

FINAL

**SURVIVAL TIPS:
SAVING YOUR ELDERLY LOVED
ONE
FROM THE NURSING CARE
HOSPITAL,
ESPECIALLY AFTER HIP REPLACEMENT
SURGERY**

By Alexa Wolf

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INTRODUCTION

I'm not an expert in elder care or elder abuse, but I have witnessed the agony of the latter. In my book, *MY MOTHER'S HOUSE, A Memoir*, I depict what happened to my mother when she went for rehabilitation after hip replacement surgery. Her ordeal consisted of three nursing care hospitals, two emergency rooms and one residential board-and-care. Only one emergency room did not neglect and abuse her.

Since then, I've learned a few things which I would like to share.

If you or an elderly parent must spend time at a skilled care nursing hospital, it may be possible to prevent unnecessary suffering and premature death. Toward that end I offer the following, based on my experience with my mother.

Please keep in mind that I speak only as a layperson and not a professional and that what I have to offer may still not be enough.

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I.

***GENERAL APPROACH TO THE SKILLED
CARE SYSTEM***

Trust

Never assume that facility to which your elderly loved one will go after their operation will do its job. There are good skilled nursing care hospitals and bad ones. But whenever I describe to someone my mother's experience of neglect and abuse, the person to whom I'm speaking almost invariably relates their own horror story.

There are a lot of bad skilled care facilities.

Similarly, never blindly trust any expert. Medical competence and professional concern for the patient may constitute the larger part of the medical establishment. But, sad to say, neither medical competence nor the professional's concern for the patient is any longer something you can *expect*, especially in a skilled care facility.

Of course, even when a doctor or nurse is both well-meaning and competent, no one is perfect. For that reason, your own research will be a real plus.

Prior to the Procedure

Prior to any planned procedure, discuss it with the doctor(s) involved .But be prepared.

First, do your own research so that you will be able to ask appropriate questions. When a crisis arises, such as cancer, sometimes people are overwhelmed by emotion. In that state they tend to fall into a passive stance with their doctor. Be aware of this tendency and its consequences.

If you don't have the right questions, you may not get the answers you need.

Research

For instance, let's say your mother is diagnosed with cancer. You obviously want to save her, and if the doctor highly recommends this or that chemotherapy, you may not think to ask for a comprehensive view of how this drug will affect her

quality of life or to ask for a complete list of all other options. And you may not think to ask the doctor to clarify how the drug will help.

Specifically, a doctor may say that a particular cancer “responds” very well to a certain drug. But what does this mean? In at least one type of cancer, it means that the tumor shrinks dramatically and then comes roaring back more aggressive than before and does not provide the patient with any greater survival rate than someone not taking the drug. So when the doctor speaks encouragingly about the “response” reaction, one question would be, “But what is the survival rate?”

In hip replacement surgery there are a number of considerations, some of which I will shortly lay out for you.

But to summarize the general rule, learn what can go wrong with any drug or procedure, any possible permanent or temporary damage from an operation or drug, the side effects from any drug, what recovery will involve, and the statistical prospects for recovery.

Then discuss your information and remaining questions with the doctor(s) involved. You will want to be sure that whatever treatment or operation you or your loved one is going to have is the best course. Indeed, there may be times when no treatment or operation is the best choice.

Hip replacement surgery is one example. Before taking it on, there are a number of things to consider.

II.

HIP REPLACEMENT SURGERY

A Common Operation

In the case of older people, a common operation is hip replacement surgery. Because of my mother's experience with that particular operation, and my intimate involvement in what should have been her rehabilitation, I am going to use this operation as the basis of my comments. But a reader may apply the much of the information and suggestions I share in this regard toward other medical situations.

Similarly, when I speak about "your parent," you can substitute "you" if that designation is correct.

Complications from Hip Replacement Surgery

I've read that at least a quarter of the people who have hip replacement surgery die within a year from "complications." Some possible steps to avoid those "complications" will be the primary focus of these notes.

Discussion with Doctor

The orthopedic surgeon is sometimes unaware of complications that may arise once his or her work is finished because this doctor rarely ever sees the patient again. So you need to bring to her attention those possible complications prior to the operation.

Pharmaceutical Complications

Drugs are the first issue.

The anesthesia alone can also cause a small stroke, which can impair memory.

Even if this does not occur, in an older person, any drug, let alone a combination of drugs, can have a detrimental effect on the mind. In particular, drugs in older persons often create a short-term memory loss. Anesthesia remains in the body for several months. It may affect the mind throughout that period.

Besides the risks from anesthesia, further short-term memory loss may result from the pain medications that follow the operation, as well as those from other pharmaceuticals your loved one is already taking for long-standing problems (e.g., high blood pressure), not to mention new drugs for problems created by the operation itself (e.g., infection).

Memory Loss

In the case of hip replacement surgery, short-term memory loss may be a critical factor in the possibility of recovery. For one thing, in the recovery process, the patient needs to be able to remember the precautions so as not to re-injure the hip.

My mother's physical therapist told me, "I tell her to lean forward and bend her knees, and she leans back and straightens her legs." There were further precautions my mother needed to remember when she was in bed and when she practiced walking. It was sheer luck she didn't re-injure her hip, because she often forgot.

Pharmaceutical Cascade

Along with short-term memory loss, drugs in an older person can trigger any underlying Alzheimer's symptoms, such as paranoia. Moreover, a drug can bring about non-Alzheimer's dementia, particularly after the emotional and physical stress of a serious operation.

Or the dementia may come as an indirect effect of the drugs.

If the drugs cause your parent to develop short-term memory loss, she may be uncertain where she is. This disorientation in turn may lead to anxiety and panic, which can trigger episodes of dementia or bring out other underlying Alzheimer's symptoms.

Most rehabilitation hospitals treat an anxious or panicky elderly patient with more drugs, which in turn leads to more problems. The drugs themselves can intensify the panic and other symptoms because many of them have a "rebound" effect.

That is, the drug eventually worsens the symptoms it originally treated. Insomnia drugs can end up giving you insomnia; sedatives can make you jumpy. So—from

what I've seen—drugs cannot be relied upon to relieve a patient's anxiety and panic indefinitely, but may in the end only exacerbate it.

However, there are a few things you can do, other than give drugs, to alleviate your parent's stress. I will get to those shortly.

Financial Consequences and Complications

You also need to understand what benefits Medicare and your HMO, if you have one, offer, and where those benefits end. That is, one should also consider the financial aspect of this operation, vis-à-vis the effect of drugs.

Medicare pays for only a limited time at a skilled care hospital. And Medicare will only pay for the hospital stay, limited as it is, if your parent needs either skilled nursing care or skilled physical therapy.

But if your parent ceases to need both skilled nursing care and skilled physical therapy, Medicare will cease to pay anything, even within the allotted time.

So let's say your parent recovers sufficiently so that she ceases to need skilled nursing care. And let's say that, at the same time, short-term memory loss prevents your parent from following the instructions of the skilled care physical therapist. In that case your parent will lose her Medicare coverage. Your parent will then immediately begin to pay out-of-pocket unless she has private insurance that covers such a contingency.

Your parent will pay out-of-pocket until nearly all her money is gone. Your parent will then qualify for Medi-Caid (in California, Medi-Cal). You can avoid this outcome but there are consequences. More about that later.

The Discussion: Skip the Operation?

So it seems to me that part of the discussion with the surgeon must include the possibility that the elderly person might be better off skipping the hip replacement operation and going directly to a wheelchair.

This discussion should of course begin with the elderly parent herself, unless the parent suffers from dementia, in which case hip replacement surgery becomes all the more questionable, to my mind.

Most people who have all their faculties are willing to take their chances with the operation, as my mother did. Nonetheless, the conversation about drugs, memory loss and precautions to prevent re-injury should at least occur and the options be fully explored by everyone involved.

Being There

Let's say you and your parent decide to go ahead with the hip replacement surgery. The next urgent question is this: How often, and for how long, can you visit with your parent afterwards, during the rehabilitation period, when your parent is in a skilled care hospital learning to walk again?

When my mother had her hip replacement surgery, people told me, "You have to be there." But I didn't understand what they meant. They meant: You have to be there to make sure the nurses and CNAs (Certified Nurses' Assistants) know that this patient is cared for and will be fought for; and you need to be there to fight, sometimes for the most basic nursing care.

You need to be there to protect your parent because the people who are supposed to care for her may neglect, abuse and ultimately kill her.

Naturally, you also have to be there to give emotional support to your elderly parent.

But what if a job or your own illness prevents you from making long, daily visits to an elderly loved one in a hospital? There are a few actions you can take prior to hospitalization to protect your parent or yourself.

III.

NOT BEING THERE

Not Being ... Where?

First, find out if you will have any choice about what skilled care hospital you can transfer your parent to for rehabilitation after the operation. There may be a list of such hospitals. Ask the hospital discharge planner for that list. If the discharge planner recommends a particular hospital, or tells you a particular hospital is the closest one to you, do not assume you have been given the correct information.

Once more, even at this level, it is important you never take anyone's word for anything. Never assume the experts are doing what they are supposed to do, including giving you accurate information.

Request a complete list of skilled care, long-term care and rehabilitation hospitals and confirm one way or another for yourself whether your parent can or should go to a particular one of them.

Personally Eyeball The Best Options

Once you have the list and can see which hospitals are closest to you, call the Department of Health Services (DHS). Find out what, if any, complaints have been filed against the hospital(s) of your choice and whether DHS has cited said hospital(s) for violations.

If your HMO gives you a choice of hospitals, you obviously want to eliminate the ones DHS cited. Call, and then visit, the remaining facilities of choice.

Does it look clean? Do the patients look well cared-for?

At each place talk to patients and their visitors about the care they receive. Are they satisfied with it? What problems have they encountered? Talk to several people because some patients get better care than others.

You might want to hire a nurse for half-an-hour or an hour to go with you and check out the situation from their professional perspective.

If you're in California, contact the California Advocates for Nursing Home Reform at canhr.org. A lobbying group for patients, they will give you a checklist of things to look for. They also offer other services such as legal assistance.

There are similar organizations in most states.

Speak to the Director of Nursing (DON)

At each hospital speak to the Director of Nursing. Ask how many hours the CNAs train and whether the hospital checks on any history of abuse.

My mother and I both feared that if I initiated an investigation into the CNA who was abusing her, he might retaliate severely. Mother was afraid for her life. Information on this young man's history would have helped us decide what to do.

However, as we discovered, if an individual has committed abuse before, or has an arrest record for other violence, you won't be able to get any history either from the hospital or the police since this is a legal matter of privacy. But you might be able to get the hospital to tell you beforehand whether they check.

Keep a log and write their answer. More about logs later.

Also, ask the DON about the nurse-to-patient ratio. If there are not enough nurses to take care of the patients, the patients will not receive adequate care no matter how conscientious the nurses are.

Pain Management

Ask the DON what kind of training her nurses have undergone for pain management and whether they are under a continuing educational program. Also ask what kind of response time a patient can expect in which to receive pain medication.

Pain has a cycle. Once pain starts, the medication must be taken at once. Otherwise, once the pain takes hold, it will take considerably longer for the medication to work.

Studies have shown that people heal faster when they experience less pain. However, if a hospital is understaffed, the nurses may not be able to get to the patient in pain and give them medication before the pain gets a grip.

Aside from time lost due to understaffed nurses, many nurses simply do not believe a patient when they say they are in pain. My mother had a “flat affect.” She did not show how much pain she was in until it was so bad she was writhing and moaning in agony. When I complained to her HMO, the woman to whom I spoke admitted that this inability of nurses to recognize pain in their patients was a common problem.

Since that time, a friend of mine had an operation. In the hospital where the operation occurred, a large plaque on the wall noted in large letters, IF A PATIENT SAYS THEY ARE IN PAIN, GIVE THEM MEDICATION! This hospital also hangs on its wall a humorous little cartoon strip of the stages of pain. The strip depicts in ten panels the increasing contortions of the patient’s face as his pain goes from mild to agonizing. This cartoon strip and plaque were not hung on the wall to teach anything about pain to the *patients*.

Physical Therapy

Talk to the physical therapist who will be working with your parent. Find out how much actual time the physical therapist will spend with your parent. Compare the time offered at the different hospitals to which you might send your parent.

Ask how the skilled care nurses and therapists plan to physically protect your aging parent from self-inflicted injury if she can’t remember the precautions. For instance, will the hospital provide extra people to offer physical support to your parent during rehabilitation exercises?

Documentation

Try to get everyone’s responses in writing. Maybe you could write up what the DON and physical therapist tell you and ask them to sign your paper. If they won’t sign it, keep a log and state the time and date, and include their unwillingness to sign. Let them know you’re keeping this log. Your very request for getting a statement in writing alerts your parent’s caretakers to the fact that you are watching them and they had better for their own sakes take good care of your parent.

Further Legal Considerations

Ask your parent to sign a document called Durable Power of Attorney for Health Care. This will give you the right to make decisions about her care should she become unable to do so.

There is also another document that is related to the Hipa law that your parent may need to sign, giving their doctor(s) permission to discuss your parent's medical situation and care with you at any point.

Your parent might also have to consider creating an irrevocable trust in order to preserve her savings. As mentioned earlier, if your parent reaches the end of her Medicare coverage while still in a nursing care hospital, she will have to start paying out-of-pocket until she only has two or three thousand left. Only then will she qualify for Medi-Caid (in California, Medi-Cal).

However, if her money is in a trust to which she have no access (that is, it is no longer legally *her money*), and which is administered by a trustee for the parent's benefit, the parent will qualify for Medi-Caid right away.

The obvious disadvantage is that if your parent gets well, he or she will never again be able to access their money directly, only through the trustee. This should be discussed with a lawyer as well as the family.

It is also always advisable for the patient to sign a document stating her medical preferences under dire circumstances. For instance, your loved one may want no extraordinary measures to keep them alive. Some people also opt for no resuscitation. My mother had researched various medical situations and determined that dehydration causes severe, terrible discomfort so she added that she wanted to be kept hydrated and also to receive any pain and other medication to keep her comfortable even if it would shorten her life.

There may be further legal issues you should look into. The Alzheimer's Association will send you a list of legal documents to investigate and perhaps refer you to a couple of lawyers in your area.

Visits

Sometimes an elderly person who suffers from panic and dementia just needs someone to sit with them for half-an-hour, hold and gently massage their hand, and talk to them once a day. But the hospital will probably not offer this service, and help from elsewhere is meager.

If immediate family members won't be able to visit your parent in the hospital very often, it is important to prepare for this contingency in advance. You won't want to be looking for it when you're overwhelmed with other aspects of your invariable fight for you parent's comfort and survival.

So arrange visits in advance. Before the operation, call all your parent's friends and all your relatives and ask them to come see your parent. Set up a schedule. Try to stagger the visiting dates so that in the eyes of your parent's caretakers, someone is always appearing to visit the patient. Staggered visits will also help your parent feel the loving support of family and friends more frequently when, otherwise, she may feel very alone.

Then try to prepare in advance for the, as it were, kindness of strangers.

Call churches, temples and mosques to discover which ones offer volunteers who can simply come and sit with your parent for half-an-hour, hold her hand, gently massage it, and speak kindly. Such human contact is often better than any drug – both emotionally and medically.

But do this in advance of the operation, get your people lined up, because there are not as many churches, temples or mosques with such volunteers as one might imagine.

The Alzheimer's Association

When my mother was in the hospital, I called the Alzheimer's Association. They told me they did not offer a volunteer service of visitors to an elderly patient with Alzheimer's. I talked to two or three people at the different times that I called so I assumed this was their policy.

Two years ago I called to learn about the latest services in this area. I was told that in Los Angeles, Riverside and San Bernardino, California, they now provided a

service called Los Angeles Senior Care Partners. This service, I was told, is the product of a grant. Similar grants may make similar services available in your area.

One service of the Senior Care Partners is a kind of master list of referrals to other organizations, which offer in turn their own list of referrals. Some of the agencies referred by Senior Care Partners may (but may not) give you a list of churches or temples that offer volunteer visitors.

Another such list is (I was told) a list of organizations that provide help in various areas such as in-home care-giving after rehabilitation, should you choose to follow that path. Through some of these in-home health giver services and agencies, you can hire professional caregivers including your own nurses.

The information available from Senior Care Partners or its equivalent will depend upon what organizations, agencies, etc., where you live, have signed up with Senior Care Partners or any similar program in your area. So the list is incomplete. .

So unless these organizations, services, lists, referrals and so on allow you actually to fill your parent's dance card, you'll still need to hit the yellow pages and internet to find other religious organizations that will help you continue seeking visitors for her.

I should add that I recently called the Alzheimer's Association national number and the woman with whom I spoke had not heard of the Senior Care Partners. However, she suggested a program called Respite Care, which offers a list of different agencies that provide people to come in for two or three hours to give respite to the regular caregiver.

Everyone I have ever spoken with at the Alzheimer's Association has been very compassionate. However, it is a large organization. My recommendation is that you call the national number for the Alzheimer's Association and get everything you can from them. You might call a few times; if you get different people, you might get more information. Separately, call your local Alzheimer's Association office and find out what local programs are available to you.

Again, I emphasize that you set this all up, get all your phone numbers, lists, agencies, organizations and friends all set up before the operation or as many of said lists, etc., as possible before the operation.

IV.

***OUT OF THE OPERATION AND
INTO THE SKILLED CARE HOSPITAL***

Dehydration

The operation is over and your parent is now in the hospital.

One of the biggest problems for patients in long-term and skilled care hospitals is dehydration.

A simple blood test at least once a week will reveal dehydration. You will probably have to request it and may need a doctor's authorization.

For that matter, make sure the doctor writes in the patient's chart what he or she wants the nurses to do, such as, "Make sure patient receives X test and consumes X amount of water." Then confirm that this is being done.

Constipation

Constipation is one obvious result of dehydration. Pain medication can also cause severe constipation. Enemas may be necessary early on, and daily, to prevent an impacted bowel.

Remember that among the first duties of a nurse are to make certain that a patient is hydrated and that their bowels are moving.

Once more, however, insist the doctor write instructions in your parent's chart, "Give patient enema every day" or whenever the doctor feels it is necessary. And ask both the charge nurse and your parent whether this is actually being done. Sometimes the nurses do not look at the chart.

More on Drugs

For that matter, sometimes the doctors do not look.

For instance, my mother's doctor ordered a drug for her to which she was allergic, a fact noted in her medical chart. Fortunately, the pharmacist caught the error and called me. When I asked the doctor how he had missed the fact that my mother was allergic to the drug he prescribed, he said he hadn't had her chart in front of him when he prescribed it.

It is in fact advisable to investigate *any* drug prescribed for you or your parent in the PDR, or Physician's Desk Reference. This resource will tell you about contraindications, side effects and so on, information which the doctor may not offer you and of which she or he may not even be aware.

Finally, when possible, make sure your loved one is getting the correct dose of their medication. A friend of mine, recovering for a month from knee surgery, found the nurses giving her the wrong dose of her medication three times.

Oxygen

If you suspect that your loved one is not getting enough oxygen – if she is breathing oddly in any way, for instance, or if she has pneumonia and you are uneasy about oxygen deprivation – an oxygen test is also available. It's very simple. The doctor or nurse places a thimble-like thing on a finger and reads the results on a machine.

Once more, have the doctor write this order in the chart.

Pain

A patient may not receive pain medication right away because the nurses are too busy to respond to the patient's call for help. Or the nurses may not be properly trained to recognize the need for pain medication.

But, as mentioned, it is vital to stop pain when it first starts. Otherwise, it will get hold. Once this occurs, even once pain medication is given, the alleviation of pain will take much longer than if the medication had been given at the start of the pain.

A PCA, or Patient-Controlled Analgesic, can solve the problem. A PCA is a morphine i.v. drip that the patient controls. It will enable a patient to press the lever and start a drip for immediate pain relief.

The PCA is computerized so that the patient cannot overdose but can commence medication as soon as pain starts, thus bypassing the pain cycle.

Adult patients often get a PCA after hip or knee surgery. However, nurses tend to regard the elderly as incapable of operating one and may strongly resist authorization of it. I'm not an expert. But if your parent has short-term memory loss, does this necessarily mean she is incapable of knowing when they have pain or knowing when it stops? Does it mean she can't press a lever?

My experience has been that many nurses, CNAs and sometimes doctors tend to see all old people as interchangeable. This is part of what is called *ageism*.

If you're advised against a PCA for your parent, you must determine whether the caretaker giving this advice views your parent as an individual who is capable of making a correct assessment of your parent's mental capacity, or whether the caretaker is simply looking at your parent as interchangeable with all old people. The latter misperception may occur because of the caregiver's lack of training, or it may occur because the caregiver finds viewing the patients as interchangeable as an emotionally easier route for caregiving.

Abuse

Sometimes abuse occurs and you do not realize that is what it is. An acquaintance of mine told me that when his brother and sister went to visit their father, they found him sitting naked in bed eating his feces. No one had checked on him.

I do not know if this qualifies as legal abuse. I suspect it does. My acquaintance told me, "We just thought, 'This is the way it is in these places.'"

When my mother was being abused, I didn't know what I was seeing. I had no name for it. I fought it but did not understand what I was fighting or how to fight. Most of the time I thought, "This is just an anomaly." The Bad Apple Syndrome. Unfortunately, the entire institution was a bad apple.

This kind of abusive situation probably does not occur much in a small town. Everyone knows everyone, and one person is less likely to abuse another if she knows that person and their family. Moreover, an abuser will be found out pretty fast and will be fired. However, in a city the safety net of that familiarity is gone.

If you see an instance of abuse, or suspect it, trust yourself. Report it to the Director of Nursing. Report it to the doctor.

At the same time, however, do not assume you are dealing with a medical institution. Also report any instances of abuse to the hospital administrator. The hospital hierarchy is political, not medical.

Any claims of abuse, at least in California, must be reported to the administrator – who must in turn report them to the Department of Health Services. Confirm that this procedure is followed. Investigations held by the Department of Health Services will help other patients.

Bedsore

A bed-bound, partially bed-bound or wheelchair-bound patient can easily develop a bedsore. Also called a “pressure sore” and technically called a “decubitus ulcer,” it starts as redness and progresses to a blister.

If a caretaker doesn’t turn the patient gently and frequently from one side to the other, or doesn’t keep the patient clean and dry, the pressure sore worsens.

Usually by the time a bedsore reaches Stage IV, the final stage, there’s been abuse and/or neglect.

In its final stage a pressure sore forms an ulcer, a wound that eats through flesh, muscle and nerve clear to the bone. It’s one of the most agonizing conditions you can ever have. The complications from such a wound, such as infection and the drugs to treat it, or the operation to remove it, often lead to death.

Anyone can develop a pressure sore. But the elderly with their fragile skin are the most vulnerable. Dehydration will make a pressure sore even more likely.

You must somehow make sure that your parent is being turned and her skin checked frequently and that she is kept clean and dry.

Ombudsman

If you have problems with the hospital that you cannot resolve, you can get help at lcombudsman.org. This group advocates for residents of various types of long-term care facilities both residential and medical. Among other things they will inform you of patients’ rights, empower a patient to self-advocate or will advocate in her behalf. They provide links to other helpful sites.

You can also call them if you have a problem with a particular ombudsman who is not doing her job.

Summary Review

With apologies and gratitude to all conscientious, caring, well-trained nurses, doctors and CNAs, who may even be in the majority, I must offer this advice to someone caring for a loved parent: Don't trust nurses or doctors to do anything correctly until they prove themselves to you.

Check everything, ask questions (if only by phone), and when you need the nurses to do something for your parent, make sure the doctor writes it in the patient's chart in large letters. And then, if you have any doubt, confirm that the nurse in charge has read the chart.

However, at the same time you are monitoring everything and everyone, keep in mind that CNAs usually work for minimum wages, which in many locations is below a living wage, and that nurses are often understaffed and overworked. So offer a carrot as well: bring the occasional boxes of candy or donuts for everyone and/or a bouquet of flowers for the nurses station and perhaps even send a card to the administrator.

end

A NOTE TO THE READER

I would appreciate hearing from anyone who wishes to offer further suggestions that might help other people. I will post them to my website and may eventually add them to an update of these tips.

Thank you.

Alexa Wolf

APPENDIX:
LINKS AND RESOURCES

Jacqueline Marcell

<http://elderrage.com>

Elder care advocate, radio host, speaker, breast cancer survivor, author, “Elder Rage, or, Take My Father...Please!”

Government Made Easy

<http://usa.gov/Topics/Seniors.shtml>

Veteran’s Information Health Benefits

<http://va.gov>

800-827-1000

Medicare

<http://medicare.gov>

(800) MEDICARE

AGS Foundation for Health in Aging

<http://healthinaging.org>

212-308-1414

Center For Healthy Aging

<http://centerforhealthyaging.org>

310-376-2550

American Geriatrics Society

<http://americangeriatrics.org>

212-755-6810

National Council on the Aging
<http://ncoa.org>
202-479-1200

National Institute on Aging
<http://nia.nih.gov>
301-496-1752

Publications on National Institute of Aging
<http://www.niapublications.org>
(800) 222-2225

Children of Aging Parents
<http://caps4caregivers.org>
(800) 227-7294

Family Caregiver Alliance
<http://caregiver.org>
800-4445-8106

National Family Caregivers Association
<http://www.nfcacares.org>
800 896 3650

<http://caregiver.org>
800-4445-8106

National Center on Elder Abuse
<http://www.elderabusecenter.org>
(202) 898-258

<http://la4seniors.com>

At the moment, this website does not open. However, this is not only a local resource. I was able to enter it in the past and found an excellent description of ageism. This prejudice against the elderly is pervasive and insidious; most people practice it without knowing they do so. This site makes us aware of the existence of ageism; once aware, we can change. The site also offers a gruesome but important discussion of pressure sores. So check it periodically.

The Alzheimer's Association

<http://alz.org>
800-272.3900

ltombudsman.org

Offers referrals, helps in finding ombudsman to fight for the patient.

Last Acts

<http://lastacts.org>
(202) 296-8071

National Hospice & Palliative Care Organization For Hospice Referral

<http://nhpco.org>
(800) 658-8898

California Advocates for Nursing Home Reform (CANHR)

<http://canhr.org>

California Nursing Home Search

<http://calnhs.org>

Senior Service Solutions

<http://seniorservicesolutions.com>

(562) 226-0127

A lot of general data but the newsletter looks promising as a source of important updates.

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