

A Family Caregiver's Planner for Care at Home

When Home Care Services Start

The first person you will meet from a home care agency is often the nurse. He or she will assess your family member and recommend a set of services. This assessment will be the basis for a "care plan." A care plan is a list of services and supplies that the agency will provide as well as other types of care that your family member needs. Care plans can be simple or very complicated. If your family member's health care insurance will pay for home care services, the agency will ask for approval from the insurance provider before starting services.

You will have to organize and coordinate a lot of the services in this care plan. There almost always are changes along the way. This planner has space for you to write in the most important information and keep track of changes. Doing so can help you feel more in control and know what to expect in your family member's care.



It is important that you plan to be present at the first home care visit.

You have important information to share with the home care staff. You also need to understand the care plan.

Name and Contact Information for Agencies Providing Care to Your Family Member

It is important to have contact information for all agencies and people involved in your family member's care. This is very helpful in an emergency.

Name of home care agency: () _____ - _____

Team providing services:

Team leader or supervisor:

Team leader or supervisor telephone number in case of emergency: () _____ - _____

Other emergency telephone number: () _____ - _____

Person coordinating your family member's care plan and phone number:

Are other agencies also providing services (such as home health aides)? Yes No

If yes, name of agency: () _____ - _____

Services in this Care Plan

Home care can include many different types of services. Make sure you know what these services are and who will provide them. You can check the boxes next to those who will be involved in your family member's care.

- | | |
|--|--|
| <input type="checkbox"/> Home health aide | <input type="checkbox"/> Occupational therapist (OT) |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> Physical therapist (PT) | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Other: | |

Deliveries of Equipment and Supplies

Your family member may need medical equipment such as a cane, walker, or IV setup. He or she may also need supplies such as diapers, colostomy bags, or wound care products. It is important to know what kinds of equipment and supplies are needed and whether you or the agency orders them. You also should know which company will deliver these items and when they will arrive. The table below can help you organize the information. We filled in the first line to give you an example. You may also want to use the weekly care schedule on page 7 to keep track of these deliveries.

Home Care Equipment and Supplies:

Item/Type of Equipment	Who Orders It? (Home Care Agency? Me?)	Company/ Supplier and Phone Number	How Many?/ How Often?	Delivery Date	Other Information
<i>Wound Care Products</i>	<i>Me</i>	<i>ABC Medical Supply</i>	<i>25 per week</i>	<i>Every Tuesday</i>	<i>Call Brian to reorder</i>

Home Care Agency Services

The home care agency may send one or more people to help in your family member's care. Services can be from professionals (nurses, physical therapists, occupational therapists, or speech therapists) and paraprofessionals (home health aides). It is important to know what kind of service each person provides. Keep in mind that services may not always be provided by the same person. Talk with the home care agency nurse or case coordinator and check those services (below) that your family member will get and who will provide these services.

Home Health Aide. Services may include:

Personal Care

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Changing diapers |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Nail care | <input type="checkbox"/> Toileting |

Nutrition

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Assist with feeding |
|----------------------------------|--|

Household Chores and Escort

- | | | |
|---|--|--|
| <input type="checkbox"/> Clean | <input type="checkbox"/> Patient's laundry | <input type="checkbox"/> Go with patient to other location |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Go with patient to doctor or clinic | |

Vital Signs

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Check temperature | <input type="checkbox"/> Check pulse | <input type="checkbox"/> Measure blood pressure |
|--|--------------------------------------|---|

Activities

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Transfers
(such as moving from bed to chair) | <input type="checkbox"/> Exercises
(simple range of motion) |
|----------------------------------|--|--|

Other services the aide may provide

- | | | |
|---|--|---|
| <input type="checkbox"/> Medications: assist or remind | <input type="checkbox"/> Assist with nebulizer | <input type="checkbox"/> Assist with tube feeding |
| <input type="checkbox"/> Assist with dressing change for wound care | <input type="checkbox"/> Ostomy care | <input type="checkbox"/> Other: _____
_____ |

Other Health Care Professionals:

Here are some other health care professionals that may be involved in your family member's care. Use the space below to write down which specific services they will provide for **your** family member.

Nurse

Nurses perform many important medical tasks such as changing dressings (bandages) and cleaning wounds after surgery. Nurses also monitor and check vital signs and medications. Nurses can teach you and your family member how to manage medications and handle medical equipment.

Nurse services that will be provided to your family member:

Physical Therapist (PT)

Physical therapists help people get stronger. PTs can teach someone who is weak or disabled how to get out of bed or move to a chair. PTs can also show how to do strength and flexibility exercises. Talk with the PT about whether your family member might benefit from special equipment such as grab bars or guard rails. If equipment is needed, ask the PT if he or she can help you to get it.

PT services that will be provided to your family member:

Occupational Therapist (OT)

Occupational therapists help people relearn skills such as feeding and getting dressed.

OT services that will be provided to your family member:

Speech therapist

Speech therapists work on language skills. They help people speak clearly again after an injury or illness. Speech therapists can also help with swallowing problems.

Speech therapy services that will be provided to your family member:

Social worker

Social workers help you apply for benefits such as Medicaid or social security benefits. They can offer advice about adult day care, respite (time off for the family caregiver), or other services. Social workers can also talk with you about any worries or problems.

Social work services that will be provided to your family member:

Home care schedule

Home care professionals and paraprofessionals will likely come to your family member's home on different days and at different times. This schedule can get very confusing. You can use the schedule (starting on page 7) to keep track of who is coming and what time they will arrive. You can also write when you expect deliveries of medical supplies and equipment. This schedule can help you know when someone needs to be at home with your family member. You can ask the nurse or care coordinator to help you complete this schedule. It is helpful to create a new schedule each week and review it with the nurse or care coordinator.

Care Schedule for the week of: _____

Monday		Tuesday		Wednesday	
Service or Activity	Time	Service or Activity	Time	Service or Activity	Time
<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Home Health Aide	
<input type="checkbox"/> Nurse		<input type="checkbox"/> Nurse		<input type="checkbox"/> Nurse	
<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physical Therapist	
<input type="checkbox"/> Speech Therapist		<input type="checkbox"/> Speech Therapist		<input type="checkbox"/> Speech Therapist	
<input type="checkbox"/> Doctor's Appointment		<input type="checkbox"/> Doctor's Appointment		<input type="checkbox"/> Doctor's Appointment	
<input type="checkbox"/> Deliveries		<input type="checkbox"/> Deliveries		<input type="checkbox"/> Deliveries	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Notes and Questions:		Notes and Questions:		Notes and Questions:	

Thursday		Friday		Saturday		Sunday	
Service or Activity	Time						
<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Home Health Aide	
<input type="checkbox"/> Nurse		<input type="checkbox"/> Nurse		<input type="checkbox"/> Nurse		<input type="checkbox"/> Nurse	
<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> Occupational Therapist	
<input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physical Therapist		<input type="checkbox"/> Physical Therapist	
<input type="checkbox"/> Speech Therapist		<input type="checkbox"/> Speech Therapist		<input type="checkbox"/> Speech Therapist		<input type="checkbox"/> Speech Therapist	
<input type="checkbox"/> Doctor's Appointment		<input type="checkbox"/> Doctor's Appointment		<input type="checkbox"/> Doctor's Appointment		<input type="checkbox"/> Doctor's Appointment	
<input type="checkbox"/> Deliveries		<input type="checkbox"/> Deliveries		<input type="checkbox"/> Deliveries		<input type="checkbox"/> Deliveries	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Notes and Questions:		Notes and Questions:		Notes and Questions:		Notes and Questions:	