Home Health & Hospice

Understanding Hospice Care

Your Hospice Team Members

Attending Physician ________________________________
Hospice Medical Director ____________________________
RN Case Manager _________________________________
Hospice Spiritual Counselor __________________________
Social Worker ______________________________________

715-831-0100
800-236-8408

You are not alone
Index

Understanding Hospice Care ................................................................. 1
Hospice Services .................................................................................. 2
Role of Team Members ....................................................................... 3
Hospice Volunteers ............................................................................. 4
Levels of Coordination of Care ......................................................... 5
Medications ......................................................................................... 6
Supplies and Equipment ..................................................................... 8
Advanced Health Care Directives ................................................. 9
How to Adequately Manager Your Pain at Home ...................... 10
Pain Control Record ......................................................................... 12
Dispelling Myths of Opioids ............................................................. 14
PAINAD Progress Report .................................................................. 20
Hospice Patient and Families Rights and Responsibilities .......... 24
Complaint Management ................................................................... 26
Discontinuation of Services from Hospice ..................................... 28
Returning Rental Equipment ............................................................. 29
Final Planning .................................................................................... 30
Bereavement Support ...................................................................... 33
How You Can Help .......................................................................... 34
24 hour On-call ................................................................................. 38
Understanding Hospice Care

Hospice is comfort and care for the terminally ill and their families. It is making the best of whatever time is remaining.  

*It is home.*  
*It is comfort.*  
*It is warmth.*

People faced with a condition that medical treatment can’t cure can gain strength and support in the hospice program.

**Hospice is a Team Effort**

Hospice care is provided by an interdisciplinary team of professionals and volunteers.

You and your family are actively involved in your care. Instructional guidance and support are offered as we, together, deal with the day-to-day matters. The hospice team understands through appropriate care and the promotion of a caring community sensitive to your needs, you and your family can be free to attain a degree of physical, emotional and spiritual preparation for death that is satisfactory to you.

Hospice services are provided in the place you call home. Hospice provides the services, support and equipment needed to allow the patient to be home as long as the patient and family desire, and as long as the patient can adequately be provided for in that setting.

The team works closely with both the patient and the primary caregiver (a family member or friend who can often provide the most — and the best — comfort). A terminal illness can challenge emotions, relationships, finances and spiritual strength. Providing comfort in those areas is important, too.
Hospice Services

Our hospice service is a specialized health care program that offers comfort, support, and compassionate care to people with advanced or life-limiting illnesses. Patients are encouraged to remain as active as possible and remain close with family and friends at this important time. Our hospice team supports patients and their families with care at the end of life. Staff provide specialized services to meet physical, emotional and spiritual needs, and are trained to effectively manage pain and other symptoms.

The familiar surroundings of home often provide the best place to care for your ill family member. To help you provide the care needed, hospice offers:

- Pain and symptom management
- Visiting nurses
- On-call nursing service, 24 hours a day, seven days a week
- Home health aide and homemaker services
- Emotional support and chaplaincy services
- Rehabilitation therapist — physical, occupational and speech therapy
- Nutritional assessments
- Medical equipment, supplies and medications
- Respite care
- In-hospital care (as needed)
- Bereavement and counseling support to assist family members and significant others in the grief process that occurs with the terminal illness and death of a loved one

“We were so happy to be able to have our husband and father of 87 years to spend his last days at the home he loved.”
Role of Team Members

Hospice focuses on comfort and quality of life. Through specialized services, we help patients and their families manage physical, emotional, social and spiritual needs. Patients live their final days with peace and dignity in the comfort of their own home or care facility. We work with family and friends to help them cope with end of life transition and stress of the approaching loss. Patients are encouraged to remain as active as possible and stay in close contact with family and friends.

**Nursing**
Our nursing services include pain and symptom management, treatments, nutritional evaluations, monitoring of unstable conditions as well as individualized teaching for primary caregivers.

**Physicians**
We work closely with the patient's personal physicians to coordinate care.

**Certified Home Health Aides**
Our certified home health aides are available to assist the patient with personal care.

**Social Work**
Medical social workers interact closely with patients and family members to help them cope with the patients’ illness. They may also recommend counselors and other community resources, if needed.

**Spiritual Care**
Recognizing the importance of spirituality, our Spiritual care staff meets with patients, often facilitating growth and awareness, which can come at the end of life.

**Volunteers**
Specially-trained hospice volunteers often provide respite, companionship and support to patients and families. They may also assist with household chores, errands and other appropriate tasks.
Hospice Volunteers make a difference

Hospice volunteers are a vital part of a caring team that bring a special personal touch to terminally ill persons and their families. Hospice volunteers are adult members of our communities who are sensitive to the needs of hospice patients and families. They make a difference in your life by providing helpful services within specified guidelines and as requested by you. Volunteers have a multitude of occupations, talents, skills and interests.

How are volunteer assignments made?
Assignments are made by the hospice team, who matches your needs with a volunteer’s skills and interests. Other considerations include the availability of the volunteer at the time of the requested visit and the proximity of the volunteer to your home. We will make every effort to schedule a volunteer visit as requested but the volunteers time/availability may vary.

Volunteers bring a special, personal touch to patient care. We encourage you to consider volunteer support early in your hospice journey.
Levels of Care

General Inpatient Care-Short term:
The Hospice Program is committed to providing hospice care in the place you consider home.

Occasionally, however, there are symptoms (such as uncontrolled pain, uncontrolled nausea or vomiting, severe agitation) that cannot be effectively and efficiently managed at home. Hospice, in cooperation with your primary physician, then arranges for short-term hospitalization for more aggressive measures to control your symptoms. Hospice will assist in making any necessary transportation arrangements.

Continuous Care:
Continuous Care provides intensive hospice support at bedside, around the clock, for brief periods of time during a crisis in which the patient requires predominately nursing care to achieve palliation or management of acute medical problems. Continuous home care is not intended to be used as respite care.

Respite Inpatient Care:
Respite means an interval of rest or relief. Respite inpatient care is available for you when your family members are in need of a break from their caregiving responsibilities. This can be provided, on an occasional basis, for up to five consecutive days at any given time. Hospice uses any of our contracted hospitals* and nursing homes* for your respite care.

Facility as a Place of Residence:
Hospice Program can provide hospice services in facilities where there is an established contract*. When this occurs, both Hospice and the facility communicate, establish, and agree upon a coordinated plan of care.

* Ask your case manager for a current list.
Medications

Medications are used to promote your comfort. Your RN case manager, under the direction of your primary physician, assesses medication use and makes suggestions regarding medication scheduling that maximize symptom management.

- Some medications can be mailed, delivered or brought to your home if arranged through the pharmacy. In some cases, your family may need to pick up medications at the pharmacy.

- Arranging for a family member or friend to run pharmacy errands for you is often beneficial.

- A dispensed medication shall be considered the property of the patient/patient’s estate.

Medication Disposal Policy

- When you no longer need a medication, a family member should consult your RN or pharmacy regarding disposal of the medication. No one else should use medications prescribed for you.

- Hospice’s policy is to follow the current FDA guidelines for medication disposal.

- Hospice’s policy is to have safe disposal of medications that have reached an expiration date, have been discontinued, or are no longer needed by the patient.

- Patient/Family/Caregiver are responsible for disposal of medications.

- Medicine take back programs for disposal are a good way to remove medications.
• Contact your city or county government’s trash and recycling service to see if there is a medicine take back program in your community.

• There are certain medications that may be especially harmful and in some cases fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed. To prevent accidental ingestion by children, pets or anyone else, a few medications have specific disposal instructions indicating they should be flushed down the toilet or sink as soon as they are no longer needed.

• Other medicines can be mixed with an unpalatable substance like kitty litter, coffee grounds or liquid soap in a sealed plastic bag and thrown away in your trash.

• Before throwing out your empty pill bottles or medicine packaging, remember to scratch out all information to make it unreadable.

Payment
Your medications related to the terminal illness will be paid by Hospice. Your RN case manager can provide you with a list.

Hospice Pharmacy Management Services from Outcome Resources. Their contact information is as follows:

Bill to Outcome Resources
BIN: 016093        PCN: 5289
(Name may show as PBM Alternatives)
Pharmacy Help Desk Information: 866-877-2053

Hours:           After Hours:
Monday–Friday 7:30 am—8 pm CT    Press Option 5 to reach the on
Saturday-9:00 am—7 pm CT          call staff member
Press Option 2
Supplies and Equipment

Hospice staff may arrange for medical equipment such as a walker, wheelchair, hospital bed or oxygen to be delivered to your home. These items assist in the management of your care at home as well as provide comfort measures to you.

- On occasion, it might be necessary for family members to pick up supplies and equipment.
- Should you prefer supplies or equipment from noncontract suppliers, you will be responsible for payment when our suppliers have a comparable item.
Advance Health Care Directives

An Advance Directive for Health Care is used to communicate in advance a patient’s instructions regarding medical treatment, including life-sustaining treatment, in the event the patient is not able to make decisions in the future. It is also used to appoint representatives, called “health-care proxies” who can make all health care decisions on behalf of the person who executed the document.

The term “Advanced Directives” refers to several different legal documents that grant representatives authority and/or provide information about patient wishes.

These may include:
- Power of Attorney for Health Care (POA—HC)
- Power of Attorney for Finance (POA-F)
- Living Will
- DNR/Full Code
How to Adequately Manage Your Pain at Home

Take 5 minutes to talk about your pain so that you may be adequately prepared to manage your pain at home. We will also talk about how to report any concerns.

☐ Are you currently experiencing any pain? If yes, where?

☐ What words would you use to describe your pain? (dull, sharp, throbbing, ache, heavy, stabbing) How would you rate your pain?

☐ Does your pain interfere with your daily activities? (sleeping, eating, walking, sitting, working) How does your pain interfere with activities and movement?

☐ What makes the pain worse?

☐ What makes the pain better?

☐ What medications or non-pharmaceutical interventions have you taken for pain in the last 24 hours? Were they effective?

☐ Are you having any side effects such as nausea, constipation or lethargy?
Non-pharmacological options you use to control pain (massage, distraction, imagery, ice, relaxation)

<table>
<thead>
<tr>
<th>Alternate</th>
<th>How Often</th>
<th>Comments/Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My pain management goal is: ____________________________________________

The primary goal of pain management is to restore functioning and improve quality of life for persons suffering with chronic pain.

**Goals might include:**
- Return to daily activities
- Increase physical strength, stamina, and flexibility
- Reduce use of pain medications
- Minimize pain behaviors
- Learn stress management techniques
- Resume leisure and recreational activities
- Reduce reliance on health-care professional, with improved ability to self-manage chronic pain

Thank you, it is our goal that you are adequately prepared to manage your pain at home. Any concerns, please contact one of our nurses. They will help you, or will get a message to your case manager.
Pain Control Medication Record
Patient/Family Journal

Pain Intensity Rating Scale:

![Rating Scale Image]

Medication Instructions: At home, I will take the following medicines for pain control

<table>
<thead>
<tr>
<th>Medicine (name, dose)</th>
<th>How to Take (By mouth, etc.)</th>
<th>How Many (at each dose)</th>
<th>How Often</th>
<th>Comments/Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medicines you may take for side effects

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How to Take</th>
<th>How Many</th>
<th>How Often</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date | Time | Person Giving Medication | Pain Rating | Medicine Taken | Pain Rating After 1 Hr. | Comments | Count |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Person Giving Medication</th>
<th>Pain Rating</th>
<th>Medicine Taken</th>
<th>Pain Rating After 1 Hr.</th>
<th>Comments</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dispelling Myths of Opioids

Opioids, often called narcotics, are commonly used in hospice and palliative care to keep patients comfortable. Many patients, family members, and even healthcare providers are afraid to give these medications because of what they have heard in the news, on television, and from friends. The following information is designed to help dispel some of the myths surrounding the use of opioids.

Myth: Opioids are addicting.
Reality: There is a difference between physical dependence and addiction. Physical dependence is a state in which physical withdrawal symptoms occur when a medication is stopped or decreased abruptly. This is expected. Addiction is a chronic disease in which people have a poor control over drug use and continue to use the drug despite physical and social harm. Addiction is rare for patients who are terminally ill when the goal of care is comfort.

Myth: Opioids cause respiratory depression.
Reality: When opioids are adjusted slowly to provide pain relief, respiratory depression is rare.

Myth: If a person takes large doses of opioids early in their disease process, the opioids will not be as effective later on when he/she needs higher doses.
Reality: There is no maximum dosage for opioids. A patient should get whatever dose is needed to provide pain relief. One should not focus on “the numbers” but instead be focused on making sure the patient’s pain is controlled.

Myth: Giving opioids to a terminally ill patient will hasten death.
Reality: Research shows that the use of opioids does not lead to a quicker death. Withholding pain medication at the end of life is not appropriate when medications are available to relieve pain and suffering.
Myth: Opioids cause a person to feel foggy and lose control.
Reality: When opioids are taken on a regular basis, tolerance quickly develops and the feeling of being foggy or out of control should go away within a week.

Myth: Opioids damage the body.
Reality: Opioids are very safe drugs when used as directed. Of interest, the American Geriatric Society has determined that opioids are safer for older people than non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil) or naproxen (Aleve).

Myth: Using opioids means that you are a weak or bad person.
Reality: Because there have been many stories in the news about people who abused opioids, their legitimate use for pain has been questioned. As a result, too many people suffer with pain who could be relieved with opioids.

Myth: All types of pain respond well to opioids.
Reality: Pain caused by bone or nerve injury (neuropathic) may need the help of additional medications along with opioids to provide better relief for these types of pain.

Myth: You cannot give opioids to a child.
Reality: Children of all ages can receive opioids at doses appropriate for their weight and age and with adjustments based on physical condition.

If other questions arise, please ask the nurse.

Hospice & Palliative Nurses Association
Morphine
Oral Concentrate (20mg/ml)

Equals 5 mg

Equals 10 mg

Equals 15 mg

Equals 20 mg

.25 ml

.50 ml

.75 ml

1 ml
MORPHINE ORAL CONCENTRATE
(20mg/ml)

Common Uses: This is a quick-acting medicine that relieves pain or shortness of breath. It also can be used to relieve pain that occurs between doses of long-acting pain medicine. It is often given before activity that may cause pain, like changing position in bed or dressing changes. The effects of quick-acting pain medicines usually last for 2 to 4 hours.

How to Take This Medicine: Take when directed by the nurse or doctor. Keep track of the number of doses you take each day. Do not change the dose or take more often unless told to do so by your physician or nurse.

You may take this medicine with food if it upsets your stomach. You may also mix it in a small glass of liquid to help it taste better. Orange or grapefruit juice can help improve the taste. Be sure to drink the whole glass to get all of the medicine when mixed. If swallowing is too hard, you can put morphine under the tongue or inside the cheek where it will be absorbed. This medication is to be given only to the patient for whom it is prescribed.

Drug Interactions: Alcohol or medications that contain alcohol, certain antidepressants, barbiturates, medicines for anxiety or sleep, carbamazepine, muscle relaxants, phenytoin and some medication for high blood pressure.

Side Effects: You may or may not have any of the following side effects. This medicine may cause drowsiness, dizziness, stomach upset, sweating, flushing or itching for the first few days as your body gets used to the medicine. Your doctor may order you another medicine to prevent the nausea that may occur the first few days. If any of these side effects really bother you, or if you notice any other effects while taking this medicine, please contact the hospice nurse. These effects can usually be treated by changes in the dosage.

This medicine also slows down the bowels, which can lead to constipation. Your nurse can tell you what to take to prevent constipation.

Storage: Keep this medicine in a secure place out of the reach of children. It can be stored at room temperature, away from heat or light. Do not store in the bathroom.
Lorazepam
Oral Concentrate (2mg/ml)

Equals 2 mg
1 ml

Equals 1.50 mg
.75 ml

Equals 1.0 mg
.50 ml

Equals 0.5 mg
.25 ml
Common Uses: Lorazepam is used to relieve anxiety, nervousness, insomnia, nausea and certain types of seizures (convulsions). Because it relieves anxiety, it may also help increase the effectiveness of medications used for pain or shortness of breath.

How to Take This Medicine: Take when directed by the nurse or doctor. Keep track of the number of doses you take each day. Do not change the dose or take more often unless told to do so by your physician or nurse. Lorazepam comes as a tablet and a liquid concentrate to take by mouth. It may be taken with or without food. Take with food if it upsets your stomach.

Lorazepam liquid concentrate comes with a specially marked dropper for measuring the dose. If swallowing is too hard, you can put Lorazepam under the tongue or inside the cheek where it will be absorbed. It may also be diluted in 1 ounce or more of water, juice, or carbonated beverages just before taking it. It also may be mixed with applesauce or pudding just before taking the dose. This medication is to be given only to the patient for whom it is prescribed.

Drug Interactions: Alcohol, herbal or dietary supplements such as kava kava, melatonin, St. John's Wort or valerian, some antibiotics, some medicines for depression, medicines for anxiety, or sleeping problems.

Side Effects: Constipation or diarrhea, dizziness or drowsiness, headache, nightmares, nausea and vomiting, and dry mouth. Call the hospice nurse if you experience any of these symptoms that are bothersome or experience other side effects while taking this medicine.

Storage: Do not store your medication in the bathroom. Store at room temperature and away from excess heat. Keep this medicine out of the reach of children.
PAINAD
(Pain Assessment in the Advanced Dementia Patient)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocalizations that show discomfort</td>
<td>Occasional moan or groan. Low level speech with a negative or disapproving quality.</td>
<td>Repeated troubled calling out. Loud moaning or groaning. Crying.</td>
<td></td>
</tr>
<tr>
<td>Consolability</td>
<td>No need to console</td>
<td>Distracted or reassured by voice or touch.</td>
<td>Unable to console, distract, or reassure.</td>
</tr>
</tbody>
</table>

Description of PAINAD Five Elements
(To be used with the PAINAD Scale)

Breathing

Normal Breathing: Effortless breathing characterized by quiet rhythmic respirations.

Occasional Labored Breathing: Characterized by episodic bursts of harsh, difficult, or wearing respirations.

Short Period of Hyperventilation: Characterized by intervals of rapid, deep breaths lasting a short period of time.

Long Period of Hyperventilation: Characterized by excessive rate and depth of respirations lasting a considerable time.
Cheyne-Stokes Respirations: Characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea.

Vocalizations that show discomfort

None: Characterized by speech or vocalization that has a neutral or pleasant quality.

Occasional Moan or Groan: Occasional moaning is characterized by mournful or murmuring sounds, wails, or laments. Occasional groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.

Low-Level Speech: With a negative or disapproving quality is characterized by muttering, mumbling, whining, grumbling, or swearing in a low volume with a complaining, sarcastic, or caustic tone.

Repeated Troubled Calling Out: Characterized by phrases or words being used over and over in a tone that suggests anxiety, uneasiness, or distress.

Loud Moaning or Groaning: Loud moaning is characterized by mournful or murmuring sounds, wails, or laments in a much louder than usual volume. Loud groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.

Crying: Characterized by an utterance of emotion accompanied by tears. There may be sobbing or quiet weeping.

Facial Expression

Smiling or Inexpressive: Characterized by upturned corners of the mouth, brightening of the eyes, and a look of pleasure or contentment. Inexpressive refers to a neutral, at ease, relaxed, or blank look.

Sad: Characterized by an unhappy, lonesome, sorrowful, or dejected look. Eyes may be teary.
**Cont’d—Description of PAINAD Five Elements**

Frightened: Characterized by a look of fear, alarm, or heightened anxiety. Eyes may appear wide open.

Frown: Characterized by a downward turn of the corners of the mouth. Increased facial wrinkling in the forehead and around the corners of the mouth may appear.

Facial Grimacing: Characterized by a distorted, distressed look. The brow is more wrinkled, as is the area around the mouth. Eyes may be squeezed shut.

**Body Language**

Relaxed: Characterized by a calm, restful, mellow appearance. The person seems to be taking it easy.

Tense: characterized by a strained, apprehensive, or worried appearance. The jaw may be clenched.

Distressed Pacing: Characterized by activity that seems unsettled. There may be a fearful, worried or disturbed element present. The rate may be faster or slower.

Fidgeting: Characterized by restless movement. Squirming about or wiggling in the chair may occur. The person might be hitching a chair across the room. Repetitive touching, tugging, or rubbing body parts can also be observed.

Rigid: Characterized by stiffening of the body. The arms and/or legs are tight and inflexible. The trunk may appear straight and unyielding (exclude contractures).

Fists Clenched: Characterized by tightly closed hands. They may be opened and closed repeatedly or held tightly shut.

Knees Pulled Up: Characterized by flexing the legs and drawing the knees upward toward the chest (exclude contractures).
Pulling or Pushing Away: Characterized by restiveness upon approach or to care. The person is trying to escape by yanking or wrenching himself or herself free or by shoving you away.

Striking Out: Characterized by hitting, kicking, grabbing, punching, biting, or other forms of personal assault.

Consolability

No Need to Console: Characterized by a sense of well being. The person appears content.

Distracted or Reassured By Voice or Touch: Characterized by a disruption in the behavior when the person is spoken to or touched. The behavior stops during the period of interaction with no indication that the person is at all distressed.

Unable to Console, Distract, or Reassure: Characterized by the inability to soothe the person or stop behavior with words or actions. No amount of verbal or physical comforting will alleviate the behavior.
Hospice Patient and Families Rights and Responsibilities

Each Hospice patient shall have the rights:

1. To be treated with courtesy, respect and full recognition of dignity and individuality and to choose physical and emotional privacy in treatment, living arrangements and the care of personal needs.
2. To be involved in developing his or her plan of care.
3. To receive effective pain management and symptom control.
4. To select or refuse care or treatment.
5. To choose attending physician.
6. To confidential treatment of personal and health care record information and to approve or refuse release of information to any individual outside the hospice, except in the care of transfer to another health care facility, or as required by law or third party payment contract.
7. To voice grievances.
8. To be protected from discrimination or reprisal for exercising rights.
9. To request and receive an exact copy of one's health care record.
10. To be free from chemical and physical restraints except as authorized in writing by the attending physician to provide palliative care for a specified and limited period of time and documented in the plan of care.
11. To exercise rights of respect for their property and person.
12. To be free of mental, physical, sexual abuse and mistreatment or neglect. Including misappropriation of patient property and injuries of an unknown source.
13. To be free from mental and physical abuse incurred from acts or omissions of hospice employees.
14. To be permitted to receive visitors at any hour, including small children, and to refuse
15. To receive information about Hospice Benefit.
16. To receive information about scope and limitations of Hospice services.
17. To have the organization accommodate religious or other spiritual service.
18. To receive information or prepare an advance directive.
19. To receive information about services available from the Hospice and their charges; Hospice coverage.
20. To request criteria for discharge from the Hospice program for any reason.
21. To designate a family spokesperson, which is family member to act on behalf of the family.
22. To be communicated verbally or in the manner/language the patient understands.
23. To have ownership of medications supplied by Hospice.
Family members of hospice patients have the following rights:

1. To be fully informed, both verbally and in writing, as evidence by the family’s written acknowledgment, of those rights and all hospice rules and regulations governing patient and family responsibilities prior to start of care;
2. To be fully informed, prior to the patient’s admission, of the types of services available from the hospice;
3. To be fully informed of any charges for services for which the family or insurer will be responsible;
4. To be fully informed of the hospice’s grounds for discharging the patient from the program; and
5. To have the family spokesperson fully informed of any significant changes in the patient’s needs or status.

As an Agency providing Hospice services to you, the Agency has the right to expect the patient and family to meet the following responsibilities:

1. To be under medical supervision;
2. To supply accurate and complete health history information;
3. To cooperate in giving full and honest information about financial and environmental factors which may affect your health status;
4. To inform appropriate agency personnel of any changes in health status and make it known if you do not understand or cannot follow instructions;
5. To cooperate in making adequate physical arrangements in your home to help allow for safe care;
6. To attempt to have available a family member or substitute who is able and willing to participate in care;
7. To be reasonably considerate and cooperative with all home hospice personnel;
8. To avoid discrimination against health workers because of race, religion, color, sex, national or ethnic origin;
9. To notify the agency, if you are unable to keep a scheduled visit.
Complaint Management

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may voice concerns by:

- Speaking to any Mayo Clinic Health System employee
- Speaking to your care provider or physician
- Speaking to the director of the clinic or hospital department
- Completing a comment card found throughout the facility.
- Completing an Avatar survey, which is randomly mailed after patient appointments.

We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint and notify the Patient Experience Department by email to EUMCHSPatientExperience@mayo.edu, writing or calling:

Patient Experience Department
1400 Bellinger St.
P.O. Box 1510
Eau Claire, WI 54702-1510
715-838-5017 or 1-888-838-4777 (toll free)

You will be contacted by the Patient Experience Department to acknowledge receipt of your complaint. The information will be reviewed internally, and a written response will be sent to you within a reasonable timeframe. The letter will have the name of the contact person for any further correspondence and communication, and that individual will provide a response with the resolution upon completion of the review.

You can also request a list of resource agencies from the Patient Experience Department. Should you choose not to use our complaint process, or if you are unable to resolve a concern(s) to your satisfaction, you also have the right to contact:

Centers for Medicaid and Medicare Services
7500 Security Blvd.
Baltimore, MD 21244-1850
1-877-267-2323 (toll free)

Wisconsin Division of Quality Assurance
1 West Wilson St., P.O. Box 2969
Madison, WI 53701-2969
608-266-0224
1-800-642-6552 (toll free)
If a patient or a patient representative (anyone representing the patient’s interests) has a concern with the patient’s care and treatment, believes that the patient’s rights have been violated, and/or that the hospice has not resolved these concerns, a complaint may be filed using any of the following methods.

Writing to: **Department of Health Services**  
**Division of Quality Assurance / Bureau of Health Services**  
**ATTN: Hospice Complaint Coordinator**  
P.O. Box 2969  
Madison, WI 53701-2969

Calling: **Toll-free Wisconsin Home Health / Hospice Hotline- 1-800-642-6552** *

Completing an on-line complaint form at: [http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm](http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm)

If you have **Medicare** coverage, you may also make complaints by writing to or calling:

**KEPRO**  
5201 W. Kennedy Blvd., Ste. 900  
Tampa, FL 33609  
1-855-408-8557  
1-855-843-4776 (TTY)

* The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, on weekends, or on holidays are returned the next day. The purpose of the hotline is to receive complaints regarding Wisconsin licensed and Medicare/Medicaid certified home health agencies and hospices and to provide information about Wisconsin home health agencies and hospices.
Discontinuation of Services from Hospice

Though uncommon, there may be circumstances when services from Hospice Program would be discontinued. The reasons could include, but are not limited to, the following:

- You no longer meet the required medical criteria (as a result of improvement in physical condition) to receive hospice services as determined by the hospice medical director.
- You seek curative care that is not consistent with hospice philosophy.
- You voluntarily choose to stop hospice services.
- You move to a nursing home where you are choosing to use Medicare skilled days or to a nursing home that does not have a contract with Hospice, or another facility.
- You travel outside the designated service area (for 24 hours or greater) and hospice is unable to contract with another hospice provider during that timeframe.
- You move outside the designated service area.
- Unresolved safety issues that would impact the delivery of services by the Hospice staff.

“A special thanks to Cheryl for the coordination of setting everything up and helping us through it. Everybody working there did a great job.”
Returning Rental Equipment

**Who arranges the return of the rented equipment?**
Upon death, or when no longer needed, your nurse will contact the Vendor to work with you for the return of the rented equipment.

**What about leftover medical supplies?**
Any supplies left in the home for the care of the hospice patient will be left upon “discharge”.

**We purchased equipment and now would like to donate so someone else can use.**
You may contact a local charity to take donations of both equipment and supplies. Contact them directly to arrange donations of equipment.

<table>
<thead>
<tr>
<th><strong>BARRON</strong></th>
<th><strong>MENOMONIE</strong></th>
<th><strong>EAU CLAIRE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barron Loan Closet</strong></td>
<td><strong>Interfaith Volunteers of Dunn County</strong></td>
<td><strong>American Cancer Society</strong> (Sacred Heart Hospital)</td>
</tr>
<tr>
<td>715-637-5691</td>
<td>715-235-2920</td>
<td>715-832-0181</td>
</tr>
<tr>
<td><strong>Center of Independent Living</strong></td>
<td></td>
<td><strong>Easter Seals</strong></td>
</tr>
<tr>
<td>715-736-1800</td>
<td></td>
<td>Equipment Only 715-834-9452</td>
</tr>
<tr>
<td><strong>VA Office</strong></td>
<td></td>
<td><strong>Hope Gospel Bargain Store</strong></td>
</tr>
<tr>
<td>715-537-6225</td>
<td></td>
<td>Equipment Only 715-839-9498</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rutledge Charities</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equipment only 715-723-6618</td>
</tr>
</tbody>
</table>
Planning your funeral with your family can be a difficult task. However, it can be an opportunity for you and your loved ones to share memories and design a funeral service that will be meaningful for all who attend. It also allows you to express wishes to your family while there is still time for discussion.

Talking about funeral plans does not hasten death. Instead this can be a time of mutual sharing, strengthening bonds and growing together as we walk through this journey of illness, transition and loss. The next few pages will answer some practical questions about planning your funeral. We can help you access your community clergy, attorney and funeral directors.

**Why Have Funerals?**

The death of loved ones deeply affects those people close to them. Funerals are meaningful and can help family and friends begin working through their grief. It is important for you to discuss your wishes with your loved ones. Discussion allows input from your loved ones regarding your decisions. Alan Wolfelt, Ph.D., Death Educator and director of the Center for Loss and Life Transition, provides a list of why funeral rituals are valuable:

- Confirm that someone you love has died
- Help you understand that death is final
- Serve as a private and public transition between your life before the death and after the death
- Encourage you to embrace and express your pain
- Help you remember the person who died and encourage sharing memories with others
- Offer a time and place for you to talk about the life and death of your loved one
• Affirm the worth of your relationship with the person who died
• Provide a social support system for you
• Help you integrate back into the community
• Allow you to search for meaning in life and death
• Reinforce the fact of death
• Establish ongoing helping relationships among others who are grieving

Considerations to be made
When planning a funeral, certain decisions need to be made.

Choose a funeral home:
When choosing a funeral home you may, consider many factors:
• Past experience with a particular funeral home
• Recommendations from family or friends
• Is it the community funeral home? Location is convenient to family and friends
• After contacting various homes a choice may be made due to costs, location, services provided, the personality of the funeral director, etc.
• Costs associated with services provided
• Willingness of funeral director to follow your wishes

Choose a funeral ceremony:
There are many choices to consider:

• Viewing of the body by the family and/or the public
• Public or private visitation or wake
• Memorial service with or without the deceased present
• Graveside service only
• Religious vs. non-religious service
• Fraternal or military service
Other options to consider:

- Organ/Tissue donation - If you wish to donate some of your organs or tissue, arrangements need to be made in advance. Please speak to your physician about what can be donated. An open casket visitation or funeral can follow after these donations have been made. The body is not distorted.

Whole body donation - If you wish to donate your body, arrangements need to be made in advance. The family is responsible for the body to be taken to a funeral home. If the donation is accepted, the recipient will cover the cost of transporting the body to their facility. After use by the facility, the body is cremated. Ashes can then be returned to the family for disposition.
Bereavement Support

The death of a loved one changes our lives forever. The feelings and experiences associated with grief can become very confusing, overwhelming and even frustrating. Grief is not something that simply goes away in time; it is important what you do with the time to care for yourself. Hospice seeks to provide the appropriate support, utilization of resources and encouragement to you.

Grief is often referred to as a journey. This journey may feel to you as though there are ups and downs, movement forward and backwards. At times you may feel flooded with emotion and other times numb to any feelings. Tears may flow or tears may feel frozen within you. Grief affects us on all levels – emotionally, physically, and spiritually. After a loved one dies our relationships, finances, routines, thoughts, behaviors, and daily functions may also be affected. All of these experiences are common and understandable reactions to grief. Individuals often comment that it feels as though what he or she is experiencing is not “normal.” No two people grieve in exactly the same way or within the same timeframe. We are all different and the most helpful thing you can do for yourself is to honor your own process and try to do what feels right for you.

Our bereavement team is here for a minimum of 13 months to offer support to family members, friends and caregivers. This support may include periodic phone calls, supportive counseling, home visits, grief support groups, mailings, and, if appropriate, referrals for more extensive counseling or other community services. Throughout the year special events are also held to honor loved ones who have died. Information and invitations for these offerings are mailed to the family during the time of bereavement.

Bereavement programming helps individuals navigate through the journey of grief by inspiring hope and offering support. Our programming contributes to your health and wellbeing by providing care to those grieving the death of a loved one.
How you can help

Memorials

Memorial donations can be a meaningful and lasting way to keep the memory of a loved one alive. Please make your check payable to “MCHS Hospice” and note the name of the person you would like to honor. It is our policy to notify the honoree’s family that a gift was made. Please include the family’s name and address if you would like us to do so. Donations and memorial gifts support the hospice volunteer and bereavement programs.

Gifts may be mailed to:

Mayo Clinic Health System
Home Health & Hospice
Post Office Box 2060
Eau Claire, WI 54702

“Please accept our deepest heartfelt gratitude to you all in the assistance of helping our family through the final days of H’s life. We all felt your tenderness and expertise came and wrapped your arms around us. We really couldn’t have imagined giving her that dignity at home without you. You are all angels on earth.”
Notes
## Calendar

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
<td>Friday</td>
<td>Saturday</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
24 Hour On-Call

Please call Hospice if you have any questions. A Hospice nurse can be reached 24 hours a day, seven days a week.

After hours, the Answering Service will contact the On-Call nurse and they will return your call.

715-831-0100
800-236-8408

You are not alone.

mayoclinichealthsystem.org