

# Checklist to get started with RESPITE CARE



## Determine the amount of time needed for respite

- Weekdays only?
  - How many days over-nights?
- How many days?
- How many hours per day total?

#### Determine where the Respite Care will take place

- Your home
  - Your loved one's home who needs care
- An off-site facility such as Nursing Home or Assisted Living Facility

### What types of care will need to be provided? (This will help determine the level of skilled care you will need)

How do they walk? List any assistive devices such as cane or walker they may use

Assisting with toileting

Meals or assisting your loved one with eating

Light housekeeping

Grocery shopping

Bathing or personal cares

- Assistance to doctor appointments or other appointments
- Companionship such as reading to your loved one, playing cards, etc.

#### Check-out the credentials of the provider of respite cares.

Is the company state certified or licensed?

Are the individuals providing care Certified Nursing Assistants?

- If not, what types of training does the caregiver have? How are they qualified to provide cares?
- What types of services can be provided under their licensure? Can they give or set up medications?

# What can I do to make the transition to respite acceptable to my loved one?

- Take a tour of the facility if able. Let your family member meet the people that will provide temporary care.
- If the care will be in-home, can you arrange for the caregivers to come and meet your loved one?
- Start the Respite Conversation early on to ease the transition and reduce resistance.
- Remind your family member this is only a temporary situation and you will call in to check on them if this will be possible
- Does your loved one have any fears that your new caregiver needs to know about such as falling, climbing stairs, getting in the shower?
  - Are there any behavior issues the caregiver should be aware of?

#### Set up your emergency plan for while you are away

- Complete list of instructions to provide care while you are away including all things they need assistance with
- Include instructions on what they are also independent with
  - Any routine or rituals that may help them cope while you are away such as bedtime or morning routines.

What music do they listen to? What T.V. shows do they watch?
Will it be possible to take them outside while you are gone? Any special instructions for going out?
Phone numbers to reach you
Doctor's Phone Number (primary care provider)
Name, address, and number of local clinic and hospital
Allergies
Medication List Available including over the counter medications they can take while you are away
History of Medical Conditions or a history of dementia
Someone local that could help in an emergency

