol or aspirin. A trip to the emergency room may take longer than you think. Stress can lead to a headache or other symptoms.
- ◆ A pad of paper and pen to write down information and directions given to you by hospital staff. Keep a log of your loved one's symptoms and problems. You may be asked the same questions by many people. Show them what you have written instead of repeating your answers.
- ◆ A sealed snack such as a pack of crackers and a bottle of water or juice for you and your care partner. You may have to wait for quite awhile.
- ◆ A small amount of cash
- ◆ Put a reminder note on the outside of the “emergency bag” to take a cell phone with you.

By taking these steps in advance, you can reduce the stress and confusion that often accompanies a hospital visit, particularly if the visit is an unplanned trip to the emergency room.

**At the Emergency Room**

A trip to the emergency room may fatigue or even frighten your care partner. There are some important things to remember:

**Helpful Resources:**

- **Coast Caregiver Resource Center**, (805) 962-3600
- **Family Caregiver Alliance**, 800-445-8106 (toll-free), [www.caregiver.org](http://www.caregiver.org)
- **National Family Caregivers Association**, 800-896-3650 (toll-free)
- “Hospitalization Happens” full text available at [www.nia.nih.gov/Alzheimers/](http://www.nia.nih.gov/Alzheimers/)

➔ **Be patient.** It could be a long wait, if the reason for your visit is not life-threatening.

➔ **Recognize** that results from lab tests take time.

➔ **Offer physical and emotional comfort** and verbal reassurance to your relative. Stay calm and positive. How you are feeling will get absorbed by others.

➔ **Realize** that just because you do not see staff at work, does not mean they are not working.

➔ **Be aware** that emergency room staff often have limited training in Alzheimer's disease and related dementias, so try to help them better understand your care partner.

➔ **Encourage** hospital staff to see your relative as an individual and not just another patient with dementia who is confused and disoriented from the disease.

➔ **Do not assume** your care partner will be admitted to the hospital.

➔ **Do not leave** the emergency room to go home without a follow-up plan. If you are sent home, make sure you have all instructions for follow-up care.

With Alzheimer's disease and related dementias, it is wise to accept that hospitalization is a “when” not an “if” event. Due to the nature of the disease, it is very probable that, at some point, the person you are caring for will be hospitalized. Medical facilities are not typically well designed for those with dementia, and advance planning and preparation can make all the difference

*Text adapted from “Hospitalization Happens”, from the National Institute on Aging.*

**MediAlert® + Alzheimer's Association Safe Return®**

A 24-hour nationwide emergency response service for individuals with Alzheimer's or related dementia who wander or have a medical emergency.

Sign up today: **1.888.572.8566**

**[www.medicalert.org/safereturn](http://www.medicalert.org/safereturn)**