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ABSTRACT

These two volumes contain research papers and personal reflections developed as culminating projects by adult students involved in workplace literacy classes in nursing homes, hospitals, and home care agencies. The first volume contains 18 papers: "What You Need to Know about Cancer" (Grace Bopst); "What Nursing Assistants Need to Know about Heart Attacks" (Phyllis Brown); "What Nursing Assistants Need to Know about the Elderly" (Barbara Cole); "Happiness on the Job and Volunteering" (Kathy Curfman); "A Greenhouse for Carroll Lutheran Village" (Robin Egolf); "Dementia: One Family's Journey" (Christi Fewster); "Meeting the Challenge of Diabetes through Insulin Infusion Therapy" (Cathy Flinn); "What Is There to Gain If There Is Nothing to Lose" (Cathy Flinn); "What Nursing Assistants Need to Know about Women and Health after 60" (Teresa Harmon); "What Home Health Aides Need to Know about Strokes" (Janie Heinrich); "Seasonings in the Communication Train of Thought" (Mathea Inglich); "Maintaining Professional Ethics with Compassion by Identifying Spirituality" (Patricia Morrill); "What Retirement Community Employees Need to Know about Aging" (Patti Nott); "What You Need to Know about Lupus" (Joy Plaine); "The Home Health Aide: A Multifunctional Role" (Cindy Richardson); "Hospice Care and Why Carroll Lutheran Village Needs a Hospice Unit" (Tracy Stewart); "What Nursing Assistants Need to Know about Dementia" (Tonya Stonesifer); "Teamwork" (Carol Colson et al.) and "A Day in the Life of a Nurses' Aide" (Bobbie Buffington). These 21 papers make up the second volume: "The Need for My Job" (Pennie DiVenti, Rita Folk); "Alzheimer's Disease (AD)" (Georgia Folk); "What the Layman Caregiver Needs to Know about Death and Dying" (Dottie Jacobs); "What Nursing Assistants Need to Know about Depression and Terminal Illness" (Caroline Kauffman); "What Home Health Aides Need to Know about A.L.S. [Amyotrophic Lateral Sclerosis]" (Ginny Mathis); "A Death Experience" (Okima Moore); "What You Need to Know about Paraprofessionals" (Roberta Stonesifer); "What Every Home Health Care Worker Needs to Know about Burnout" (Patricia Bell); "What Nursing Assistants Need to Know about Depression in Adolescents" (Denise Feliciano); "What Home Health Aides Need to Know about Muscular Dystrophy" (Rose Mackall); "What Nursing Assistants Need to Know about Parkinson's Disease" (Mary Sanders); "What Nursing Assistants Need to Know about Multiple Sclerosis" (Barbara Wehrman); "Bill's Story: 'What Happens to Me Now'" (Jessie Baldwin); "Humor at Work" (James Cooper); "Understanding Adolescent Depression and Suicide" (Wanda Grimes); "Hospital: A Place of Healing and Work" (Laura Harrison); "Coping with Stress in Health Care"

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(Helen Kreit); "How Employers Should Help People with Mental Illness Succeed on the Job" (Jill Maurer); "Effective Communication on the Job" (Minnette Nokes); "The Lack of Affordable Daycare" (Cathy Wall); and "Knowing How to Care If I Must Be the One" (Joan Willis). (KC)

STUDENT

WRITINGS

for

HOME CARE CHALLENGE

Volume I

Carroll Community College

National Workplace Literacy Grant
January 1998

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STUDENT WRITINGS
FOR HOME CARE CHALLENGE

The curriculum developed for Home Care Challenge was designed to meet the needs of the health care partners and organizations involved with this National Workplace Literacy Grant. The curriculum is also tailored to the needs of the learners as well.

One effective tool for customizing the curriculum to the learner is the culminating research project completed by each student. Although "research project" may sound stodgy to the lay person, these learners chose to investigate topics germane to them as caregivers. Many chose to research illnesses and diseases; others chose to investigate issues that affect caregiving; and still others chose to develop topics from their dialogue journals. In their investigations they used books, articles, the Internet, and interviews, as well as their own experiences with clients.

These final portfolio pieces have been previously published as pamphlets by the Home Care Challenge staff and distributed at the places of employment. This publication of their works is designed to give them wider distribution than their current employer.

STUDENT WRITINGS

for

HOME CARE CHALLENGE

VOLUME I

STUDENTS FROM

CARROLL LUTHERAN VILLAGE
A Retirement Community

EPISCOPAL MINISTRIES to the AGING
A Retirement Community at Fairhaven and Copper Ridge

STUDENT WRITINGS
for
HOME CARE CHALLENGE

CARROLL LUTHERAN VILLAGE

What You Need to Know About Cancer	Grace Bopst
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Teamwork	Carol Colson, Lisa Crosswhite, Stephanie Fowble, Robin Hahn, Roger Knight, Trudy Null, Kim Royer, Bonnie Warehime

WHAT YOU NEED TO KNOW ABOUT CANCER

Grace Bopst

WE HAVE, OR WILL AT SOMETIME IN OUR LIFE, KNOW OR MEET SOMEONE WITH CANCER.

It's funny how some people react when they hear someone has cancer or meet someone with cancer. Many people have a morbid fear of cancer, perhaps because to them it is an incurable, wasting disease. People are aware of risk factors that can raise your risk of cancer, like tobacco use, sun exposure, alcohol, menopause treatment, radiation exposure, industrial exposure and nutrition. Some of us are aware of these risk factors yet continue to expose ourselves to them.

Cancer affects one million people a year, yet three million Americans who were found to have cancer five years ago are still alive today. Most of these people can be considered cured, others may still show evidence of cancer. Despite such impressive statistics, cancer remains a serious disease. There are around 500,000 deaths from cancer a year, and nearly one out of every three persons alive today in this country will have cancer at sometime in the future.

There are over 100 different types of cancer. Some affect just one organ; others are more generalized. However, all types of cancer always consist of an uncontrollable growth and spread of abnormal cells. The one million people affected does not include non-melanomic skin cancer. Why cancer develops in some people exposed to cancer causing agents and not others is not fully known. Most cancers develop slowly. It may take 5 to 40 years after exposure to a cancer-causing agent before there is any evidence of the disease.

Basically, there are three types of cells in our body.

1) Static cells (differentiated cells)--The cells of muscles and nerve tissue are static because after they reach a specific size they lose their ability to divide and produce new cells. These cells cannot be replaced if damaged or lost because they can no longer reproduce.

2) The Expanding Cell (undifferentiated cells)--These cells stop growing when the organ or tissue reaches its normal adult size. The key difference between static and expanding cells is that if the tissue is damaged or a portion removed, the expanding cell can "switch" on and grow again. The liver, kidney and hormone- secreting glands are examples of organs that contain these types of cells. If any part of these organs is damaged through illness or is surgically removed, the remaining cells divide and grow until the organ is restored to normal function.

3) Renewing (stem) cells die and are replaced at regular intervals. The cells that make up your skin, hair, lining of your intestinal tract, and your blood are constantly being replaced as they become old and die, either through normal process, injury or disease. The ability of renewing cells to obey signals to stop growing distinguishes their rapid growth from the uncontrolled growth of cancer cells.

Unlike other cell types, cancer cells lack the control mechanism that switches on growth in normal cells. Cancer cells are similar in a way to uncontrolled stem cells. They can be differentiated or undifferentiated but they continue to divide without restraint. Contrary to popular belief, cancer cells do not grow faster than normal cells. However, they live longer and divide more times, thus creating a greater proportion of cancer cells in growth process.

What produces cancer cells? Studies suggest that many cancers are associated with rearrangement in the chromosomes in the cells.

Oncogenes are special kinds of genes that may cause cells to divide abnormally. The normal form of an oncogene (proto-oncogene) is part of our normal complement of genes. The proto-oncogenes are present in all of our cells. In normal cells, the proto-oncogenes appear to be under strict control as they regulate cell division and cell differentiation. They also seem to control the growth of cells required to repair injured body tissue. In addition, they play a role in organ development. The strict control of proto-oncogene function in normal cells can be impaired by agents that induce cancer. In point mutation, some cancers develop at the point where the gene is changed or mutated. The proteins made under the direction by oncogenes are produced in vastly larger amounts. Ultimately, these proteins cause the cell to grow abnormally and cause cancer.

WARNING SIGNS OF CANCER

If you have any of these seven warning signs, see your physician immediately:

1. Change in bowel or bladder habits
2. A sore that does not heal
3. Unusual bleeding or discharge
4. A thickening, as a lump in breast, or elsewhere in your body
5. Indigestion or swallowing difficulty
6. Change in warts or moles
7. Nagging cough or hoarseness

DIAGNOSIS

The best diagnosis of cancer is an early diagnosis. The earlier cancer is detected, the greater the chances it can be treated before it spreads to other tissues or organs in the body. With the many cancer-screening procedures available today, many cancers can be detected early enough to be cured. Each type of cancer has its own characteristic rate of growth, tendency to spread, and particular set of target tissues or organs to which it spreads.

TREATMENTS

There are a number of treatments for cancer today.

Radiation - This treatment is effective only for those cancer cells within the area receiving the radiation.

Chemotherapy - Treats and may cure even when cancer is widespread. In cases in which the cancer is not curable, chemotherapy can relieve symptoms and enhance quality of life.

Combination Chemotherapy - Consists of giving a group of drugs that work together to kill cancer cells. Depending on specific drugs used, chemotherapy can produce various side effects similar to radiation therapy: loss of hair, sores in mouth, difficulty swallowing, dry mouth, nausea, vomiting, diarrhea, bleeding, and infection. Less common problems: damage to the heart, liver, lungs, and kidney.

Immunotherapy - The body's immune system acts as a surveillance system to guard against the presence of what it interprets to be a foreign substance. Researchers have been trying to enhance the natural immune reactions toward cancer cells. This method is called immunotherapy. It involves agents known as lymphokines that normally are produced by white blood cells. Unfortunately, it has little effect on major cancer killers that arise in the lungs, breast, and digestive tract.

EMOTIONAL ASPECTS OF CANCER

There are no bad emotions, but not acknowledging what you are feeling can interfere with your ability to cope and adapt. Feelings of anger are normal and at times may be healthy. Anger can make you change your situation, propel you into action and may even help you become more involved with your treatment and care. You must accept and deal with your illness. You must also remember anger is all right, but constant anger can continuously arouse your system by the "flight or fight" response--this can be detrimental to your general health as well as your immune system. Evidence suggests that our mental state and behavior might affect the progress of cancer. Stress, heightened by lack of control, can increase the rate of tumor growth.

SENSITIVITY TO THOSE WITH CANCER

There are so many people who do not understand cancer. Please be aware you cannot catch cancer from another person. When someone you know or love has cancer, be there for them. They need you more than ever. Please contact your local cancer society to get information so you can learn about cancer.

I have watched my Mom with cancer and have seen how her family has backed away because they don't want to see her like this. They want to remember her how she was. Don't turn away, be there. Share with them; continue to be yourself. They won't break, and they need you now. Continue to give them their dignity; they have lost enough.

Poem about a Cancer Patient

by Grace Bopst

Look at me and what do you see?
Not the same person I used to be.
I've gained weight, lost hair. I'm sick a lot.
Maybe you don't see. Hey, it is me.
I am the same person I used to be.
Don't be afraid of me, this hurts me so.
Don't look at me in that way, this hurts me so.
So look at me and I know you will see
Yes, I am the same person I used to be.

Research Source:

The American Medical Association Family Medical Guide

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT HEART ATTACKS

Phyllis Brown

In the middle of 1986, Charles Flickinger (my father) was in and out of the Gettysburg Hospital. The doctors said he had high blood pressure and heart problems. They had tried some years before to operate on him for kidney stones but while on the table his blood pressure went too high so they had to stop.

Then on the morning of January 14, 1986, he wasn't feeling well. He had heart burn, he thought. His blood pressure was very good. We called the doctor and he said not to worry because he had an EKG on Friday and all was fine.

About 2:00 p.m. on January 14, I took him to the Emergency Room at Gettysburg Hospital. They did an ECG that showed the upper chamber of the heart had a hole in it.

He was then taken to Hershey Hospital where they performed a balloon angioplasty and open heart surgery to repair the chambers. He had a blockage of the flow of the blood to the heart muscle. The rest of the family was asked to come to the hospital that night.

He did fine from it all, but was not able to breathe on his own. They took him off the respirator three times, but he still couldn't breathe on his own and he passed away.

The cause of death was **supra ventricular tachycardia** (his heart beat faster than it should have) and cardiac failure due to cardiac surgery and past myocardial infarction. Simply put, he had a blockage of the flow of the blood to the heart muscle.

Like my father, over 350,000 people die of heart attacks before they reach the hospital. They wait two to three hours before they call the hospital or doctor because they think they have indigestion and it's nothing to worry about.

SYMPTOMS

There are many signs of heart attack:

- heavy chest pain that lasts for five to ten minutes or more

- heavy pain in the center of the chest under the breast bone
- a severe crushing feeling in the chest
- sweating
- weakness
- nausea and vomiting (or feeling of fullness in the stomach)
- rapid, shallow breathing
- a rapid or slow pulse rate
- pain that starts in the chest and may radiate to the shoulders, neck, jaw and one or both arms

WHAT IS A HEART ATTACK?

Heart attack is one type of cardiovascular disease. It is a blockage of the flow of the blood to the heart muscle; you don't get the oxygen you need. In the short time after blood flow ceases to supply life-giving oxygen to parts of the heart muscle, the heart begins to die. That's the beginning of a heart attack.

When you see someone who is having a heart attack, **call 911 and start CPR**. A person can die within seconds, minutes or hours after he is stricken, and usually before he reaches the hospital. This is why it is so important to start CPR as soon as you can. Some victims can be brought back to life, but may require help from a rescuer who knows exactly what to do immediately.

Some people don't even realize they have suffered a heart attack. They think they merely fainted; they may find out years later during a cardiac examination.

WHAT CAUSES A HEART ATTACK?

This artery disease is usually self-inflicted by too much cholesterol, and other life-style decisions.

The Japanese suffer very few heart attacks, possibly because of the food they eat.

Too much stress can cause a heart attack, and so does the food you eat. High blood pressure, too much cholesterol, smoking, and lack of exercise and proper rest can contribute to heart disease.

HOW TO PREVENT HEART ATTACKS

- Get on a good diet.
- Reduce your fat, cholesterol and salt. Increase your intake of fiber. Drink decaffeinated coffee and herbal tea.
- Avoid salt, egg yolks, cheese, whole milk and fatty meat.
- Eat lots of vegetables, fruits, beans, grains, nuts, seeds and nonfat dairy products.
- Don't smoke, lower your blood pressure, get check-ups at your doctor's every

six months or so, get on a good diet, do aerobics, ride a bicycle and run.

- Also learn CPR. It could save someone's life.
- You may need to take more vitamins and minerals in your diet, or blood pressure medication prescribed by your doctor.
- Watch your weight.

OTHER

Deaths due to heart attacks have decreased by 29% over a period of 10 years. Years ago, 30% of patients died from heart attacks. Now just 15% do. With better medication and people taking better care of themselves, people now live longer lives.

CASE STUDY

One evening while on duty as a CNA, I walked into a patient's room. She was complaining of chest pain. She was ashen and sweating. I took her blood pressure and pulse and reported this to the nurse right away. A nitroglycerin tablet was given to the patient, and the doctor called. She was sent out to the hospital. I stayed with her until she was sent out.

She was in the hospital for a week and then came back to the nursing home. She did have a heart attack but she got along very well. We helped her exercise, monitored a salt free and cholesterol free diet, and helped her watch weight.

SOURCES:

Reversing Heart Disease
Julian M. Whitaker MD

8 Steps to a Healthy Heart
Robert E. Knowaslki

Take Care of Your Heart
Ezra A. Amsterdam, MD and Ann M.Holmes

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT THE ELDERLY

Barbara Cole

I chose the elderly as my research topic because I am 64 years old and intend to grow old gracefully and get all out of my older years that I can. I am presently working as a caregiver in a retirement center and also taking a Home Care Challenge Course at a local college. I have seven grown children and twelve grandchildren. Now it's my time to do what I want with the rest of my life.

LIFESPAN

A woman born in 1841 could expect to live to age 42 years; for a man born the same year, the life expectancy was 41 years. A woman born today can expect about 76 years of life, and a man can expect 72. (These are overall average numbers that include deaths in infancy, young adulthood, the middle years, and the elderly years.)

Looking at the lifespans of those who reach age 65, the maximum lifespan is about 100 years, with some rare cases recorded up to 115 years.

CHOICES AND OPPORTUNITIES

Today the elderly have so many choices to help them face growing older. They can return to school if they are able and do whatever they have always wanted to do, but couldn't earlier because of other obligations like raising children, paying off a mortgage, or working at a job.

The health of the elderly is much better today because of the improved medical profession, plus what we ourselves are able to find out through reading many articles at the library, on television shows and in counseling programs.

When we become very ill, we have the right to tell the doctor and our family members our wishes--this is called the "**Patient's Bill of Rights**". We also have a "**Living Will**" which lets us have the right to refuse the heroic type of care that could prolong our lives if we have an incurable disease.

DISEASES OF AGING

Some diseases facing the elderly today:

- Hypertension--this can be controlled by following your doctor's instructions and take prescribed medication.
- High cholesterol--this can also be controlled through medication and diet.
- Depression-- there are times when we become depressed, because we're alone, or our illness doesn't seem to be getting any better. Just remember we didn't get this sickness or medical problem overnight, so be patient and follow your doctor's orders.

Some other medical problems can include heart trouble, Alzheimer's Disease, breast cancer, prostate cancer, stroke, alcoholism, colon cancer, poor eyesight, hearing loss, osteoarthritis, osteoporosis, phlebitis. But enough of the bad things.

SERVICES

Some of the services available especially to the elderly today include community activities and exercise-walking inside a mall, where you can be safe and protected from the weather. Many malls offer this early in the morning before the stores are open.

Connecting with young children through adoptive grandparents; joining reading groups, group therapy sessions and social get-togethers; becoming a member of **AARP** (American Association for Retired Persons), reading special publications for the over-60 crowd, participating in the ElderHostel program and Senior Citizen Centers--all these offer possibilities to fill up your days.

A D'N publications sums it up this way: "*One thing we should all remember is that our state of mind has a great deal to do with our physical health. If we're deeply absorbed in a hobby or project, minor aches and pains will diminish as we work toward our goal. But if our lives are without some compelling interest, we'll think of our ills (real and imagined), feel sorry for ourselves, and even seek solace in alcohol and drugs.*"

We need to remind ourselves: Retirement is not the end of life. Growing old is just another part of growing up. And we never stop growing, no matter how many birthdays have passed. The best way to feel young and alive is by working enthusiastically in a field of our choice. When we look to the present for opportunities and to the future for satisfactions--rather than idly through the present and retreating into the past--we usually find what we are looking for. And if we're lucky-and determined-we may just find that growing into our "golden years" is the best part of growing of all.

Some of the information for this paper was obtained from **The Fountain of Age** by Betty Freidan, **The Mayo Clinic Guide to Family Health** and **The Wellness Book** by Herbert Benson, M.D. and Eileen M Stuart. R.N.C.M.S.

HAPPINESS ON THE JOB AND VOLUNTEERING

Kathy Curfman

July 3, 1997 - I volunteer for two different fire companies, Union Bridge and New Windsor. I attend monthly meetings to talk about fundraising to make money to help pay for fire equipment and ambulances. I also attended the State Firemen and State Ladies Auxiliary Convention the week of June 16-18. We attended the meetings for two whole days, with half of the days being in meetings. They have raffles from different committees that was on Tuesday morning of the convention. I also help with the monthly breakfasts at the fire companies starting from October of 1997 through April of 1998. The Union Bridge Fire Company starts their breakfasts September, 1997 through May of 1998. The biggest breakfast the Union Bridge Fire Company has is on Mother's Day. I am First Responder for the fire companies. I have had certification since February of 1990. No we get certification every three years.

September 4 - My day job is at Carroll Lutheran Village Health Care Center. The residents are so glad to see me come to work to do their water pitchers and give them clean linens such as wash cloths and towels in their rooms. I am so glad that I can do for the residents every day of the week.

September 5 - When I finished eating my breakfast on Friday, I left for work at about 8:30. After I arrive at work, I punch in at work. When I start down the hall, I speak to the nurses and nurses' aides. I start picking up the water pitchers on each hall, and I go to pick up soiled linens from each resident's bathroom. Then, I go back to fill the water pitchers. After that, I go back to the laundry to pick up fresh towels and washcloths to put them in the residents' rooms.

September 9 - I am so happy that I have a job at Carroll Lutheran Village and for the years of service with them. In January, I will have ten years of service. I work five days a week on a work schedule. I have talked with many of the residents. They are so glad that I take the time to say good morning and afternoon to them. When I walk in the rooms during the day, I am so pleased that I can do my job with a happy smile on my face. I have confidence in myself and in doing my job for the residents at Carroll Lutheran Village Health Care Center Nursing Home. I get a lot of exercise walking up and down the halls in each room on each of the three halls.

Sptember 11 - I love to work, and I am glad to volunteer my time in a lot of ways. So many of the residents are either in the hospital or going back to their apartments or cottages at the Health Care Center down over the hill. I am so glad the residents are doing so well so they can go home to their original place whether it is to an apartment or a cottage. I hope nothing else happens to the residents to cause them to go to the hospital.

September 16 - On Tuesday night, there was a Ladies Auxiliary Meeting in Union Bridge. They read some communications of different committees for the county and state Ladies Auxiliary throughout the county and the state of Maryland.

September 18 - On Thursday night, there was another meeting of the Ladies Auxiliary of New Windsor. They had the pledge to the flag and roll call of all the members. They discussed the service programs and the banquets on different days of the week.

September 18 - Today we have a resident at work who complained that she did not get a glass of prune juice with her meals. This lady has complained to everyone, all the way from the nursing aides to housekeeping to the administration. The nursing aides and housekeeping have told her that she can not have any prune juice until tomorrow morning with her breakfast. She is allowed to have at least one glass of prune juice a day. This lady is 105 years old. When I went into her room, she was lying down on her bed. The elderly lady always complains that she does not feel good. She has problems with her arms and legs.

September 20 - The Union Bridge Volunteer Fire Company spent the weekend at the Wine Festival at the Farm Museum in Westminster. We had the Pit Beef and Iced Tea booth. We were short-handed at the stand. We were all getting pretty tired from doing the beef and iced tea. We had pretty good help on Sunday, September 21. I was so happy to do volunteer work through the Ladies Auxiliary of New Windsor and Union Bridge Fire Departments. I volunteer time to help other people in these two communities. I enjoy being a volunteer on my own time with the ladies and the fire companies from both communities.

September 26 - In 1948, my Mom and Dad joined the Ladies Auxiliary and the Fire Company in New Windsor. They have attended meetings for about 50 years with the Ladies Auxiliary and New Windsor fire company. My older brother also joined the fire company when he was about eighteen years old. My mom joined the Ladies Auxiliary of the Union Bridge Volunteer Fire Company in April of 1967. I joined the Ladies Auxiliary as a Union Bridge volunteer in October of 1970. I joined the New Windsor Ladies Auxiliary in 1972. My family and I have spent many years as volunteers.

September 27 - My family and I enjoy our time as volunteers. We have volunteered for many years with the Ladies Auxiliaries and two fire companies. We help with the activities to better serve the communities. We proudly serve the organizations to help protect the towns and surrounding communities with the fire and emergency medical services. We protect our neighbors as well as ourselves by having training in fire service and certification in the emergency medical field.

A GREENHOUSE FOR CARROLL LUTHERAN VILLAGE

Robin Egolf

We all enjoy seeing flowers and things growing. The Hilltop Garden of Weeden' in the warmer months of the year is a delight to everyone. The CLV independent living residents who put in countless hours to maintain the gardens are surely rewarded for their labor of love. We all are rewarded by the vegetables we are offered, to the vases of beautiful flowers that are placed so lovingly here and there to cheer us along our way. Members of the Silver Fancy Garden Club visit residents of the Health Care Center monthly as a form of therapy to generate thinking and encourage motivation. Our IL gardeners, HCC garden club participants and future Assistant Living residents, as well as staff and visitors, would all benefit from a greenhouse at Carroll Lutheran Village.

There are numerous advantages of having a greenhouse. In a greenhouse you can work with plants year round. In the winter months you will realize why greenhouses are so desirable. In these dreary, cold months, flowers at the windows are a joy, and a verdant greenery inside while all is bare outside lifts the spirits considerably. Your private Eden may be a place to grow flowers, sow seeds in order to get a head start on spring or start vegetables. When days seem long and your spirits are depressed, the best cure is to walk into your greenhouse and cut some flowers for indoor decoration. Also, and this is a big plus, you can relieve the day's tensions by working with nature.

The gardener who grows his plants from seed gets more than economic advantages: he can have the most recently introduced plants. By growing from seed, you can have all the old favorites that are getting lost in the modern-day shuffle. Often the color of flower or variety of vegetable you want is not available at your local garden center. Growing from seed in your greenhouse gives you a choice of selection. You can buy seeds from seed catalogs. You can buy everything from house plants to herbs. You can collect seeds from friends' plants or the roadside. Besides being economical growing plants in a greenhouse is an excellent way to stock the garden. There is great reward in looking over your landscape and knowing these are your plants.

The person who enjoys plants in their home as well as the avid gardener could make use of the greenhouse. Although it is true that houseplants are for the house, it is nice to have these plants decorating the greenhouse. They will really grow, putting on a fine display. Indeed, medium-sized plants grown in the greenhouse will decorate the home or office and save much money. If your houseplants look a little wilted and need some help, they could be moved to the greenhouse for a few months. The good humidity and light will help restore them to health and save you from replacing plants that may have perished due to bad conditions.

To have the greenhouse attached to part of a main building would be best. It would be accessible in inclement weather and easily appreciated by the passersby. It also would be economical to add a greenhouse during the construction project. The greenhouse could be effectively organized by a group of residents with minimal staff involvement. Another retirement community in our area added a greenhouse to their facility about six years ago. I spoke with the staff maintenance person there who expressed to me that everyone is pleased with the operation of the greenhouse. Having theirs attached to a unit, is quite cost effective.

In conclusion, I spoke with several residents and staff at Carroll Lutheran Village. They felt the addition of a greenhouse would be very beneficial to our community.

DEMENTIA:
ONE FAMILY'S JOURNEY

Christi Fewster

All of my life my grandmother lived with my parents and me. She was like my second mother. A few years ago while I was home on a college break, she called me into her room and said that some of her things were missing. Only other family members had been in the house and would have access to her room, not that any of us ever bothered any of her things. Each time I would come home from school, she would tell me something else was missing. She then started telling me that my mother and father had the missing items. After looking over her possessions, I found the missing items that she had hidden. I knew something was wrong.

She starting telling us that she did not like certain foods that she had eaten all of her life. She stayed up all night wandering around the house and looking for misplaced things that were "stolen". One night she called her other granddaughter and told her that she was home alone and afraid someone was trying to get into the house. Her granddaughter was on her way to our house before we could notify her differently. Something had to be done. We took her to see the doctor and she denied all of the previous accounts. After many tests and questioning, the doctor diagnosed my grandmother with having mini strokes, a form of Dementia.

Dementia is the loss or impairment of mental powers. It describes a group of symptoms and not the name of a disease or diseases that cause the symptoms. These symptoms include mental confusion, memory loss, disorientation, intellectual impairment, or similar problems. Many different diseases can cause the symptoms of dementia, some are treatable, some are not. The two most common types of dementia include Alzheimer's disease and Multi-infarct dementia.

Alzheimer's disease is the most common cause of irreversible dementia in adults. Alzheimer's disease is the fourth leading cause of deaths in adults, after heart disease, cancer, and stroke. The intellectual impairment progresses gradually from forgetfulness to total disability. Structural changes in the brain are visible in autopsies of people who suffer from Alzheimer's. The cause of this illness is unknown, and presently physicians know of no way to stop or cure it. However, much can be done to diminish the sufferer's behavioral and emotional symptoms to give the family a sense of control of the situation. Currently, there are an estimated 4 million Americans afflicted with Alzheimer's Disease. It is expected that 15 million people will have Alzheimer's by the middle of the next century if an effective form of prevention and treatment are not found.

Multi-infarct dementia, the type from which my grandmother is suffering, is believed to be the second most common cause of irreversible dementia. This is a series of strokes within the brain. Sometimes strokes may be so tiny neither you nor the afflicted person is aware of any change, but together they can destroy enough bits of brain tissue to affect memory and other intellectual functions. This condition used to be called "hardening of the arteries," but autopsy studies have shown that it is stroke damage rather than inadequate circulation that causes the problem.

A chronic dementing illness places a heavy burden on the whole family. "It may mean many work or financial sacrifices; it may mean accepting the reality that someone you love will never be the same again; it continues on and on; it may mean that responsibilities and relationships within the family will change; it may mean disagreements within the family; it may mean feeling overwhelmed, discouraged, isolated, angry, or depressed" (Mace). Watching someone close to you decline can be a painful experience. Many support groups have been established to introduce the family to others who "understand". The cost of caring for a person with Dementia is extremely high. The federal government covers an estimated $4.4 billion per year. State governments cover an additional $4.1 billion per year. Most of the remaining costs fall on the patients and their families.

In most cases, Dementia patients will eventually need full-time care. The decision to place a loved one in a nursing home is a difficult, often emotional one for families. There is no correct answer about when this decision should be made. Every family must make its own decision, based on its own situation. "Besides activities and security, there are a number of other things family members need to look for when selecting a nursing home. They are:

1. Know whether the staff understands dementing illness and how they care for people like the potential resident.

2. Determine how much and what kind of supervision, recreation, food, transportation, social support, and medical support is available and whether it meets the confused person's needs.

3. Find out who will be responsible for the person's medication.

4. Review the requirements of licensure, and find out how often inspections are carried out and by whom.

5. Find out what is done in the case of a medical emergency.

6. Find out what fire alarms and evacuation plans exist.

7. Use the "nose test." Strong smells of urine and other odors often indicate substandard care."

This past July we, as a family, were faced with this trying decision. We admitted my grandmother to Carroll Lutheran Village Health Care Center. It had become too difficult to look after her 24 hours a day. It was physically and mentally taking its toll on the family. There had been a reversal of roles. My grandmother was now the child who needed tending to and we were the parents giving the care.

My mother and I had visited a few other facilities in the past and none of them measured up to the feel and care we saw at Carroll Lutheran Village. Never was there an odor when you walked in the door. All of the staff were so friendly and had handled similar situations to Gran's. Having worked there for over a year, I had a good idea of the level of care one received there and I felt comfortable having Gran stay at CLV.

The location of the facility was another factor we considered. My mom wanted a place close enough that she could go on her lunch break and spend time with my grandmother. Also, the fact that I worked there and could visit for a few minutes after work a couple of times a week helped make the decision.

The day she was admitted, she was very confused. For the first couple of weeks she told all of the staff that she couldn't participate in activities or didn't have time for meals because the bus was coming for her. It was very hard on us seeing her so frustrated that she didn't know where she was or how she had gotten there.

After the first month, things got much better. She's going to the activities and reading books that she gets from the bookmobile that stops there. She even said to me a few weeks ago that it was starting to feel like home. I now know we made the right decision. At Carroll Lutheran Village, she is receiving the care she needs. Our time together now is much more enjoyable. We can visit without the stresses that previously existed while she was under our care. This journey with Dementia will not be easy but together we will face it day by day.

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MEETING THE CHALLENGE OF DIABETES THROUGH INSULIN INFUSION THERAPY

What Health Care Workers Need to Know to Successfully Manage the Care of Patients Currently Using Or Considering Insulin Pump Therapy

Cathy Flinn

Good blood sugar control comes from matching the amount of insulin that is needed with the amount delivered. The normal pancreas is able to release exact amounts of insulin whenever needed. This exact delivery covers the background need for insulin and also the carbohydrates eaten in food.

THE ADVANTAGES OF INSULIN PUMP THERAPY OVER CONVENTIONAL REGIMENS

1. Reduces Variations In Insulin Absorption

With insulins that take longer to act than Regular or lispro, such as NPH, Lente, and Ultralente, marked variations can occur in the amount of insulin that gets absorbed into the blood from the injection site. In the same person, the amount of insulin that reaches the blood stream for use by cells can vary by 25% from one day to the next.

When someone uses the pump, however, the absorption of Regular or lispro insulin varies much less, just 3% from day to day. Since Regular and lispro insulins are the only type of insulin used in a pump, the person using one no longer experiences the erratic absorption of the larger pools of NPH, Lente, and Ultralente insulins placed under the skin in an injection.

2. Matches the Need for Insulin

The pump delivers some insulin constantly around the clock. This is called basal insulin, and the speed with which it is delivered is called the basal rate. Basal rates may be programmed to deliver as little as one-tenth of a unit. Basal insulin delivered by a pump equals the background insulin needed to keep blood sugars level when not eating. That is all it does.

The other insulin delivery mode in a pump is called bolus insulin which is delivered over a short period of time. Bolus insulin covers the need to balance carbohydrate when eaten, and the need to lower blood sugar when elevated.

After covering the carbohydrate and the elevated blood sugar, the flow of basal insulin from the pump can keep blood sugar levels within a normal blood sugar range in the hours that follow. The accuracy of the pump in matching the need for insulin makes good blood sugar control far easier.

3. Allows Variable Lifestyles and Schedules

Few people live fixed lives. Work schedules vary, meals are delayed or missed, and eating is often done on the run. If a meal is late, it is easy to keep blood sugars level when the proper basal rate is set. When a carbohydrate is eaten, a bolus can be taken to cover it. Before longer periods of exercise, the basal rate can be reduced or suspended so that less carbohydrate is required to prevent a low blood sugar.

4. May Reduce the Frequency and Severity of Insulin Reactions

Through the day, basal insulin is delivered by the pump as tiny droplets that are absorbed continuously into the blood. There are fewer sudden increases in insulin absorption that can cause hypoglycemic reactions. A benefit of having a pump matched to one's need and being able to make necessary adjustments in insulin delivery is that reactions become less severe. As insulin delivery more closely mimics insulin need, the blood sugar drops more gradually so that more time is available to sense the symptoms of a reaction. Essentially, reaction time is lengthened. Steps can be taken to treat the reaction before it becomes severe.

5. Covers for the Dawn Phenomenon

About 1 of every 3 pump users needs more background or basal insulin to offset an early morning rise in blood sugar, called the Dawn Phenomenon. The Dawn Phenomenon is caused by a daily increase in the production of growth hormone during the morning, and by a rise in the production and release of sugar by the liver before a person awakens.

The basal rate on insulin pumps can be changed at different times of the day to meet the user's insulin requirements, whether it is for extra insulin during the time just before waking, or for less insulin during the middle of the night when insulin need is often lower. Because the pump can be programmed to deliver extra insulin exactly when needed and in precisely the quantities needed, it is ideal for matching this natural rise in the blood sugar.

SUMMATION

The insulin pump has distinct advantages in helping control blood sugars. It has a more consistent and reproducible delivery of insulin. It allows rapid corrections of blood sugars when needed. It is responsive and precise. One can come closer to maintaining normal blood sugars, thus reducing the chances of developing diabetes-related problems.

Pumping allows the closest approximation of normal daily life: being able to skip meals, eat late, cover changes in carbohydrate intake. Because a pump mimics more closely the function of the pancreas than injections can, it allows more freedom for the person wearing it. It allows quick adjustment whenever elevated blood sugars, exercise, or unexpected illnesses occur.

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WHAT IS THERE TO GAIN IF THERE IS NOTHING TO LOSE

A Personal Testimony Of A Recovery Process

Cathy Flinn

Many of us expect so much of ourselves that we tend to become disappointed with ourselves when we can't get everything accomplished in the time we've allowed. When we have a dream but fail to act upon it, we become starved for the sense of accomplishment that the steps taken *toward* that goal evoke. When the disappointment is coupled with insufficient self-esteem, the results can be devastating. Sometimes the fear of failing is the only thing that stands in our way of pursuing our dreams and accomplishing our goals. We underestimate our creativity, and if that weren't bad enough, we let our friends negate our ideas before we've had a chance to act upon them. "The terror of being bad is often all that stands in the way of our being good."

The Artist's Way (A Spiritual Path to Higher Creativity) by Julia Cameron leads us through a twelve-week recovery process of re-establishing our creativity through recovering our sense of safety, identity, strength, compassion, autonomy, and faith. There is a series of exercises following each week's reading that aims at accomplishing just that. Sometimes the exercises seem unrelated to this purpose, but they are meant to change the reader's consciousness so that the thought process is adjusted to allow a positive and creative solution. "Just as doing Hatha Yoga stretches alters consciousness when all you are doing is stretching, doing the exercises in this book alters consciousness when all you are doing is writing and playing. Do these things and a breakthrough will follow -- whether you believe in it or not. Whether you call *it* a spiritual awakening or not."

Besides the exercises, there are two primary tools in creative recovery that Cameron likes to call *the morning pages* and *the artist date*. She notes that a lasting creative awakening requires the consistent use of both.

"In order to retrieve your creativity," Cameron says, "you need to find it. I ask you to do this by an apparently pointless process I call the morning pages." The morning pages are three pages of longhand, stream-of-consciousness writing done in the morning immediately upon awakening. They are not literary forms of writing, but are, simply put, the act of moving the hand across the page and writing whatever comes to mind without delayed thinking. By writing the morning pages, we allow ourselves to avoid our negative self-thoughts. We are allowed to commit to the page our dreams, ideas, frustrations, and hopes.

The artist date is the other tool used in the recovery process. It is a block of time set aside each week for the purpose of nurturing our creative consciousness. Essentially, it is a play date, something we look forward to doing by ourselves, which helps to feed our sensory perceptions of sight, sound, smell, taste, and touch. These perceptions are necessary for a creative mind. In order to realize creative solutions, we must be fed solutions through our perceptions. We identify problems in our morning pages; we fill our creative reserves during our artist dates so we can pull from those reserves to identify solutions.

Through years of teaching the recovery process, Cameron wants students to realize that there will be times when we won't look good to ourselves or others, and that we must stop insisting that we do. She points out that it is hard to get better and look good at the same time. In order to achieve a goal, we must be willing to have failures along the way. We must give ourselves permission to be a beginner. By willing to be a bad artist, we have a chance to *be* an artist, and perhaps, over time, a very good one.

As with any self-improvement plan, there must be the *commitment* for self-improvement. All the reading in the world won't lead to improvement unless steps are taken *toward* improvement. "Whatever God's dream about man may be, it seems certain it cannot come true unless man cooperates."

The Artist's Way is helping this writer to slowly learn to nurture her inner child so that her creativity can be fed through enjoyable activities filled with all the sights, sounds & tastes the world has to offer. Most important, she has come to realize that *obtaining the goal* is not as important as the *process taken* in obtaining that goal.

If we don't stop to smell the roses now, it makes no difference how many roses are placed on our collective graves because we won't be able to enjoy them then. In learning to nurture ourselves, we open ourselves to our own insights and can enjoy new ways with which to solve problems. In essence, we are as big as our dreams, and can go as far as our creativity will let us.

"**W**hat lies behind us and what lies before us are tiny matters, compared to what lies within us."

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT WOMEN AND HEALTH AFTER 60

Teresa Harmon

In order to live a happy and healthy life, you need to educate yourself. People are living longer and are staying fit and interested in their health and well being. Don't let your health go because of your age. By listening to the health reports on television and by reading books and magazine articles on health, you will be on a good start to a healthier life.

IMPORTANCE OF REGULAR CHECKUPS

Seeing a doctor for regular check-ups is an important part of staying healthy as you get older.

BEFORE YOU VISIT THE DOCTOR

- Write down questions you want to ask.
- Note and write down any symptoms you are having.
- Write down the kinds of medication you've been taking.
- Make sure you know your medical history, and the history of your parents and siblings.
- It's a good idea to keep a health journal of how you've been feeling, and a copy of your health records where you can easily find them.

THINGS TO EXPECT AT THE DOCTOR'S OFFICE

☐ Blood pressure, weight and pulse check.
☐ An internal pelvic and rectal exam.
☐ An external exam.
☐ Blood workup.
☐ Pap smear - if you're older than 60 and have had 2 normal Pap smears since your sixtieth birthday, these will no longer be part of your annual exam.
☐ Recommendation for a mammogram (You'll have to see a specialist for this, and it should be done every year after age 50).

IMPORTANCE OF REGULAR EXERCISE

Exercise is important to women over sixty because it helps to keep your body flexible. It's also good for your mind and your heart rate. Always consult your doctor before starting any exercise program because your heart rate is different than when you were younger.

Your heart rate will need to be checked before, during and after you exercise. When you're finished exercising, be sure to drink plenty of water. If at any time during your exercising you feel light headed or short of breath, ***stop*** the workout. And if those symptoms persist each time you exercise or after you are finished exercising, then you should definitely consult your physician.

Good exercises to do are walking around your apartment or house, climbing stairs, gardening, riding a bike, going to the gym or swimming. Walking is still the best exercise known; be sure you have good shoes for support.

SPECIAL CONCERNS

Incontinence: Incontinence is not a disease. It's caused by stress, some medications, and surgery. Incontinence can be helped, but might not be curable. There is no reason why anyone should suffer from incontinence. With exercise, medicine, and sometimes surgery, it can be helped.

Breast Cancer: Breast cancer affects all races, all colors, and all ages. Since 1994, 46,000 women have died from breast cancer. An estimated 182,000 women were diagnosed that same year. 1.6 million women are currently dealing with this disease.

Early detection is important for battling this disease. A self-examination should be done once a month to check for lumps. Learn to do a self-examination of your breasts. Your doctor will teach you how to do this. He or she will also recommend a yearly mammogram for women over age 50.

EMOTIONAL CONCERNS

Loss of Independence: As things get harder for you, you may want to think about moving into an apartment or one-floor cottage. Equip your home with things that will help you and make your place safe from falls. Use home health services for housekeeping, shopping, meal planning.

Consider joining forces with other older people or arrange for someone else to live with you. This could help fight depression.

Credits: Michele DeFeo, **Exercise Instructor--Personal Interview**
Susan Davis, **Beating Breast Cancer**

WHAT HOME HEALTH AIDES NEED TO KNOW ABOUT STROKES

Janie Heinrich

HOW STROKE AFFECTS BEHAVIOR

A stroke is produced by a blood clot that lodges in an artery and blocks the flow of blood to a portion of the brain. If the brain's left hemisphere is affected, the effects will appear on the right side of the body and vice versa. A stroke will not affect all areas of the brain or all aspects of intelligence equally.

Stroke survivors act differently depending upon what part of the brain was injured, the severity and type of injury, how recently the stroke occurred and the victim's own personality and behavior. There will be good days and bad days or even changes by the hour. Despite these inconsistencies, stroke survivors have identifiable patterns of behavior.

The most visible sign of a stroke is usually paralysis on one side of the body. If the right side of the body is paralyzed this means the left side of the brain is injured. If the left side of the body is paralyzed, the right side of the brain is injured.

RIGHT SIDE PARALYSIS-LEFT BRAIN INJURY

People with right-side paralysis who are right-handed are more likely to have problems with speech and language. This is called Aphasia. They can understand more than they can speak or write. Speech is only a small part of language. Language consists of the noises, movements, gestures and expressions we use to communicate with one another. Most people who have Aphasia also have some trouble reading and writing. Some people may also experience trouble with numbers and calculating. Behavior changes, along with the communication challenge, may make it even harder to continue normal family and social relationships.

Besides having language problems, people who have right hemiplegia tend to be slow, cautious and disorganized when faced with unfamiliar problems. They need to be told about success more than failure, so try to keep comments positive.

SUGGESTIONS TO KEEP IN MIND:

- Don't underestimate a person's ability to learn and communicate even if they can't talk.
- If someone can't talk, try other forms of communication like pantomime or demonstrations.
- Don't shout. Keep messages simple and brief.
- Don't use "special" voices; for example, when adults talk "baby talk" to children.

LEFT SIDE PARALYSIS-RIGHT BRAIN INJURY

People with left side paralysis often have trouble with spatial-perceptual tasks. This means the ability to judge distance, size, position, rate of movement, form and how parts relate to wholes. There is some evidence that people with severe spatial-perceptual defects have more trouble learning to care for themselves than people with equally severe speech deficits.

People with left side paralysis are more likely to have all of these problems, plus others that are even more disabling. Their troubles are likely to be more consistent and severe. For example, a person may not be able to steer a wheelchair through a large doorway without bumping into a frame. He may confuse the inside and outside of clothes, or right and left. It's easy to misjudge people with these abilities as uncooperative, unmotivated, overly dependent, or confused.

The behavior of a left hemiplegia person tends to be impulsive and too fast. He often tries to do things that he can't do or that may be unsafe. He is often a poor judge of his ability and safety. This stroke victim will need a lot of feedback when he's trying to learn something new.

SUGGESTIONS TO KEEP IN MIND:

- Use verbal cues as well as demonstration when teaching something new.
- Break tasks into small steps and give a lots of positive feedback.
- Minimize clutter.
- Avoid rapid movements.
- Highlight visual reference points, for example, for someone having trouble judging the vertical, it often helps to clearly label the home's door frames.
- Observe what he or she can safely do--don't just take the stroke victim's word for it.

OTHER EFFECTS OF STROKE IN GENERAL:

- **Quality Control** refers to how well a person can guide and check his own behavior. This means doing the right thing at the right time; it's sometimes called social judgement.

- **General Memory Deficits** can be both spatial-perceptual and language related. People who have right hemiplegia tend to have more memory problems related to language; those with left hemiplegia have more problems with spatial-perceptual issues.

- **Retention Span** refers to how many pieces of information in a given message can be remembered and used or acted on.

- **Old versus New Learning**--Old learning refers to information acquired before the stroke; new learning is information acquired since the stroke.

- **Generalization** means applying what's been learned in one setting to another one.

- **Emotional Lability**: stroke victims often partially lose emotional control, they may suddenly switch form laughing to crying.

- **Sensory Deprivation Problems** occur when signals from the outside world are cut off or significantly decreased.

REFERENCE:

"***How Stroke Affects Behavior***," a pamphlet published by the American Heart Association

For more information, contact the American Heart Association Stroke Connection: 1-800-553-6321

SEASONINGS IN THE COMMUNICATION TRAIN OF THOUGHT

Mathea Iglich

WHAT IS COMMUNICATION?

WHY DO WE NEED TO COMMUNICATE?

HOW DO WE SUCCESSFULLY USE IT IN OUR LIVES, ESPECIALLY COMMUNICATING WITH OTHERS IN OUR WORKPLACE?

I am a Certified Nurses Assistant (CNA) in geriatric independent living care. My reason for writing an article about communication came about when my workplace, Home Services of Carroll Lutheran Village, an Independent Living Center, joined forces with The Home Care Challenge Program at Carroll Community College and I was asked to join. This program is instrumental to all health care workers in challenging themselves to function with a positive attitude towards their work, and strive for higher goals in their work and personal lives.

First, I would like to refer to the dictionary's written meaning of the word COMMUNICATION...... 1) The act of transmitting 2a) a giving or exchanging of information, signals, or messages by talk, gestures, writing, etc. b) the information, message, etc. 3) Close sympathetic relationship.

COMMUNICATE : To impart, participate 1. archaic: SHARE 2.a.) to convey knowledge of or information: make known. <ex: a story> b. to reveal by clear signs (his fear communicated itself to his friends). 3: to cause to pass from one another <some diseases are easily communicated>.

All that communicates is not positive--some unhealthy exchanges between caregivers and their clients may have an adverse effect on health. A health caregiver's priority is to have a knowledge of what positive communication means. To deal with the complexity of illnesses of clients, patients, family, and friends is often a challenge. Sometimes, when we are challenged, our communication skills fail us and we wonder how we can break through the communication gap.

One important, helpful force in all communication is the use of creative intangibles, techniques that can be used to reach those who are resistant to our care. One of these is the use of humor, a common denominator and important to communication.

As an example: a client of mine, not used to being exposed without clothes, was resistant to being assisted with her personal care--shower, change of clothes, brushing her teeth and dentures. My job was to assist her in this daily personal care.

I met her three years ago when her husband was in the last stages of his disease. I was assigned to care for her at her husband's request because she didn't take care of herself independently; his illness prevented him from taking care of her. On my part, there was confusion. Who needed my assistance more, the wife, who could physically take care of herself, or her husband, who was ill? It was the wife who took care of mealtimes, feeding both of them.

I learned in my contact with them what resistance can mean! So whenever I was able to use humor to break down resistance to care, I did. I tried to use the kind of humor that wouldn't harm them; I used self-deprecating humor, making fun of myself and my own mistakes. To make humor a palliative medicine, always use tender loving care and thoughtfulness.

Also, since this client was a quiet person, I let her be quiet, and didn't push her into talking, until I gained her trust.

IN COMMUNICATING WITH CLIENTS, ALWAYS REMEMBER THE THREE S'S:

1. ***Simplicity*** (just be yourself),
2. ***Sincerity*** (don't overdo politeness) and
3. ***Sit down and pay attention***--be observant of the client's personality and needs. Remember, as CLV Home Services supervisor, Pam Miller, wisely expresses, "We are here to solve problems, not make them."

Your attitude affects how you communicate. Communicating isn't just talking, but listening, responding effectively, cuing on the positive. The challenge we face in having healthy communication with others can help us function honestly in our jobs, with our families, loved ones, friends, or strangers.

" How?" you ask. What is your attitude, where are you coming from? A large part of any communication is one's personal feelings about oneself; to reach inside oneself is an important ingredient in effective client relationships. What are you trying to accomplish? Expansion is to reach out towards the health of others. As Albert Schweitzer said, "The only ones among you who will be really happy are those who will have sought and found how to serve."

Last, but not least, I give you the sage advice of global prominence, the leading caregiver who believes in the Word and the light, Mother Teresa. This communicator of worldly influence is one of the best examples on how to successfully reach out and give. She uses simplicity, directness, and contact in her caregiving to people, plus the greatest intangible--the smile. The smile is a universal way to break down barriers when trying to communicate through different languages, customs, religious beliefs, political ideologies, race, creed, color, and all kinds of diseases in people. A little thing, the smile, but an ageless gesture known to man and animal when trying to communicate positively -- with care.

I conclude with a touching poem by Emily Dickinson.

They might not need me; but they might
I'll let my head be just in sight,
A smile as small as mine might be
Precisely their necessity.
If I can stop one heart from breaking
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin unto his nest again,
I shall not live in vain.

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MAINTAINING PROFESSIONAL ETHICS WITH COMPASSION BY IDENTIFYING SPIRITUALITY

Patricia Morrill

I'll begin by identifying *Professional Ethics* as ***rules*** that the professional group one works in develop. In the Health Care Center at Carroll Lutheran Village, our ethical code of conduct governs these rules. The state government which licenses our facility regulates some of these codes. Our society dictates most ethical codes using our moral values. These moral values are taught to us and are influenced greatly by our environment. We can, however, make changes by the way we react to those around us.

Compassion, according to Merriam-Webster, is to sympathize, to bear, suffer; sympathetic consciousness of others' distress together with a desire to alleviate it. I would like to concentrate on this definition of sympathetic consciousness. Compassion is a learned behavior, although some have researched and concluded that we are born Compassionate Beings, able to feel others'pain; it is our environment that compels us to develop this trait. We are given opportunities to be compassionate every day. Simply read the newspaper, watch the evening news, drive down the street and notice the animals that cars killed in the night, count the number of homeless people, see the older women struggling to get into their car. All these things affect each of us differently.

Can we treat others compassionately and remain objective? I think so. The challenge is to take the time to learn the spiritual needs of the residents at Carroll Lutheran Village and treat them accordingly. We can't treat them equally when we relate to their spirituality.

The professional doctors, nurses, and aides all spend many hours with patients in the Health Care Center. Recognizing these residents' spirituality can go a long way in caring for them. The rewards for the staff are great when one sees the brightness return to a residents' eyes.

Spirituality is not only religious in nature. I feel it is the essence of the nature of the human being. It is what makes us tick. Those of us that are more in touch with our spiritual side seem to be happier, more at peace with our lives, and comfortable with ourselves. We have all met people that make us smile simply by being in the same room. This is my reflection of a spiritual person.

My youngest child can light up any room when she enters it. She does this by being in tune with herself and others' feelings. She shows others her love and care very easily. She is quick to laugh when she feels joy and quick to tears when she feels pain, whether physical or emotional. Sometimes this is hard to live with, but on the whole I am thankful for her honesty to herself and others. Just today one of her teachers called me to thank me for her attitude toward others. There is one child in her class that has a tough time getting along with anyone, including the teachers. This young man has some behavior and learning problems. Most of the other students stay away from him or make fun of him. My daughter has taken it upon herself to sit and help him finish his work in this class. I am very proud of my child and would like to say I taught her all these very special traits, but I didn't; I hope I can continue to learn from her.

I feel that getting to know each of our residents is important for us as well as we can. Knowing how they lived their lives before coming to us may help us in this process. We have done a very good job at this sometimes. We see residents spending the day cooking, helping with decorations and planning events. Maybe each of us, no matter what our job might be, can take some time with a resident that doesn't have any obvious interest. Find out what makes him or her tick - bring out their spiritual side. This could go a long way in keeping resident and staff members healthier and happier.

A resident may react with what may sometimes seems absurd behavior when we are going about our daily activities in the care of their physical needs. Maybe she doesn't want a bath today or to wear that particular dress. She may need some time alone. Knowing this before you react to her actions will be helpful to the person doing the care.

I recently had my first encounter with a resident I knew and dealt with while working in Independent Living that is now residing at the Health Care Center. I remember some struggles he had with what appeared to me to be some sort of dementia (I am hardly an expert in this area). I happened to be on duty at the HCC the day after he arrived there. I had several conversations with his family over the next couple of days. I also had several encounters with him and I couldn't believe the difference in his spirit and the severity of his confusion. His daughter was very worried. She asked me if I had any ideas on how she could help him deal with this transition. Again, I am not the expert, but I did think to ask what type of work he had done professionally as a younger man. This conversation revealed that he had been an accountant. He was most distressed about his old bank statements. The answer was so simple - give him some old bank statements to keep "balanced." This helped not only the resident, but also the family who was dealing with the guilt of moving their father into the HCC.

Being compassionate is the ethical thing to do; it is basic and not complicated. Just remember to treat the whole person, not just the illness. Imagine how you would feel if someone took the time to get to know you as a complete person. That is compassion, feeling another's pain and wanting to alleviate it. We have the opportunity to go beyond that when we are *in tune* with the human spirit.

WHAT RETIREMENT COMMUNITY EMPLOYEES NEED TO KNOW ABOUT AGING

Patti Nott

Many combined studies of "normal aging" suggest that: physical and mental decline is not inevitable. Belief that it is inevitable accelerates whatever decline occurs.

Certainly there is decline in old age, especially at maximum limits of functioning in the basic mechanics of intelligence. However, for most normal elderly people there is also great reserve capacity and potential for new learning and growth. If provided with cognitive enrichment and practice, most people up to age 75 or so are capable of remarkable gains and peaks of intellectual performance.

The assumption that we will all one day stop working, either by choice or because we are compelled to do so, has long been a fact of life in our society, which equates age with decline. Our society exactly pinpoints the onset of that decline at age sixty-five. No one would presume to date so precisely the onset of childhood, adolescence, or adulthood, and reward -- or punish -- those who don't arrive or depart on time.

Many older Americans want to work, but they just don't want to work as much or as hard as they have been. Now that most mandatory retirement has ended, older workers have much more flexibility in choosing when, or whether, to retire. Many people are discovering that the traditional nonworking retirement can be emotionally unsatisfying.

Older Americans are getting healthier, and work is becoming less physically demanding. The health of older workers will continue to improve. Changes in diet and lifestyle, increased awareness of the importance of exercise, and other habits of wellness will lead to a continuing increase in the vitality, strength, and endurance of older Americans. Even though we tend to think of older workers as being ill more often than their younger counterparts, it is actually the younger workers who consistently have more sick days per year.

As the postindustrial economy matures, more and more jobs are based on knowledge, experience, and judgment, and fewer on gross physical capabilities. These decreased physical demands mean not only that more older Americans are able to continue working but that more desire to do so.

Older people will need to work. Whether full-time or part-time, seasonal or year-round, tomorrow's elders will work as long as they are physically able. They will work partly because they want to, or because work gives them fulfillment, control over their own lives, and a useful place in society.

In recent years, growing numbers of people have begun to question not only when to retire, but whether retirement as it now exists makes sense at all. They see retirement as an uncertainty, or even as a problem--something that will separate them from the kinds of productive lives they are capable of living well into their seventies and eighties.

Vital aging involves choosing to work for the love of what you are doing and being able to set your own pace and purpose, not because of financial necessity. This is a new liberation that can often come with age. An indication of good mental health is that you don't have enough time for all that you want to do. A good social life is also very important to your emotional health.

Over twenty years ago Mark Williams, a young doctor working with older patients at the University of Rochester, spelled out the radical challenge in a ground breaking article in the New England Journal of Medicine, attacking "illness as the focus of geriatric medicine." He asked: "How critical is it to determine precisely the nature of the underlying disease when one is helping an elderly person cope with illness?" While the doctor's traditional quest "to define the disease responsible for a patient's distress is important when the disease is acute or potentially remediable," the fact is that most older patients aren't suffering from such "acute" diseases but chronic conditions such as heart failure or arthritis. The "remediable conditions" most often found by experienced internists and geriatricians in elderly patients are "drug toxicities and abuse of physical restraints" caused by the medical treatment itself."

A "disease-specific focus," Williams insisted, de-emphasizes what should be the dominant issue in older people's care, "the maximization of the patient's productivity, creativity, well-being, and happiness. This goal of improving patient function and satisfaction to the utmost is usually achieved without curing the underlying disease." He pointed out that accurate disease diagnosis and prognosis, which generally involves estimating the remaining life span, facilitates treatment decisions that are "especially toxic or risky...usually reserved for circumstances in which longevity is immediately threatened. Small reductions in life expectancy are a less important concern in the management of chronic disease and become nearly irrelevant in the elderly."

Older patients may be living with several chronic diseases, many of which are irreversible. In one study, three groups of women--white, well educated, relatively affluent -- were living with chronic diseases such as hypertension, diabetes, and arthritis. What differentiated the women put in nursing homes from those living independently was not severity of disease but functioning dexterity. They were found to differ dramatically in their ability to perform simple manual tasks: opening a door, writing a sentence, stacking checkers. Defining their specific diseases might be less complicated than dealing with their concrete problems of hand function but, for such older people, it's that enabling of function that "constitutes healing."

Doctors and nurses must go beyond medicine's two traditional goals: "to cure disease and to prevent disease." Their goal now has to be to "preserve and improve the quality of life for the older person." Health professionals must shift their focus "from the way an organ or cell functions to the way a person functions--to view the (older) patient as a total human being, living in a home and participating in society." Out of thirteen risk factors and causes of disability which a panel of distinguished doctors decided to study, only the last was "infectious diseases."

The others listed before infectious diseases included misuse of medications, social isolation, physical inactivity, osteoporosis, falls, sensory loss, depression, oral health, screening for cancer, nutrition, smoking, high blood pressure. The report spelled out and disavowed the assumptions that growing old necessarily meant "frailty, sickness and a loss of vitality," that "older individuals were a burden to the state, their families, or even to themselves." It affirmed the concept of "quality-of-life years." ("Living is not the goal but living well," it quoted Seneca. "The wise man therefore lives as long as he should, not as long as he can.") Noting that 30 percent of Medicare costs are for care in the last year of life, it asked: "Should we continue to devote these resources to the provision of acute care, or should we allocate more of them to prolong independent functioning in a community?"

For the sellers of pharmaceuticals and the practitioners of high-tech medicine, the focus remains firmly locked on age as illness, disease--and as a source of enormous profits. As a result, government policy makers and taxpayers see age only as an enormous drain on our economic and social resources. It does not seem to have occurred to anyone, except those actually living vital, useful lives in age, that it could be any other way.

Should we choose to live our whole age in terms of that dreaded mystique of deterioration and decline--which happens to most only in the months before death, if it happens at all? Or in terms of the life we want to lead, in the community, in our late years, knowing that it and we will continue to change?

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WHAT YOU NEED TO KNOW ABOUT LUPUS

Joy Plaine

A CASE STUDY TOLD BY LUPUS PATIENT KATE GARLAND

It was five years ago, at the age of 63, when I was first diagnosed with Lupus. I went to the doctor because I was having arthritis pain in my joints and my arms. They were stiff and getting to the point where I could not move them very far in any direction. I was even having trouble getting dressed.

The doctor did a lot of blood work to see if he could find out what was going on. He also did a twenty-four hour urine test to see what he could find. When the testing was complete, the doctor's office called me with the diagnosis, and he said that I had Lupus. That's when the doctor started me on anti-inflammatory medication. The first medication worked for a while. Then about a year or so later when it did not seem to be working like it had at first (because I was still having flare-ups), they started me on the medications I take now.

My family doctor also felt that I should see a rheumatologist to monitor the Lupus. I see her every three to four months. She also sends me for a blood test to monitor my blood levels every time I go. It took a while for them to get the proper doses of medications, but the ones that I am on are keeping everything under control.

I am doing well overall except for the past year when I began having a problem with my hip. When I went to see the rheumatologist back in the fall, she said that it was her feeling that I go to see a specialist in the field of orthopedics to see if he can do anything for me at this time.

The orthopedist has scheduled hip replacement surgery for me within the next two months. The medication I needed to take to control the Lupus affected my bones and hips. Hopefully, everything will go well, and I will be back on my feet again in no time.

Systemic Lupus Erythematosus

In Systemic Lupus Erythematosus, often called SLE, connective tissue in any part of the body may become inflamed, damaging the skin, joints and internal organs. Because the disorder affects so many body systems, general symptoms are common, including fatigue, a sense of ill health, loss of appetite, loss of weight and fever. Virtually every body system may be affected, from the eyes to the intestines. SLE affects mostly women.

Around 95% of people with Lupus have some problems with pain in their joints and muscles. The most universal disability resulting from the disease is the arthritis pain experienced during a flare-up of the disease. Typically, the disease flares up for a few weeks and then goes into a period of inactivity.

The skin is affected in 80% of cases, usually with a butterfly shaped rash over the cheeks and the bridge of the nose. A more general rash often affects those areas of the skin exposed to sunlight. To avoid the rash associated with exposure to sunlight, sunblock and protective clothing (including a hat) are necessary.

Lupus and the Immune System

In Lupus, there seems to be a malfunction in some of the cells of the immune system. The immune system is a very important part of our bodies. This system is essential in protecting us from infection, in addition to helping maintain normal body functioning. Our immune system has thousands of antibodies that go to different parts of the body to fight foreign substances, such as bacteria, viruses, and other germs.

The underlying reason why the immune system forms antibodies against cell nuclei, DNA and RNA cell proteins, phospholipids, red and white blood cells and other structures is unknown. These antibodies become joined to their targets as immune complexes that provoke the inflammation.

Diagnosing Lupus

If you have the symptoms of Lupus, your physician will arrange for a thorough medical evaluation, including blood tests for the presence of antibodies. SLE symptoms sometimes develop as a side effect of treatment with drugs, especially if you take Hydralazine for high blood pressure. Your physician will want details of all medications you have taken recently.

There are certain criteria that are followed when diagnosing a person for Lupus. There is a list of eleven criteria the doctors look for. To be diagnosed with Lupus, four of the eleven criteria MUST be met. Occasionally, it is not possible to make a definitive diagnosis, and a period of observation is recommended.

Managing Lupus

SLE affects about one person in 20,000 in the United States; most of these are young women. The disease usually becomes chronic and requires some form of continuing treatment. In about one third of patients, the disease remains mild and the only treatment required is with nonsteroidal anti-inflammatory drugs. In more severe cases, the usual mainstay of treatment includes corticosteroid drugs and immunosuppressive drugs.

More than three-fourths of people with the disorder remain in reasonably good health for years after the first symptoms. Lupus can be kept pretty much under control with the right medications. Women with the disease can lead normally active lives with only occasional flare-ups unless the disease starts to attack the body's major organs.

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Coping with Lupus by Robert H. Phillips, PhD
The American Medical Association Family Medical Guide

THE HOME HEALTH AIDE: A MULTIFUNCTIONAL ROLE

Cindy Richardson

THE HOME HEALTH AIDE: A MULTIFUNCTIONAL ROLE

Some statistics about aging:

- More than 1 million Americans 65 or older live in nursing homes, retirement communities, with their grown children, or even alone.

- When most people think of their retirement years, they think about having time to do the things they like–to be independent, travel, or even try something they never did before. To some, it even means not having to take orders from anyone, like they might have in their jobs or careers.

- As people age, their needs may change, but they can still be independent with a little help from caregivers and home health aides.

Some problems of aging:

PHYSICAL	MENTAL
Impaired Mobility	Repetitive Speech
Failing Eyesight	Reminiscing
Hearing Loss	Senility
Skin Problems	Disagreeable Nature
Incontinence	Impatience

I work in a retirement community that provides home services for its Independent Living clients. My position title is Companion/Housekeeper/Laundry Assistant. You could say these are all different jobs, but they actually are inter-related.

A typical day for me consists of helping two or three clients. The first job might be for housekeeping. I'll go into an apartment from 9:00 a.m. to 11:00 p.m. I'll have an assessment and request worksheet so I can check off what has been done. Some of the tasks include dusting in corners, around baseboards, lights, and ceiling fans. All apartments have either one or two bathrooms that get completely cleaned, as does the kitchen. There is dusting and vacuuming, and maybe the bed needs making. Special cleaning is usually reserved for another time when the client can review tasks with the Home Services supervisor.

Then I'll go to the next client, an elderly woman, for two hours and be her companion. I arrive at her apartment at 11:30 a.m. and stay until to 1:30 P.M. This client uses a cane and has a cognitive disorder which negatively affects her thoughts, perception, and memory. She likes to go to the retirement community's "cafe" for lunch. She usually orders mostly the same thing, but she does the ordering herself. I carry her tray for her and we have a nice lunch. One day, I suggested we go outside for a little walk. It was a nice, sunny, warm day and I was glad we got to go out-- it was good for her as well as myself. Another time, after lunch we were walking back to her apartment when she stopped and looked at the bulletin board in the hallway. This board tells of the day's activities. I pointed out to her that the Village was sponsoring a fashion show of clearance items. She looked at me and said, "Well, maybe we ought to go." I felt really great walking in the activities room with her, helping her look at the clothes, and watching her decide on a scarf to buy.

I think it is so important for elderly people to get out and do something, and I like being a part of that.

For me, whether I am cleaning an elderly person's apartment because he/she is physically unable to do it, doing someone's laundry as he/she recovers from a back injury, or going to an apartment to make lunch for a client, I have received a better understanding of people and a greater personal fulfillment than I have ever felt with any other job. It is good to know I am able to take care of another person in need, and I have always felt that I can receive much wisdom from being around the elderly.

Finally, the job teaches you patience - that you're not the only one in need, that others have needs and that they are not to be shut in a corner.

Note: If you're thinking of becoming a Home Health Aide or companion, ask yourself these questions:

1. Are you a caring and compassionate person?
2. Would you treat another person like you would like to be treated?
3. Could you deal with the elderly's problems?
4. Can you be a good listener and a good observer?

Sources of Reference:

The Later Years After 65
Helping yourself Help Others by Rosalyn Carter (A Book for Caregivers)

HOSPICE CARE AND WHY CARROLL LUTHERAN VILLAGE NEEDS A HOSPICE UNIT

Tracy Stewart

CASE STUDY

My grandfather was a right-tackle in football for the Princeton Tigers and was well known. He also served as a Captain in World War I and World War II. Around the age of 90, he was stricken with a life-threatening heart condition.

While hospitalized for his heart problems, he hired hospice care. The woman assigned to him was very nice. She came in once a day and sat with ""Pop-Pop" Baker for an hour or so to watch television or listen to his war stories or days at Princeton. This is what Pop-Pop enjoyed doing.

They grew to have a good relationship. She was there on those days his heart was acting up. We couldn't always be there for him because of our work schedules or other commitments. One day while she was there, he had a fatal heart attack. We were all very sad to see Pop-Pop go, but glad he had someone there who had cared for him. She made his dying more bearable for us. She even kept in touch with us for several months afterwards, to make sure we were all right.

WHAT IS HOSPICE?

Hospice is a unit of people including doctors, nurses, aides, companions and volunteers. These experts specialize in working with people in the final stages of illness--those who have six or fewer months to live. Hospice workers are dedicated to helping the patient with daily tasks, such as bathing and personal hygiene; they also try to help the person live his final days with dignity and high self worth.

Families of hospice patients also benefit from hospice care--they can get a much-needed break from the emotional stress and endless tasks of taking care of a seriously ill family member. Hospice provides companions to sit with and comfort the patient as well as medical doctors, nurses and aides who provide advice and expertise. Depending on your financial situation, hospice care can be covered by private insurance, Medicare or Medicaid.

Hospice workers will go anywhere to make sure your loved one has all the basic needs demanded for life. Hospice knows what counts. People at Hospice are like tireless teachers, showing you that they will always be there for both client and family.

HOW HOSPICE WORKS

Hospice matches hospice workers with patients who will be compatible with each other. In our case, it felt good knowing that our grandfather was happy with his hospice companion, and she with him. I'm sure he died a happy man. We felt confident that all of his needs were met. We found it very satisfying that hospice gave our grandfather such personal attention.

WHY CHOOSE HOSPICE

Life is not always a box of chocolates. Everyone experiences situations that they sometimes feel they can't handle. The tireless teachers at hospice can provide an understanding of a difficult situation, and provide ways to cope with it. Hospice offers a helping hand to those who are tired and alone, and tries to make everyone feel comfortable with what is going on in their lives.

Hospice can provide specialized service to fit almost any need. A variety of people will help a with client's physical, emotional and mental well being, to comfort him till the end.

WHY CARROLL LUTHERAN VILLAGE SHOULD HAVE A HOSPICE UNIT

Carroll Lutheran Village (CLV) is a retirement facility where older people come to live a fulfilled life in a safe and supervised setting. They have lived, and continue to live, full lives. Currently, we offer cottages, apartments, and a health care center for ones who are not physically or mentally able to take care of themselves. Soon we'll have an assisted living unit to bridge the gap between independent living and the health care center.

Sometimes, in the last couple months of a resident's life, she will need more than CLV currently offers. A hospice unit at the Village would help provide the extra special care necessary to meet the demands of our more complex residents--those in final stages of life.

We can do this. We are a well-rounded community, employing people of many talents. Any staff member who is interested in working at the hospice unit could take classes at the college to specialize in hospice care.

So the next step for the Village should be adding a hospice unit. It's one more way of reaching out to people when life becomes extra difficult.

PLANS FOR THE HOSPICE UNIT AT CARROLL LUTHERAN VILLAGE

The Village's hospice unit could be financed by donations and contributions by individuals and businesses. I have proposed a floor plan that will not only benefit the resident and her family, but the Village as well.

We would need four rooms at the end of any hall in the health care center. The basic hospice room would look much the same as a semi-private room. Our own staff could provide the care for hospice patients. In this setting, patients would receive more personal care in a quiet space.

This would benefit everyone who lives at the Village, knowing that when they reach the final stages of illness, they could still live and die at home with loving and caring people around them at all times.

Spiritually, morally, and physically--a hospice unit would benefit all.

Research Source:

Quality Care In The Nursing Home (Morris, Lipsitz, Murphy, Belleirlle-Taylor)
Personal observations as a Certified Nursing Assistant

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT DEMENTIA

Tonya Stonesifer

WHAT IS DEMENTIA ?

Dementia is a disorder of the brain in which there is a progressive loss of memory and other intellectual functions so that the mind gradually ceases to function normally. The affected person slowly becomes increasingly confused, incapable of sensible conversation, unaware of his or her surroundings, and generally incapacitated.

WHAT IS THE CAUSE ?

In some cases dementia is from brain damage caused by narrowing and blockage of the arteries that supply blood to the brain. Deprived of an adequate blood supply, the cells in many small regions of the brain degenerate and die. At one time, this degeneration of the arteries and the natural consequences of aging were thought to be the principal causes of Senile Dementia, which is a severe mental disorder of the aged that is manifested by loss of memory, judgement and morale.

Dementia also sometimes occurs usually in young or middle aged people, as a result of rare neurological disorders such as Creutzfeldt-Jakob disease, which is caused by a virus, a brain tumor or infections associated with Acquired Immune Deficiency Syndrome, (AIDS). In people over 65, the early symptoms of Senile Dementia may resemble forgetfulness, and many older people may worry that they are becoming demented. However, don't assume that the signs of confusion or impaired intellectual capacity in someone over 65 are always from Senile Dementia. It has been estimated that 10 to 20 percent of people over 65 who have an intellectual impairment have reversible conditions. Important causes of confusion in older individuals are side affects from medication, and other illnesses, for example, UTI (urinary tract infection), depression, chest infections, stroke, heart attack, and many more. Also, Dementia can sometimes be caused by long-term alcohol abuse, and/or by vitamin deficiency tumors; very often many of these symptoms will decrease when properly treated.

WHAT ARE THE SIGNS OF DEMENTIA ?

Each individual with Dementia can portray many signs over an extended period of time which may stabilize at one level or progress to another with each disturbance of the brain vessels.

Dementia usually starts with difficulty in functions of the mind, but nearly always ends in gradual loss of function of physical abilities such as eating, bathing, dressing. The loss of mental and physical functioning may occur over a period of 10 to 15 years.

Frequently, the person finds ways to cover losses of mental functioning; also, family and friends may cover the problem. As Dementia progresses, the signs may include:

- Social withdrawal
- Forgetfulness
- Prolonged depression

These beginning stages may be so subtle as to go unnoticed.

In the middle stages of Dementia, the earlier symptoms worsen, and additional signs emerge:

- Problems with space perception
- Thinking or caring for oneself becomes all-consuming
- There is an inability to coordinate muscles and movement

Advanced stages may include:

- Violent behavior
- Stiffness of muscles, slowness and awkwardness in all movements.
- Loss of all ability to perceive, think, speak, eat, control the bowel and bladder or move.

WHAT IS THE TREATMENT FOR DEMENTIA ?

There currently is no effective care for either the disease or the cause; irreversible Dementia or the Dementia itself. Sometimes medication may improve either mental or physical functioning. However, other chronic diseases which affect the overall physical and mental well-being of the individual may be treatable. Therefore, it is the symptoms of physical illness or depression which are readily treatable and can make life more comfortable for the person with dementing illnesses.

WHAT SHOULD THE CAREGIVER'S FAMILY EXPECT AND WHERE THEY CAN SEEK SUPPORT AND/OR HELP?

1. What if you're used to depending on your spouse to take care of finances?

2. What if you've always depended on your mother and father to be there for you?

3. What if your grandmother always knew what to do?

4. What will you feel the first time you have to actually assist your loved one with toileting?

5. What will you feel the first time your loved one doesn't seem to know your name, or what your relationship is?

The objective response to all the above questions is that your loved one can no longer perform in these roles. You are observing a slow and ongoing death of your loved one. We, as human beings living in a highly, technologically advanced society, are not generally equipped to manage any situation for which there is no cure or quick fix.

Throughout what seems like a nightmare, you will experience feelings of frustration, anger, fear, insecurity, sadness and depression. To help a family member through this you may seek help and support through a church, nursing homes, retirement homes, or other community services. Most recommended is the support you can get from the Alzheimer's Association in Chicago. Also, ask your family physician about an Alzheimer's family support group or look in the white pages of your telephone book.

CASE STUDY

To get an idea of what Dementia is like, imagine yourself having to care for the elderly who are going through many of the stages of the disease.

1. You walk down the hall and see Mrs. Doe talking to Mr. Say. She believes she is talking to her husband, and he believes that she is his wife. You approach them and tell Mrs. Doe that you are taking Mr. Say to the bathroom, she insists to go in, that this is her husband. You tell her that he needs his privacy. Mrs. Doe turns in anger and starts walking away, mumbling they have been married over 40 years.

2. The time has come for the trays to be passed out for dinner, and everyone is ready to eat. You set up Mr. Sell and hand him his fork and tell him what he is having and he can go ahead and eat. You move onto someone else, you look back and he's the same way you left him. You tell him again that he can go ahead and eat. He looks up at you in a confused state and responds, "How"?

3. The evening has gone by and it's time to give Mrs. Snow a bath and get her ready for bed. You enter the room, knock on the door, and approach her. She looks at you and says, "I'm glad to see you, you were always my favorite granddaughter." You remind her who you are and help her get ready for bed. As you help her to the bathroom, you pull her favorite nightgown (the one her daughter had given her) out of the dresser. Hurrying, Mrs. Snow snatches the gown and starts to fold it and puts it back in the drawer and yells, "You know better then to steal my things. I've told you before when you tried to steal my necklace. You remember I called the police thirty years ago? Just get out of here--you have no right." You turn and walk away. About 10 minutes later you walk back in and she's putting her

underpants on over top her slacks. Approaching her again she looks up at you, only this time saying," I'm glad to see you, I'm tired." You ask if she would like your help and she extends her hand with a smile.

SOME OF THE THINGS A C.N.A. SHOULD REMEMBER

1. **Be patient and willing to learn more about Dementia.**
2. **When you are approaching a Dementia person in a group always remember to appoint one person to speak to avoid confusion.**
3. **Realize the resident is subject to mood swings, and depending on the stage of Dementia, he could be violent.**
4. **When a patient is frustrated and angry, divert his/her attention to music, a magazine, T.V., etc.**
5. **When you feel stressed or maybe a sense of frustration, make sure your resident is safe and walk out of the room, take a 5 minute break or go take care of someone else and go back. Please, always remember to stay calm when caring for your residents.**

TEAMWORK

Carol Colson, Lisa Crosswhite, Stephanie Fowble,
Robin Hahn, Roger Knight, Trudy Null,
Kim Royer, Bonnie Warehime

"Teamwork is everybody working together. It takes everybody to make a team." *Lisa Crosswhite*

"Teamwork is coming together to work toward one goal." Stephanie Fowble

"Teamwork is asking other workers questions or giving them ideas. It's giving a helping hand and completing your job." Roger Knight

"Teamwork is communication, being willing to pitch in where you're needed, knowing not only your duties but also your co-worker's. It's a smooth operation and not getting in each other's way; it's liking and respecting your coworkers, being unselfish, and having a positive attitude." Robin Hahn

Teamwork begins with education, communication, and cooperation.

In the Blizzard of '96, everyone pitched in and did what needed to be done, whether it was their job or not. Security cleaned windshields, residents helped serve dinner, maintenance and administration picked people up, administration also answered phones. People even cooperated about parking. Food service fed the staff. It was fun and broke up the routine. The whole environment was different. We were in a panic--how will we get everything done? When you're in a panic you're more willing to help each other out.

We don't want another blizzard, but wouldn't it be nice if the spirit of teamwork and camaraderie would carry over into our everyday working lives? Here are some thoughts.

Everyone should have a cooperative attitude. Never say, "It's not my job." If something needs to be done, you should be willing to step in and do it if you can. Answer the phone if it's ringing. Turn off the oven if it's beeping. Turn off a faucet if the sink is overflowing. Clean up spills. Clean up your own mess, or help someone else clean up theirs. Try always to set a good example.

Don't look for excuses not to help out. It takes more time to think of an excuse than to do the task. When you help out, you're helping everyone, not just one person, and everything gets done. And there's a bonus--you get a joy out of helping someone else, and they'll be more likely to help you when you need it.

Respect and appreciate your co-workers and what they do. Every job is important. Don't put anybody down. Don't bother people for something you could do yourself. Understand the responsibilities of others--if they can't help you right away, it's because they're working on another task. Maintenance may be working in a resident's apartment or cottage. Housekeeping may be in the middle of disinfecting a bathroom. Administration may be solving a crisis. Nursing assistants may be attending a resident.

Taking care of the residents is the reason we're here, and we love them. The Village is their home. We need a smile for them as we walk in the door. Leave your bad attitude and problems at the door. The residents deserve to be treated with dignity and respect. They deserve to live in a clean, healthy environment with quality service and care. Don't forget, if it wasn't for the residents, there would be no Carroll Lutheran Village, and they must be everyone's top priority. Would **you** want to pay someone who is unkind and unhappy to take care of you?

No matter what we do, we should be proud of a job well done. Do the best you can at your job. Take pride in yourself and the job you do!

STUDENT WRITINGS
for
HOME CARE CHALLENGE

EPISCOPAL MINISTRIES to the AGING at FAIRHAVEN AND COPPER RIDGE

A Day in the Life of a Nurse's Aide	**Bobbie Buffington**

A DAY IN THE LIFE OF A NURSE'S AIDE

Bobbie Buffington

As a CNA (Certified Nursing Assistant), I face many difficult Alzheimer's behavioral problems each day. Here is what a typical day is like for me.

7:00 a.m.--I usually arrive to find some patients wandering around. Many of them have memory loss, confusion, or the inability to reason. To add to my day, I might get asked, "When is breakfast?" several times. As I go on, I try to get everybody up to go to breakfast. I might face stubbornness or combativeness. This would apply to those who resist getting out of bed or getting dressed. Most times, depending on the situation, I get help or leave them alone, then go back later.

8:00 a.m. -- It is breakfast time. At this time I feed, assist and set up trays for those who can feed themselves. This involves helping with opening containers, discarding any extra paper and cutting food. Depending on the person, sometimes I only place one thing in front of the patient at a time. Sometimes people get overwhelmed with the amount of food in front of them. Another situation faced while feeding is the patient might start spitting the food back at me. This might be a sign of dislikes, just not wanting the food or that the food is too hot. All I can do then is to feed someone else and come back to try again. If that doesn't work, then I guess the patient isn't hungry. I come back and try at another time.

10:00 a.m.- At this time I toilet, finish any care, give showers, and transport people to their activities. The biggest problem I face is the resistance the patient has of being toileted. I solve this by using a little incentive, such as, "Let's use the lady's room, then we will go watch TV." Most times I feel it works, but I make sure I follow through with the reward. While using this technique, I also use a sweet sounding voice, which helps at times.

12:30 p.m. -- It is time for lunch. Basically, the feeding is a repeat of breakfast time.

2:00 p.m.- I start to chart in the books. This includes recording percentage of meals eaten, toileting, sleep habits, and showers. By doing this I can look back anytime for information that might be needed to help the patient or other health providers.

Also at this point after I chart, I think of how my day went. I think about how the patients exhibit strange, irrational, and emotionally upsetting behaviors. Sometimes the patients seem to stick to me like glue. They are with me all day.

Their behaviors can be very unpredictable--it all depends on the person. Alzheimer's affects everybody differently.

Basically, I do enjoy my work, and I do find it to be a challenge each day. It is also very rewarding at times, just to see the accomplishments and smiles from the patients.

REFERENCES:

Caring for Alzheimer's Patients by Gary Miner
"The Johns Hopkins Medical Letter"
My own experience as a nurse's aide at the Copper Ridge facility for Alzheimer's patients

STUDENT WRITINGS

for

HOME CARE CHALLENGE

Volume II

Carroll Community College

National Workplace Literacy Grant
January 1998

STUDENT WRITINGS

for

HOME CARE CHALLENGE

VOLUME II

STUDENTS FROM

CARROLL HOME CARE & HOSPICE
A Home Health Agency

HOMECALL
A Home Health Agency

CARROLL COUNTY GENERAL HOSPITAL

STUDENT WRITINGS
for
HOME CARE CHALLENGE

CARROLL HOME CARE & HOSPICE

THE NEED FOR MY JOB:

The Role of The Hospice Volunteer

Pennie DiVenti

Stop for a moment and think how you would feel if you were getting sick and there was no one you could depend on for your daily tasks. Being independent is wonderful, but if the time comes when you need help, you might consider turning to a hospice volunteer. There is a great need for volunteers. Because patients do not spend a long period of time in the hospital, their need for a volunteer becomes critical.

When I decided to become a hospice volunteer, we were required to attend classes for two and a half hours each week for twelve weeks. The classes that a hospice volunteer attends are very informative and interesting. The speakers consists of doctors, nurses, counselor, psychologist and many other professionals.

We learned much needed and useful information. One of the classes that stands out to me is the class on "laughter". There was a nurse who told us that laughter is good therapy for a volunteer or anyone who works in a stressful job, such as with terminally ill patients. I will never forget how she made the class laugh just by laughing over nothing. We played games and it really was a most enjoyable day. This class is very helpful to volunteers, especially when they are burnt out after working with patient after patient and becoming attached to them.

The main reason for my job as a volunteer is that I get a great deal of satisfaction in helping someone who really needs help in his daily routine. Helping the family is also important, especially if their loved one is suffering and expected to die. Many times the patient's family needs consolation, and we as volunteers try to give them this. I know from experience when the staff at Mercy Hospital was planning to send my husband home. He was ill from an inoperable tumor located in his vertebra, and the prognosis was death. I was so bewildered and nervous. However, he died before they could make arrangements to send him home and to get a hospice volunteer to visit. At that time, I didn't have any knowledge of what hospice was all about or how it functioned.

Getting back to my volunteer work, there is a wonderful motto that Carroll County Hospice has. It is "You matter until the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die". When reading this motto, it has so much depth to the meaning. How can you not get involved?

Even though a patient is so severely ill and many times has lost his dignity, you have to always keep in mind that he is a human being with feelings. He is so sensitive, and at times is very frightened as his condition worsens. As a volunteer, I have to remember to be extremely careful not to offend him in any way.

The job of being a hospice volunteer gives me a great deal of satisfaction because I know I am helping someone who is less fortunate than I am. I hope I learn by being a volunteer that life is fragile and can be taken away in a snap of a finger. We must respect life even though it could be slipping away, and when it's time to leave this world, we hold on to every precious day minute by minute.

Rita Folk

Hospice needs me for relieving pressure from the office staff when they are heavily loaded with work that has to be done in a short time. By relieving I mean answering phones, doing the filing, and doing things that can be taken from the office staff so they can do their more important work. With me being there and doing these jobs, it makes the work lighter and faster for the office staff to do.

The more work I can do for the office staff, the more time the office staff can give to the nurses needs and the nurses can give more time to their patients.

I also put flowers in small packs so the nurses can take them to their patients to cheer them up. This is greatly appreciated by the staff because the flowers would just lay there and be thrown away.

The work I do is mostly office work which I'm sure cuts down the expenses for Hospice. Hospice's staff knows that they can depend on me for any work they have for me to do to relieve them. They know I try to make it easy for them and I'm sure they are glad to have me.

ALZHEIMER'S DISEASE (AD)

Georgia Folk

What is ***Alzheimer's Disease***? It is a progressive degenerative disease that attacks the brain. It impairs memory, thinking, and behavior. It is the worst form of Dementia.

Dementia is the loss of intellectual function. The daily functioning of thinking, remembering, and reasoning are impaired.

Alzheimer's affects men and women equally of ages 60 and older. The disease is fatal.

It is unknown how you get AD. Doctors believe that it may be an inherited disease because they have found certain similarities in the blood chemistry of families with AD.

Symptoms: You may see a gradual memory loss or a decline in routine tasks. The victim may be disoriented; learning becomes harder, he may be unable to talk or be understood, he may experience impaired judgment, or his personality may be different. Taking care of himself might be difficult.

Treatment: Many different drugs are used to treat symptoms. The FDA has approved a drug call Tacrine (Cognex).

Cure: THERE IS NO CURE!

Some possible behaviors you could see:

1. **Dysfunctional Behavior**: The person may pace or wander--even walk away from home. If you have stairs, put up a fence so he won't fall. If he likes walks, go with him.

2. **Rummaging and Hoarding**: Alzheimer's patients might like to go through things and hide them. Find out where their hiding places are. Make sure items of family members are marked.

3. **Catastrophic Behavior**: Hitting, name calling, throwing things, and more. This behavior is one of the hardest to deal with, because the patient may not know why he is doing it or that he is hurting someone else. Don't let your emotions get the better of you and respond in the same way. Don't feed the behavior--stay calm and talk to him. Find out what the problem is, and if it is something you can handle then

do it. If not, try to redirect him into doing something that will keep his mind off his inappropriate behavior.

4. **Sundowning**: This is when a person's time clock is off balance. Leave a light on at night. Give the patient something to do during the day so they will sleep at night.

5. **Confusion**: Alzheimer's patients may not know who you are, where they are, or what is going on. Reassure them everything is ok. Tell them who you are and what you are doing with them. Walk them around and show them where they are.

However, the time will come when this will no longer be possible because the patient will not remember how to even eat or do anything on his own.

When you start your case:

1. See what the patient can do for himself.
2. Let the patient tell you what he wants you to do to help him.
3. Listen to the patient.
4. Get to know the patient's ups and downs.
5. Be understanding and patient.
6. Remember that it is hard to be a caregiver, so be sure to take time for yourself and regroup.

Note from one caregiver to another: Death is inevitable when taking care of someone with Alzheimer's. Death will come. How the person faces death is up to you. Give him love and support so that he can face death with dignity.

For more information you can write to:

Alzheimer's Association
70 E. Lake Street
Chicago IL 60601-5997

Or call: 1-800-621-0379

Additional resources in the Home Care Challenge Library include:

Understanding Alzheimer's Disease

The Vanishing Mind

Videotapes and pamphlets from the Alzheimer's Association are also available.

WHAT THE LAYMAN CAREGIVER NEEDS TO KNOW ABOUT DEATH & DYING

Dottie Jacobs

HOW IS THIS PATIENT GOING TO DIE?

This information is intended to help the non-medical Hospice caregivers who work with dying patients. As much as possible, this information is presented in simple layman's language to provide a basic background for the most prevalent diseases that Hospice patients are afflicted with and how that disease results in the patient's death.

These are the common characteristics that are representative of the processes that occur when someone is dying:

1. Stoppage of circulation
2. Inadequate oxygen to tissues
3. Slow loss of the brain's functions
4. Failure of the vital organs

I. HEART

Leading cause of death: not getting enough oxygen - coronary arteries are hardened and narrowed.
ISCHEMIA - (means "blood lack") - starvation of the heart: the process of choking off oxygen.

A. ANGINA PECTORIS - (cramp in the heart)

1. Symptoms
    a. pressure or "choking" of the chest
    b. sudden and severe pain that may radiate down left arm or up into neck and jaw.
    c. may break out in cold sweat, feel nauseated or even vomit.
    d. shortness of breath

2. When it may occur
    a. can occur when the vital organs' activity level increases; oxygen requirements go up and there is more need for blood; (example - strenuous activity)

b. narrowed arteries cannot widen enough - heart cramps
c. if it lasts long enough - MYOCARDIAL INFARCTION (heart muscle dies)
d. VENTRICULAR FIBRILLATIONS - (uncoordinated irregular motions of heart) - consciousness may recede as lack of oxygen effects the brain, even though the patient may collapse suddenly, the brain may be conscious
e. if not revived within 10 minutes, oxygen deficiency is irreversible and some of the deprived cardiac muscle dies.
f. almost all who survive each of these infarctions will eventually die from the gradual weakening of the heart's ability to pump.

3. Likely candidates to look for heart disease
    a. Living style
        1. smoking
        2. eating habits
        3. lack of exercise
    b. sometimes family history, or diabetes
    c. sometimes driving personality - Type "A"

B. CONGESTIVE HEART FAILURE

Direct result of the scarred and weakened myocardium's (heart's muscle) ability to contract with enough force to push the necessary volume of blood with each stroke.

1. Result:
    a. some blood will back up into the veins, causing back pressure in lungs and other organs from which it is coming.
    b. organs are prevented from performing properly.
    c. lack of fresh oxygen to organs.
    d. heart becomes enlarged and tries harder; it becomes a vicious cycle.

2. Symptoms and Effects:
    a. shortness of breath - fluids fill the lungs; there is less oxygen being absorbed. Patient may not be able to lie down - needs to be upright to allow gravity to drain fluids from lungs to breathe.
    b. chronic fatigue, listlessness; gets exhausted doing any exertion.
    c. fluids collect (Edema) in the feet and legs if upright, legs and back if lying down.
    d. Lungs - fluid - poor oxygenation causes brain death, or Ventricular Fibrillation.

This patient may be given morphine, which acts not only for pain, but to help relax breathing. During the length of the disease, Nitro may be prescribed to abort Angina (a disease marked by spasmodic attacks of intense pain) and a mild sedative for anxiety. Medication to regulate fluid may also be given. Patient may have a pacemaker. Most of these patients are older in age. These patients often tend to "fade out"; the last week or so, they will be on complete bedrest as any activity at all demands too much of the heart. The patient tends to go into a state of sleep or unconsciousness that might last minutes, hours, or even several

days. Their breathing will slow and then gradually stop.

II. STROKE & "OLD AGE"

A. Blockage - blood flows stop - artery closed, or bit of plaque separated from wall of artery and moved up into brain.

B. Hemorrhage

1. In elderly usually due to long-standing hypertension (high blood pressure). The artery's wall is weakened by years of abnormally high pressure, it gives way at some specific point, and the result is an outrush of blood to the brain tissue. (25% of strokes)

C. Multi-infarct dementia - series of small strokes that may have shown themselves only as moments of weakness or dizziness or confusion. These small strokes can occur when the patient is sleeping and be undetected when they are awake.

D. Major infarctions results in sensory loss and weakness - most prominent on the part of face and extremities opposite the side of brain where stroke occurred. Produces "APHASIA" - loss of power of expression; though patient's mental comprehension tends to remain normal.

E. Large strokes may result in coma. Brain swells may push through fold of membrane that separates "higher" and "lower" brain stem; the part that thinks into the part that controls automatic functions (such as heart, breathing, etc.): death results.

F. Massive brain damage can result in the failure of other bodily functions.

1. Paralysis of muscles of chest wall - lungs can't function
2. Blood Pressure highly elevated
3. Diabetes may be uncontrollable

G. Pneumonia

1. Coma destroys even cough reflex.
2. Sepsis or septicemia (blood poisoning) - bacteria from lungs spreads throughout the body; heart, lungs, blood vessels, kidneys and liver - resulting in drastic drop in blood pressure to shock levels , followed by death. In Sepsis, antibiotics may not help.

MOST ELDERLY WHO DIE (OF OLD AGE) HAVE:

1. Atherosclerosis (fatty build-up in arteries)
2. Hypertension
3. Adult-Onset Diabetes
4. Obesity

5. Mental Depressing States (Alzheimer's & other Dementias)

6. Cancer

7. Decreased Resistance to Infection

MOST PATIENTS USUALLY HAVE SEVERAL OR ALL OF THESE.

Though doctors look for a specific disease in elderly patients, the body just wears out. Blood vessels, organs, tissues - just wear down and oxygen and nutrition are poor - tissue dies, the immune system is tired out. Even if it were possible to prevent all diseases, the body would still wear out and die.

III. ALZHEIMER'S DISEASE - CAUSES STILL UNKNOWN

Alzheimer's is the progressive degeneration and loss of vast numbers of nerve cells in the part of the brain associated with "higher function": memory, learning, and judgement.

A. Severity and type of dementia depends on the number and location of cells affected.

B. Decrease in Acetylcholine - chemical used by the cells to transmit messages.

1. Symptoms:
    - a. loss of memory - forgetting people and events, eventually even the identity of loved one.
    - b. inability to express thoughts with right words.
    - c. forget to eat - then forget how to eat.
    - d. forget who they themselves are - their own identity.
    - e. might have a rare lucid moment, when they seem like they used to be, then it's gone.
    - f. incontinent, but unaware of it.

2. Death
    - a. Patients may have stroke or heart attack.
    - b. If not, they may lapse into vegetative state: all higher brain functions have been lost.
        1. Patient unable to eat, move, etc. Decision must then be made - feeding tube or starvation?
        2. Incontinence, immobility and need to catherize can lead to urinary infections.
        3. Inability to acknowledge or swallow secretions cause pneumonia.

A great majority of Alzheimer patients in vegetative state die of infection (urinary tract, lungs, bedsores). Septicemia occurs - bacteria rush into blood, causing shock, cardiac arrhythmias (alteration in rhythm of the heartbeat either in time or force), clotting difficulties, kidney and liver failure, then death.

*****Patients are not conscious of suffering. Their families are the ones who feel**

the suffering. This patient is not the person they have known all their lives. Family members are the ones who suffer: the sorrow , the loneliness, the grief that starts long before the patient's body dies, the frustration, the anger, the impatience, and the added burden of guilt for feeling this way.

III(B). DEMENTIA

Several degrees of incoherence which can include:

1. impaired memory
2. loss of reasoning ability
3. incomprehension of reality
4. lastly the loss of instinctive and voluntary action.

IV. AIDS - Acquired Immunodeficiency Syndrome

HIV - human immunodeficiency virus, that destroys the body's immune system.

A. INFECTION CONTRACTED BY:

1. sexual contact
2. exchange of blood via contaminated needles, syringe or blood products (transfusions) - though rarely with transfusions any more since exact testing is done now.
3. passed by mother to child during pregnancy or breast milk.
4. NOTE: AIDS can ONLY be passed through blood, semen or breast milk.
5. For all the dire effects within the body, outside the body, the virus is very easy to kill: it is really very fragile. Bleach in 1:10 solution will kill it. Infectious fluid allowed to dry on a surface for 20 minutes is no longer infectious.

B. COURSE OF INFECTION

1. Some patients will show symptoms very soon, (but some may not show any symptoms at all in the early stages.)
    a. within a month, virus rapidly multiplies.
    b. patients may have low-grade fevers, swollen glands, muscle aches, a rash and sometimes headaches, sense of fatigue.
    c. sometimes mistaken for flu.

2. Patient may then appear normal for 3-10 years while the virus is destroying lymph nodes, spleen and bone marrow.

3. Eventually, the patient will probably develop fungal infections of tongue (thrush and other infections may show around body openings.)

4. Later, patients may develop other infections from microbes that ordinarily exist but do not usually cause any problem in a healthy body.

C. FINAL STAGES

1. Lungs
    a. Pneumonia
    b. Tuberculosis

2. Toxoplasmosis - (Microorganisms that invade the tissues and may seriously damage the central nervous system)
    a. can be contracted from inadequately cooked meat
    b. normally harmless in healthy people
    c. in HIV patients - produces fever, pneumonia, enlargement of liver or spleen, rash, meningitis, encephalitis (inflammation of the brain) and sometimes effects the heart or other muscles.

3. Nervous system
    a. mostly in the late stages, called AIDS Dementia Complex.
        1. effects cognition (conscious intellectual activity - thinking, reasoning, remembering) and motor function - usually as forgetfulness and loss of concentration then becomes apathy (lack of emotion/feeling) and withdrawal.
        2. intellectual function often declines, and difficulty with balance or muscular coordination occurs.
        3. in most advanced stages, some patients are severely demented, with little response to outside world. May be paraplegic, have convulsions.
        4. kidney and liver functions effected - causing malnutrition and anemia.

Death comes to AIDs victims from a variety of causes: respiratory failure, sepsis, destruction of brain tissue by tumor or infection are the most common immediate causes of death. TB, pneumonia, cancer, organ failure, tissues bleed - starvation. Patients waste away - some die by "slipping away" with little consciousness of the world left.

V. CANCER

A. Tumor cells are abnormal cells that have stopped going through the growth steps that enable them to reach healthy adulthood; this clump of abnormal cells can be one of two kinds of tumors:

1. Benign - development blocked closest to mature state - least dangerous and have little potential for uncontrolled reproduction.

2. Malignant
    a. interference came so early that they still have infinite capacity to reproduce;
    b. these cells keep reproducing malignant cells and can't do the work they were intended to do or even look like the cells they were supposed to be;
    c. they don't even die when they should, like normal cells do;
    d. uncontrollable birth and longer life are why cancer, unlike normal tissue, continues to enlarge;
    e. they serve no purpose other than to destroy life.

B. EFFECTS

1. Cancer is not affected by the normal defenses mounted by the body.

2. Cancer requires nutrition, which it gets from devouring host organs, blood and tissues.

3. Malnutrition - normally the body uses fats for energy. Cancer interferes with this process - protein must be used.

4. Protein loss results in dysfunction of organs and enzyme systems and may effect immune system to increase susceptibility to infection.

C. FREQUENT CAUSES OF DEATH

1. Pneumonia and abscesses

2. Urinary and other infections

3. Sepsis (blood poisoning)

(Patients who die of these first 3 causes may have deep, gurgling respirations in the final hours)

4. Decreases circulating blood and extracellular fluids lead to decrease in blood pressure, resulting in:
    a. shock
    b. organ failure, particularly the liver and kidney

5. Older patients - stroke, heart attack or heart failure

Cancer patients may be conscious right to the very end. They may sleep most of the time, but are easily aroused. Their blood pressure drops, respiration slows, and they tend to leave this world very peacefully. Bone cancer is the most painful. Cancer that has metastasized to the brain can make the patient disoriented, sleepy, with decreased functions and may be very painful, especially toward the end. Many cancer patients bleed out through a major vessel internally. The patient may even say that "something gave inside." This patient

may vomit or cough up dark coffee grounds -like matter.

VI. ALS - Amyotrophic Lateral Sclerosis

Motor neuron disease - also known as Lou Gehrig's Disease. Little is known about the cause of this disease and there is no cure.

A. DIAGNOSIS

1. May show up during late 40's-early 50's. 50% will die within 3-5 years.
2. Effects twice as many men as women.
3. No definite test for ALS
    a. other disorders are ruled out
    b. EMG will show weakness in muscles. (Electromyogram-test muscle response)
4. Motor neurons (the cells that constitute nervous tissue; that transmits and receives nervous impulses) begin to die off - atrophy (wasting away) of muscles results.

B. TREATMENT

1. No cure available - treatment is aimed at easing symptoms
2. Patient should be in reclining w/c (wheelchair) so position can be changed.
3. As muscles atrophy - the more limber the muscles are kept, the better; this will help avoid muscle contractions.

C. SYMPTOMS

1. Difficulty in movement - walking, holding things, etc.
2. Difficulty in swallowing.
3. Difficulty in breathing.
4. Bowel and bladder not affected.
5. Intelligence is NEVER affected.
6. Outward signs of emotions don't necessarily coincide with the inside (Example - laughing or crying in excess of what patient really is feeling, or, just the opposite)

ALS Is a slow moving disease - the patient gradually becomes unable to move any muscles, though he still has feeling in those muscles. It becomes very difficult

for the patient to swallow and to breathe. Patients die from suffocation or choking, conscious and aware of what is happening to them. Hospice will treat this patient, in most cases, with Lorazepam and Morphine to ease the anxiety and to aid in his breathing, and hopefully, allow him to slip peacefully away.

IN CONCLUSION, it is the goal of Hospice, no matter what the illness, to promote pain management/symptom control to enable the patient to be as comfortable and pain-free as possible. Hospice endeavors to give the patient the best quality of life possible, and to support the patient and his family to cope with the stress and adjustment to the patient's death. Hospice personnel do this by providing the mental, emotional, spiritual and medical assistance this family needs.

Lorazepam and Morphine are the medications you may notice that are frequently used for the majority of Hospice patients. (You may see Lorazepam in the patients' homes under the brand name of Ativan.) Morphine is used for pain and it also produces a more relaxed breathing, with more benefit from each breath. Lorazepam is prescribed for anxiety and for seizures (which can result from cancer metastasized to the brain, or when the lungs fill up with fluid - the lack of oxygen to the brain can produce seizures). These two drugs are the drugs of choice - they compliment each other and you don't need huge doses of either one for a satisfactory effect.

As non-medical personnel, you are not expected to be a medical expert; but you are expected to make your observations known to Hospice. Always notify Hospice of any change in a patient's condition, which can sometimes occur in a matter of hours. Notify Hospice if the patient complains of pain or seems to be in pain. Never hesitate because you aren't sure - any problems, any questions, call Hospice to talk to a nurse. No matter what your position, you are the link between the patient and the nurse when you are there with the patient, and your observations are valuable.

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WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT DEPRESSION AND TERMINAL ILLNESS

Caroline Kauffman

WHAT IS DEPRESSION?

Depression can be defined as an excessive emotional reaction to a loss. This is sometimes followed by a chemical change that affects brain function. All ages are affected.

Some of the major symptoms of depression are: apathy, withdrawal, melancholy, difficulty concentrating, trouble sleeping and eating. Sometimes, later on, more symptoms may develop such as indigestion, constipation, headaches and an occasional imaginary illness.

Other symptoms appearing in the depressed patient are: loss of touch with reality, guilt feelings and feelings of worthlessness. Some people often have feelings of being persecuted and may have hallucinations. Restlessness and agitation may also occur.

There are several treatments available for this illness. Even though depression can occur in a terminal patient, patients frequently are given medications to lessen the symptoms. Psychotherapy also can be beneficial.

Sometimes physicians prefer to use medications in two different types. One widely-used type is tricyclic antidepressants which help increase mood level. Some of these drugs have a sedative quality for patients who experience agitation along with the depression.

Another type of medication used is called a psychostimulant. These drugs have a more rapid therapeutic level and are often more energizing. These drugs are most helpful in the treatment of depression in cancer patients when there is advanced disease. When given in a low dosage, these medications can improve appetite and improve weakness and fatigue in cancer patients. Most medications are available in suppository, I.M. injections, and outside the U.S., can be given by I.V. infusion. Side effects need to be monitored in all patients.

Supportive psychotherapy is useful in a treatment approach as well as medication for the terminally ill. This can consist of active listening and supportive verbal intervention. Oddly enough, it is after a therapist is comfortable enough to talk about the patient's life rather than the approaching death that the counseling is most beneficial.

Supportive psychotherapy can involve many people, including family, friends, a social worker, clergy, or professional psychotherapist.

People involved in the health care field can help the depressed, dying patient in many ways. A gentle touch, a listening ear and even a short phone call often lifts the patient's mood.

Since many patients often relate better to outside help more than loved ones, we as care providers often provide the best comfort to our patients and lift the spirits of those who need us.

When medication is involved, we can make sure that the patient is monitored for this and report any changes to the nurse in charge.

Many patients, even though depressed because of a terminal illness, can be helped to be more at ease with their feelings, along with being made more comfortable during the most difficult time in their lives.

SOURCE: *Oxford Textbook of Palliative Care and Medicine*, Section II

WHAT HOME HEALTH AIDES NEED TO KNOW ABOUT A.L.S.

Ginny Mathis

Amyotrophic Lateral Sclerosis, otherwise known as Lou Gehrig's Disease, is the progressive deterioration of nerve cells in the brain and spinal cord. Muscles do not receive impulses from the motor neurons. As a result, the muscles waste away and become useless. The cause is unknown and there is no cure.

Muscles of the arms and legs are primarily affected; with speech, swallowing and breathing usually following. Mental awareness and all emotions remain as normal as ever. The area of the body most affected as well as how quickly the disease progresses can vary greatly from person to person. In the end stages, the patient becomes trapped in his own body. Unable to speak, eat or move, this very much alive person becomes encased in a lifeless, useless shell. Almost as if being buried alive.

These patients are often as young as 30, with children at home and a working spouse. Early on, the patient requires assistance with the simplest of tasks. At some point, the patient becomes almost totally dependant on others and requires near - constant assistance. When this occurs, caregiver needs, as well as patient needs, become an important issue. Support is needed in emotional areas as well as physical. It becomes a real struggle to provide 24 hour a day assistance within the home. In younger patients, insurance coverage is often minimal or non existent to provide for private duty care. This then causes an added financial burden. Any and all resources for help become crucial at this time.

Caregivers going into the home need an exceptional amount of patience and empathy. A.L.S. is a very demanding disease and often the patient needs more attention than the primary caregiver is able to give. This is where extra support services are greatly needed.

As a home care provider, whenever you are assigned an A.L.S. patient, be prepared in advance to give a lot of yourself. These patients will be very time consuming, needing to maintain control over the smallest aspects of their lives.

Often times, these patients are left alone more frequently than older, more typically "sick" patients. In these cases, patients will often come up with many little reasons to extend your visit. Simple things that don't really **NEED** to be done, but become very important to them. Try to understand their needs and be willing and able to allow extra time in your schedule for them.

Perhaps the biggest patience issue will be communication. This is usually a very slow, tedious process. Once the ability to speak is completely gone, some patients use spelling boards, magic slates or simply write in the air with a finger. Some more fortunate patients will have some type of computer communication system. Whatever the method, be calm and **THINK**. Work very hard at piecing things together to understand what the patient is trying to get across to you. Never ignore any signals they may give, especially their eyes. Sometimes the most vital form of communication is a person's eyes.

Communicating is likely to be the most important area of control a person can lose. Be careful never to belittle. They are not deaf or stupid people.

Above all, allow your patient all the **dignity** and **control** that you would wish for yourself!

A DEATH EXPERIENCE

Dialogue Journal

Okima Moore

May 13

I just came to my new patient, John, this morning at 7 o'clock. I have to sit with him from 7 a.m. until 5 p.m. every day from Monday through Friday. He is such a nice man . . . He has a young wife and two boys. They seem to be pretty nice children. I wonder how these children are coping with their father's dying. I was looking at them in the living room this morning. They came in to say hello to their father and stayed until they had to go to school.

John loves to look at cable TV. He flicks one channel after the other all the time. I see he doesn't look at anything long.

May 15

John's hair is falling out so much now. It started falling out yesterday. I feel a little sad inside for him. He was brushing his hair out with his hands, and he started brushing bald spots in the side of his head onto the floor. He looked so sad. I felt like I couldn't do anything about it, but just to look at him and ask him if he was okay. He is expecting three people to come and visit from work this morning.

I really do like getting his boys off to school in the morning and feeding them. I took them to school yesterday. I was a little worried about leaving John alone, but his wife said it was okay since he is doing so well right now. The nurse said he may not have more than three or four more days to live. He looks great and seems to be getting stronger each day. I came here thinking that I had only a few days with him, but you never know what is going to happen at all.

I like this family. The boys are nice and John's wife is so young to be handling the things that she is handling. This house is so beautiful, and I know John is going to miss what he has. I know that he has already thought of what he is not going to be able to enjoy any more. He started to fix the basement and it looks so nice, but now he is not going to be able to finish it, and I know that is bothering him.

May 17

When I got here this morning, John was looking so good and refreshed. A little while ago he told me that every one thought he was going to die last weekend. He feels good and strong today. The nurse said he is so much better than he was last Friday when she met him. He just told me that they had given up on him at the hospital. He is walking around so well and is going back and forth to the family room and the bathroom. He just asked me a few minutes ago for a peanut butter and jelly sandwich. The sores in his mouth are getting better.

May 20

John is getting weak. He said he feels very weak today and that he started feeling that way yesterday. He is sleeping a lot so far this morning.

June 7

I have had a good morning so far with John. It is 7:30 a.m., and he is drinking his coffee. He is having a little pain in his side. The aide will be here later to give John his bath, and the nurse will be here soon to take care of John and his pain.

June 10

Well it's 2:30 p.m., and I've been here since 7:00 this morning. John's machine was acting up. His oxygen machine was making noise and kept beeping and beeping. John did not feel well this morning at all. He said he was real weak, and no one came until almost noon. The aide came for John's bath, then the man came to replace the oxygen machine, then the boys' grandmother and her sister came from out of state.

June 11

Well it's 7:35 a.m. When I got here at 7:00, John was not doing well at all. He was so tired and so weak and he said that his oxygen tank was on too low so he was low on air for 12 hours. I called the nurse and she said that John is declining now. She said that the tumor in his neck is getting bigger and the one in his side is also getting bigger. She said that she thinks he has about two weeks or so to live.

I like John a lot, and he said he liked me a lot too. He said I am special to do the kind of work that I do. I told him I would not feel right if I could not do this work and if I could not take care of people.

John looks like he is so sad, and I can see in his face that he can tell that something is wrong with him and that he is going down. I feel sad now because he was doing so well and no one could understand it at all. He was getting stronger and stronger. He has given himself morphine and now he is just sleeping and sleeping. He won't get in bed. He has been on the couch all night sitting up. His wife slept in the hospital bed.

June 12

It is 10:00 a.m. now. When I came here this morning at 7:00, he was in bed. He said he did not feel very well and he was tired. So when he got up, I got his stuff for him to rinse his mouth out. I went to get his teeth. When I came back into the room, he was coughing hard, so I ran and got his bucket and he threw up and was gagging hard. So I gave him his compadine pills for nausea. I called the nurse and told her what happened, and she said he would be doing better since he took the compadine pill. He still has a little pain in his shoulder and side. He is back, looking at his talk shows, and the TV is loud, like always.

It is 11 a.m. now and John feels so much better.

June 13

I was a little concerned about John this morning because he was so tired when I got here. So I stayed as quiet as I could. John slept until 10:30 a.m. He never sleeps that late in the morning. When he did get up, he was so tired and pooped out. So it took him a while to rinse his mouth and put his teeth in.

June 18

Yesterday was a bad day. When I came at 7 a.m. and I looked in here at him in the living room, he looked so different. His face was so skinny and small. He was on the couch. I had to pull myself together and go back in the living room to face John. When he woke up, I didn't want him to see me upset or looking like I was worried. He slept until 10:30 or so. I knew as soon as I saw him this morning that things had changed over the weekend. This always happens when I leave a patient on Friday. When I come back on Monday, things always are bad. It seems like those two days do so much. It is just that, not being with them for two days, it is like I miss them getting worse. I think it is happening all the time while I am there.

I gave him his mouth rinse and his teeth and his orange juice. Around 10:30, he started to get real hot, then he said his side hurt. When the aide got here, he started crying and finally said that he would not see another Father's Day.

After the aide left, he got worse. He couldn't breathe. He started hallucinating and was biting his arms like he thought he was eating and then he was putting his hands up and down to his mouth like he was drinking something out of a glass or cup. Then he pulled his shirt off real hard and pulled his cord on his chest and on his morphine box. He hit me and told me to stop messing with his shirt Then he said he was hot. So I had to calm him down and I called the nurse on her beeper. I kept talking to him and rubbing his arm and hands, and I told him the nurse was coming and that things would be okay soon.

June 18 - 2 p.m.

I am in class and I don't know if I am sad or not. John died at 11:05 today. His son said to me, "I don't think Dad is breathing." I told him to go to the next room. So I felt John's wrist, and it was kind of cold and stiff. I had just looked at him twenty minutes before and he was breathing. I got so upset inside, but I had to be there for the children and couldn't let them see me upset.

I called the nurse right away and she said that she would send someone right out.

So I went upstairs with the boys, and we cried together, the three of us.

WHAT YOU NEED TO KNOW ABOUT PARAPROFESSIONALS

Roberta Stonesifer

YOU ARE A PARAPROFESSIONAL!

The Webster College Dictionary defines paraprofessionals as those who are skilled to assist professionals--doctors, lawyers, nurses.

As a Certified Nursing Assistant, you are trained and have skills--and should present yourself with confidence and pride in being a part of your health team, whether in the clinical or home setting.

You will gain much knowledge as you work with your professional nurse, and she will be very proud to have a very dedicated and proficient assistant by her side. Your contribution to your patient and his/her progress toward well being are invaluable.

KEEP YOUR STANDARDS HIGH

1. Be informed. The paraprofessional is always educating herself. Take advantage of in-services and seminars. Stay current by reading. Keep learning.

2. The paraprofessional keeps her focus. All your attentiveness should be directed to your patient and his/her needs through your knowledge and your special gift of care. Also, by making observations, you can help the professional nurse have a more complete picture of her patient. Keep your focus on your role in helping to guide the patient to better health and more independence.

3. A paraprofessional will take pride in her grooming and personal appearance. Remember the old time-honored rules: cleanliness, good choices in skirt length and fit of clothing; be reasonable with hairstyles, cosmetics, jewelry, and nail lengths. When in uniform, wear it

professionally. Always check hosiery for runs. Find your style and wear it well.

4. Let's raise the standards! At all times strive to personify the best of what your role in health care should and must be!

SOURCES: Health Care Ethics by Thomas M. Garrett, Harold W. Baillie, Roseellen M. Garrett.

MOTHER TERESA: A JOURNAL ENTRY FOR HOME CARE CHALLENGE

With so much thought about the work I do these past few weeks, Mother Teresa has come to mind. In essence, her work is much the same as our role in the health care system, "Care and Comfort".

Mother Teresa washed the bodies of those who were ill and dying, fed them, encouraged them, soothed their troubled minds; her presence has given comfort to them. Many of these tasks are thought of as "menial" in our society, yet she has been honored with world wide admiration and given the Nobel Peace Prize.

My counterparts and I don't work the streets of Calcutta, but death, dying, abandonment, and loneliness are just as real here in America, and I hope I have given my "Care and Comfort" in a way Mother Teresa would say, "Well done."

STUDENT WRITINGS
for
HOME CARE CHALLENGE

HOMECALL

What Every Home Health Care Worker Needs to Know About Burnout	Patricia Bell
What Nursing Assistants Need to Know About Depression in Adolescents	Denise Feliciano
What Home Health Aides Need to Know About Muscular Dystrophy	Rose Mackall
What Nursing Assistants Need to Know About Parkinson's Disease	Mary Sanders
What Nursing Assistants Need to Know About Multiple Sclerosis	Barbara Wehrman

WHAT EVERY HOME HEALTH CARE WORKER NEEDS TO KNOW ABOUT BURNOUT

Patricia Bell

Martha is a home health aid that is at the point of burn out. She has so many things going on in her life, coping with family issues and employment issues. Martha used to enjoy her job, but now it is a real challenge for her to get out of bed in the morning to go to work. She has worked in health care, taking care of others, for ten years, but is ready for someone to take care of her. Martha feels she is worth more than she is getting paid and is ready for a change.

Home health workers are susceptible to burnout for many reasons. Read on.

I. What is burnout?

It is an exhaustion of physical and emotional strength or motivation usually as a result of prolonged stress or frustration. While stress stimulates performance and effectiveness to a certain point, excess stress can cause burnout.

II. Causes of burnout for home health workers

A. You must be "extra adaptable" because your schedule changes from day to day and week to week.
B. Your paycheck can change week to week because clients go to the hospital, or doctor's appointments, or die.

C. There is potential stress from travelling from client to client; there's extra wear and tear on your car.
D. You take care of other people's needs all day, then go home and take care of your family's needs.
E. There may be unrealistic expectations from other people as well as yourself.
F. You need to deal with scheduling of clients in order to make them happy.
G. Low pay scale.
H. You deal with sick and aged people on a regular basis.
I. You listen to clients' problems all day.
J. You have to adapt to different personalities of people and learn where things are in different households.
K. You always have to be "up" when dealing with clients.

III. Here's what health care workers say about causes of burnout:

A. Registered Nurses
1. The doctor is not always available when called.
2. You might not have a discharge summary from the doctor or hospital so that the patient may be treated by nurse.

3. You don't always have the time to take meals or breaks.
4. It's hard to say no when asked to assume more than you can handle.

B. *Patient Care Coordinator*

1. You frequently must work very long work days.
2. There are few or no support persons to help with problems encountered on the job.
3. You might not get to take a vacation or allotted personal time.
4. You feel frustrated from not being able to complete tasks--you're interrupted by the phone and other interruptions.

C. *Schedule Manager*

1. It's hard to find the time to be available to employees one-on-one.
2. You feel that there are not enough hours in the day to complete the work.
3. You often bring job home with you--you get work related calls at home.)

IV. Symptoms of burnout

Physical symptoms of burnout are:

1. Headaches
2. Stomach upsets
3. Tensed muscles
4. Sweaty palms
5. Dizziness
6. Back pain
7. Sleep difficulties
8. Tiredness
9. Restlessness

Behavioral symptoms of burn out are:

1. Bossiness
2. Complaining a lot
3. Lack of pride in work
4. Tardiness
5. Frequent absenteeism
6. Excess smoking
7. Overuse of alcohol

Emotional symptoms of burn out are:

1. Crying a lot
2. Boredom
3. Anger
4. Loneliness
5. Easily upset
6. Edginess

Cognitive symptoms of burn out are:

1. Forgetfulness
2. Memory loss
3. Constant worry
4. Loss of sense of humor

5. Inability to make decisions
6. Trouble thinking clearly

V. **How to prevent burnout:**
1. Turn toward your faith
2. Exercise
3. Let others do something for you
4. Relax (Take a walk, read a book, etc.)
5. Think and look for the positive
6. Talk to someone
7. Learn to say no
8. Receive continuous in-service training on time and stress management.
9. Take allotted time off for vacations

PREVENTION IS THE ONLY CURE FOR BURNOUT!

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT DEPRESSION IN ADOLESCENTS

Denise Feliciano

Depression is being recognized increasingly in teenagers and younger children. It is extremely important for parents to be alert and to take steps to be sure that this is not a physical illness. Depression sometimes is a reaction to a disturbing event such as the death of a loved one. It tends to run in families that have a history of depression.

WHAT CAUSES DEPRESSION?

Many psychiatrists believe experiences that occur during early childhood may make some people especially subject to depression later in life.

Disturbances in the chemistry of the brain can cause depression. Brain cells communicate with one another by releasing chemicals called neurotransmitters. These become underactive during depression. These changes in brain chemistry may be related to disturbances in the body's internal rhythms. Periods of depression may occur alone, or they may alternate with periods of mania (extreme joy and overactivity).

SYMPTOMS OF DEPRESSION

- Depressed or irritable moods most of the day or nearly every day
- Loss of interest in nearly all activities
- Change in appetite and weight usually leading to weight loss, or sometimes increased eating
- Trouble sleeping at night or increased daytime sleeping
- Trouble concentrating or making daily decisions
- Recurring thoughts of death or suicide
- Stomachaches, headaches, insomnia, fatigue, dizziness and a feeling of weakness

TREATMENT

Adolescent depression is treated with a combination of antidepressant medication and psychotherapy. Psychotherapy alone is used for milder forms of depression. Medication is necessary for severe depression where there is a risk of suicide. Treatment in a hospital psychiatric unit is often necessary for long bouts of severe depression.

Professional treatment can help the depressed adolescent regain hope. He or she can realize that things will get better and problems will be overcome. Treatment involves individual therapy or family therapy.

HOW TO HELP

Helping a person with a mental disorder demands patience and persistence, but the knowledge that you are making a difference can be very satisfying. Don't expect much in the way of thanks or cooperation. Realize that your loved one is suffering from an illness, rather than being deliberately difficult. Urge that person to get help. Get names of qualified professionals who treat depression from your primary care physician, a nearby hospital or a mental illness hotline.

Assist with treatment when appropriate. Family members and friends can help by supplying the physicians or other practitioner with observations about the effectiveness of medication, changes in the patient's eating and sleeping habits and behavior. Just letting the person know that you are there for them can help a person with a mental disorder.

CASE STUDY

My experience with adolescent depression is that you never know when it is going to come. The teenager could be fine one minute then the next minute you could see a lot of mood swings and withdrawal from everyone. You sometimes can see a bout of depression coming on and may have a chance to help overcome it. It is very stressful on the teenager and the parents, friends, and family. It is very hard when one of the parents is in denial, or just doesn't want to deal with the situation at hand. That puts all the weight and stress on the other parent, which can contribute to poor health. The siblings sometimes do not understand why they can't talk or play with the teenager that is depressed without getting yelled at or hurt by that person. They sometimes feel that all the attention is focused on the other child, and quality time is not there for them.

Some people feel that the problem will go away, or think that it's just a phase the teenager is going through. It's not. It is something you have to accept, and if all the symptoms are there, or there are drastic changes in your teenager--seek professional help.

SOURCES:

Readers' Digest Great Health Hints and Handy Tips
The World Book Encyclopedia
The Mayo Clinic Family Health Book
The American Medical Association Family Medical Guide

WHAT HOME HEALTH AIDES NEED TO KNOW ABOUT MUSCULAR DYSTROPHY

Rose Mackall

What is Muscular Dystrophy?

Muscular Dystrophy is a degenerative disease that affects the voluntary muscles of the body. It is an incurable and sometimes fatal disease. Over a period of years, sometimes decades, people with the disease grow weaker and weaker as the affected muscles die and wither away, leaving the body mis-shapened and distorted.

It is not a single disease, but a group of at least nine disorders. Duchenne Dystrophy is the most deadly. It strikes mostly boys from the time they begin to walk up to two years of age. The least fatal is Distal Dystrophy which occurs in the hands, forearms and lower legs of both men and women between the ages of 40 and 60, and Oculapharyngeal Dystrophy, which causes drooping eyelids and difficulty in swallowing. This dystrophy can lead to choking and pneumonia and strikes men and women later in life. All nine of the dystrophies kill voluntary muscle fibers, but extent of the damage varies.

What is the cause?

Muscular Dystrophy is an inherited disease. It runs in families with one generation passing it on to the next. It arises from defects in one or more genes. Duchenne Dystrophy is believed to be passed through the x chromosome in the mother. If passed on to a daughter, she becomes a carrier. If passed on to a son, he gets the disease. The weakened muscles in victims of Duchenne Dystrophy show a lack of the protein Dystrophin.

What are the signs of Muscular Dystrophy?

It usually appears first in one part of the body such as an arm or leg, and then develops in most of the other muscles in the body. Boys stricken with Duchenne Dystrophy lose the strength to push themselves erect by just using the muscles of their legs and lower body, and must use their hands to climb up their legs to straighten themselves. The muscles continue to wither away until all strength is gone. It affects the heart and lungs and changes the posture. Sometimes affected persons are mentally slow and often depressed.

What is the prognosis for Muscular Dystrophy?

There have a been lot of studies on MD, but still there is no known cure. Through genetic research, better and more reliable diagnoses of MD are available. Many substances have been used to try to cure it but none have worked. Nothing has been found to cure or reverse the damages. Those with the less severe forms of MD can use exercise to build up the healthy muscles. The best form of exercise for those stricken with Duchenne Dystrophy is swimming. Water provides some support for the body, and swimming exercises most of the important voluntary muscles. When the muscles begin to die they shorten and pull the limbs into awkward positions. Doctors then turn to surgery to correct them and allow the victim to live as normal a life as possible and slow down the advance of the disease.

What should the caregivers family expect?

Caring for someone with MD, particularly Duchenne Dystrophy, is difficult and often expensive. You will need a lot of mechanical equipment to keep the victim mobile. There might be jealousy among the siblings because of the extra care required plus a fear that they themselves might fall victim to the disease. Counseling is recommended for the entire family to help cope. The family is also advised to divide the work relating to the extra care of the victim among all family members so none would feel left out. The victim himself should be encouraged to practice self discipline by continuing to exercise and do what he can for himself to remain as physically fit as possible.

Case Study

To get an idea of what Duchenne Dystrophy is like, imagine yourself having it. You are 22 years old and have no memory of ever walking for you have the disease since you were two, and have been in a wheelchair since you can remember. You're lying on your bed with a breathing device with straps around your head and under your chin. The hose is kept in place by a clothespin fastened to your pillowcase.

It's time to get up and you lie there waiting to see who will help you today. If you're lucky, it will be your mother or an aide familiar with you. If you're not it will be a new aide and you'll have to start all over again trying to explain the best way to handle you. That is really upsetting. You lucked out today, because it's someone you know.

The machine is cut off and the mask removed from your face. One by one, the pillows are removed from around your legs as you adjust the bed to allow you to be taken out. As your pajamas are being taken off, you turn your head to hide the embarrassment of having yourself exposed. You wonder if you'll ever get to the place where it no longer matters.

You are pushed from side to side as you make a feeble attempt to hold on to the bed rails as the mesh seat of your lift is put in place under you and fastened.

The hooks on the seat are fastened to the lift and you are pushed over to the shower chair to be wheeled into the shower. Sometimes your knee gets hung up against the pole of the lift and sometimes the lift tilts a little. It's all very frightening, for you have a secret fear of falling. If you do you know it could be disastrous, for with your weakened, dead muscles, you would have no way of bracing yourself against the fall.

You make it safely into the chair and as you head for the shower you make a stop over the toilet to relieve your bladder, which can be long and painful at times.

In the shower you hold the shower heads and wet your lower body and chest as the aide soaps you down, washes your hair and rinses your back and other places you can't reach.

As you lay back in bed you feel like a baby as the aide puts lotion, and powder deodorant on you, but you have to admit it feels good.

You do feel a sense of accomplishment as you brush your own teeth and shave, after getting dressed and being put back in your chair. Though some one else has to do your hair, for you can't get your arms up that far.

It's time for breakfast and you've requested waffles. You stumble in your speech as you answer "yes" when the aide asks if you want her to cut your waffle. To yourself you think, "She should know the answer to that question."

One day is just like the next except for the time you spend at work, and the occasional outings when your grandparents come to visit.

As you lie in bed after another humdrum day, a tingle of excitement goes through your body as you realize, tomorrow is your big day. It's the day you go to camp for a week. The camp for victims of MD that you have been going to for so many years. The one place where you don't stick out like a sore thumb, where everyone has basically the same problem and understands exactly how you feel.

What are some of the things a Home Health Aide should remember?

1. Be patient and gain a knowledge of the client's capabilities.
2. Learn how to operate the various mechanical devices required by the client.
3. Realize the client is subject to mood swings.
4. Encourage the client to do what he can for himself.

The search for the cure for MD is well under way, with researchers testing everything from replacing faulty genes to injecting MD patients with healthy muscle cells. It just might be found during his life time. Where there's life, there's hope.

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT PARKINSON'S DISEASE

Mary Sanders

WHAT IS PARKINSON'S DISEASE?

Parkinson's disease was first described by Englishman James Parkinson in 1817. It's also called shaking Palsy or Paralysis Agitne.

Most people who have Parkinson's disease are older or in late middle age. Men are more susceptible than women, and there is some evidence that Parkinson's disease runs in families. Because the disease doesn't affect nerves that supply the heart or other vital organs, it isn't life threatening. The slowly progressing disability that results from the disease can nevertheless lead to depression.

CAUSES

Although much research has been done, the cause is still unknown. It's a gradual deterioration of certain nerve centers in the brain. The centers affected are the ones that coordinate movement, particularly semi-automatic movements, such as swinging your arms and walking. Deterioration of these nerve cells upsets the delicate balance between the body chemicals dopamine and acetylcholine. These are essential for controlling the transmission of nerve impulses within the nervous system. The lack of control that results from this imbalance produces the symptoms of Parkinson's disease.

SIGNS AND SYMPTOMS

- shaking at rest (rest tremor)
- slow pitched monotone voice
- masking or reduction of facial expression
- difficulty in maintaining balance
- slowness of movements
- stooped posture
- shuffling gait
- small, illegible handwriting
- stiffness or rigidity of limbs
- difficulties in speech, swallowing and chewing

TREATMENT

The main goal of treatment is to reverse the problem with walking, movement and tremors by restoring the brain supply of dopamine. A medication called levodopa is used to increase the amount of dopamine in the brain. Levodopa is dramatically effective for improving the deficit in movement and balance. The physician may prescribe levodopa in combination with another medicine (carbidopa) that is designed to reduce the side effects of levodopa and make levodopa more potent.

RESEARCH AND SURGERY

Various surgical procedures have been used to destroy tissue deep in the brain in an effort to decrease tremor. Because of computer assisted technology now available, these procedures are being done more precisely than in the past.

Currently, the transplantation of adrenal gland tissue to precise locations deep in the brain is under investigation. Although early reports on this form of treatment are encouraging, more recent experience with this type of transplantation is much less encouraging. Much more investigation needs to be done to determine its exact role in the treatment of the condition of Parkinson's disease.

WHAT HOME HEALTH AIDES NEED TO KNOW

The client with Parkinson's disease needs special attention in three areas:

Drooling: Protect skin breakdown by keeping skin clean and applying cream or ointment.

Slowness in eating: Provide adequate nutrition when feeding and give enough time to eat.

Difficulty speaking: Since speech is very slow and without expression, be patient and take time to listen. Don't ignore the client.

All in all, when dealing with clients and family members, you need to have empathy and patience, be a good listener, and treat the patient with respect and dignity.

There is a nationwide support system that can help Parkinson's patients. It's the National Parkinson's Foundation, 1501 NW 9th Avenue, Miami, FL 33136.

Sources of information are:

Mayo Clinic Family Health Book
The American Medical Association Family Medical Guide
Being A Long Term Nursing Assistant

WHAT NURSING ASSISTANTS NEED TO KNOW ABOUT MULTIPLE SCLEROSIS

Barbara Wehrman

WHAT IS MULTIPLE SCLEROSIS?

Multiple Sclerosis (M.S.) is a neurological disorder. It is a chronic disease of the central nervous system in which simple everyday tasks can no longer be taken for granted. It is an incurable and eventually crippling disease. Its symptoms may run from slight blurring of vision to complete paralysis.

It usually and most often strikes people who are in their twenties through forties, young adults who are just starting their lives. Women develop it more frequently than men, and whites more than Blacks or Asians. An estimated third of a million Americans have M.S., with nearly 200 new cases diagnosed every single week.

The disease is most frequently found among people in colder climates, both north and south of the Equator. Scientists don't understand why this is but studies strongly suggest that where a person was born and lived during his or her first fifteen years strongly influences the likelihood to develop this disease.

Studies indicate that there is no evidence that M.S. is directly inherited, but they also indicate that genetic factors may make certain individuals more receptive to the disease.

CAUSES

- Mounting evidence indicates that M.S. is caused by a slow- action virus to which the victim has a faulty immune response.

- Our bodies contain fatty substances called myelin, which surrounds and protects nerve fibers of the brain and spinal cords (the central nervous system). When any part of this myelin sheathing, or insulation, is destroyed, nerve impulses to and from the brain are interrupted and distorted.

- The result is M.S.--Multiple Sclerosis. <u>Multiple</u>, because many scattered areas of the brain and spinal cord are affected, and <u>Sclerosis</u> because sclerosis, or hardened, patches of scar tissue form over the damaged myelin.

SYMPTOMS

- One of the first indications of the disease is double vision or loss of some part of the visual field.
- Tremors may affect small muscle coordination, making writing impossible.
- Speech may become slurred.
- Poor coordination, unusual fatigue, muscle cramps, intermittent loss of bladder control, bowel and sexual functions.
- Tingling in various parts of the body and partial paralysis may occur.
- Symptoms may disappear for periods of months or years before recurring in progressively more severe form.

This disease is chronic and although it is practically never fatal, it can be seriously disabling.

TREATMENT

Correct diagnosis of M.S. usually requires the expertise of a neurologist, since the symptoms can easily be attributed to other conditions.

Although there is no cure for M.S, and the disease cannot be halted, the victim can be helped in many ways. The maintenance of good health and resistance to infection is important, since the disease is aggravated by other illnesses. Emotional states seem to play a considerable role in the severity of the symptoms.

Much can be done to help people function at the best level on a day-to-day basis. Treatment may help reduce the frequency and severity of relapses. There are medications that provide symptomatic relief for both acute attacks and chronic symptoms.

Muscle relaxers can reduce spasms. Medications can also be given to ease tension, bowel and urinary distress. Physiotherapy and other techniques involving massage, manipulation, and exercise can keep affected muscles from becoming entirely disabled.

To decrease emotional stress, counseling can be given to victims and also family members, to help assist them in dealing with various problems connected with this illness.

CLIENT INTERVIEW

Client, age 46: She moved to Ohio, along Lake Erie, when she was 6 until she was 12 years old. At age 13 her right arm and hand went completely numb for about one month. When she went to the doctor, he said "her blood was too thick to circulate," which was causing her this problem. All through high school, she had problems. Her legs went numb, she would fall down a lot. Sometimes she thought it was from being clumsy.

She went to another doctor, who said her one leg was a little shorter than the other, which was causing her to fall. She continued to trip or fall but she just got up and went, thinking nothing of it.

In her early 20s she became very weak, and could only walk very short distances. Her legs just went out. She couldn't move. She said she felt like she had a cement block on her feet. Around 22-23 years of age she started getting cramps in her right foot.

She went to another doctor. He gave her nerve pills for her nerves. At 24 years of age, she got double vision in her right eye. Everything was beginning to cause her problems on her right side. The eye doctor put a patch on her left eye to make her right eye stronger. After this didn't help, he said he was sorry he just didn't know what was wrong, and he couldn't help her. He didn't charge her for his services. She went to him for over one month.

At 25 she got married and five years later had a baby. She started having trouble with her bladder. At 30 years of age, she was wetting herself with no control. Six months later she became pregnant again. Her bladder problems cleared up, but she became very weak, tired, but thought not much of it, because she thought the two children were just making her like this. After getting extremely weak, she finally gave up driving her car, because she didn't trust the way she felt. She was just so weak.

She began to need to hold onto the walls to walk, to keep from falling. Very weak, hardly able to get around, she went back to another doctor and told him something was definitely wrong with her. He ordered an M.R.I. and sent her to a neurologist. The neurologist sent her to a hospital the next day. While in the hospital, they did a head scan and a spinal tap.

Then, finally at age 34, they finally told her she had M.S. After 22 years of all these symptoms, they found out what was wrong with her.

After therapy and medications, she did get stronger, and went from a walker to a cane. She got live-in help to help her out until she got stronger. After about 6 months, she started to do her chores again.

One day she fell, and back to the hospital she went. From there she was in the wheel chair. She needed help getting into and out of bed. She used the wheel chair for about three years. For the past four years she has been bed-ridden.

She is now taking medications for her spasms. She feels if she could get a therapist into her home every day, maybe she could get strong again.

HOW YOU CAN HELP YOUR PATIENTS

Try to be aware of the client's neurological disorder. Help with therapy if the nurse orders it, and help the patient move around or with eating. Be considerate of their feelings and their disabilities. Try to support them the best you can, and encourage them to pursue an active life, and the most fulfilling life they can achieve.

SOURCES:

- Fishbein's **Illustrated Medical and Health Encyclopedia**, H.S. Stultman, Inc.
- Personal interviews with multiple sclerosis clients

FINAL THOUGHT

Nearly half of the National M.S. Society's budget is allocated to research and some 100 research grants and fellowships are in progress each year. The pace of investigation into the disease of the central nervous system has quickened and the body of knowledge has grown enormously in the last ten years. The goal has not been reached, but there is an air of optimism among M.S. researchers everywhere. Hopefully, there will soon be a cure.

The National Multiple Sclerosis Society supports an international program. To reach the nearest chapter or branch call **800-FIGHT-MS** or **800 LEARN-MS**.

STUDENT WRITINGS
for
HOME CARE CHALLENGE

CARROLL COUNTY GENERAL HOSPITAL

BILL'S STORY: "WHAT HAPPENS TO ME NOW?"

Jessie Baldwin

This is the story of Bill, a 71 year old widower, who, because of health problems, can no longer take care of himself. Bill (not his real name) tells about his failing health and the stresses of trying to live the rest of his days like he wants. Bill's story is based on a case study witnessed and told by Jessie Baldwin, Carroll County General Hospital. All names have been changed to protect patient and family privacy.

June 15. It's Wednesday. The Doctor said I could go home soon. Let's see how long have I been in here. I guess I came in April. It was a nice day and I had some work to do in the yard. It was a pleasure to be out after winter. I guess I was out about two hours. I started up the hill to go into the house to make some lunch. I didn't see the log but I heard a crack when I fell and I couldn't move my legs. I had a lot of pain and I was scared. I'm not sure how long it was before my neighbor saw me and called an ambulance.

When I got to the hospital they told me I had broken my hip and needed surgery. The surgery went well and I was on my way to recovery. Many tests, x-rays, blood drawn, physical therapy.

I feel really good. Everyone was so good to me, and I met so many nice people. The doctors and nurses treated me with the best care I could possibly have. After the hospital, I went to a convalescent home to recover and somehow my sugar went up, so now I am back in the hospital. I've had diabetes for a few years but could control it with diet. It was hard to give up sweets but the doctor said my health was real good for a man my age. I'll be 71 in August. I've had a heart condition for ten years but the medicine I take keeps me going. I go for regular checkups.

Today the hospital social worker came in to see me. She asked a lot of questions. Later she came back and said I needed someone to stay with me because I could not be alone. I told her I had been home alone since my Sarah had died seven years ago. We would have been married 50 years this month. Such a wonderful women. I still miss her so much.

My oldest son Bill was killed in the war. Joe lives in Arizona. He has a nice wife and three children. A real good job but had to leave the state.

They come home about once a year. I miss him. Mary, my daughter lives across town. She has four children, a good job. John, my son-in-law has poor health and he has a rough time of it.

Lisa, the social worker, said I could get someone from a [home health] agency but it would cost a lot. I have a small pension from the county, plus Social Security, but by the time I pay for my expenses and medicine, there's not much left. I have some money saved, but suppose the furnace goes up, or the refrigerator. I couldn't afford payments. Everything costs so much these days.

Lisa just came back. She said she found a nursing home that would take me. My God! Am I that bad? I feel good today. I wonder if they are not telling me everything. Maybe I am going to die and they are not telling me. Maybe I have cancer. I need to talk to the doctor. Lisa said, "It's your eyes, you're blind."

"No, I can see, I can see you Lisa, I can see the TV. I'll admit I can't see the newspaper, but maybe I need my glasses changed. I'll go to the eye doctor."

There must be someone who can stay with me. I have a nice home. It's paid for. It wouldn't cost them to stay there. I could feed them. But I hardly know any one from church anymore. Most of my friends have died.

There is Miss Ellie down the road. She is alone. She could come and take care of me. But what would the neighbors say? That would be disrespectful to my Sarah. I'm really afraid of strangers. People are not respectful anymore. Just last winter when I took the car out, someone would go by me so fast I thought they would run me off the road.

Lisa is back. She didn't even give me time to think. She said the doctor is gone for today. Maybe Mary could put me up for awhile, and later I could go home and no one would know. She really doesn't have the room. I could ask her. She won't be in until Saturday.

They want to know now, but I need time to think. I wish I had Joe's number. He just called me last night and I told him everything was okay. He won't call again until next week. Lisa said Medicare would pay for the first 100 days in the nursing home and then I would have to turn over my home. Suppose I'm not better by then. What would happen to my things? I have lived there for 40 years. This can't be happening. What can I do? I don't feel good anymore.

Reader Note: *Bill did go home, and Miss Ellie's grown son is living with and taking care of him--taking Bill to medical appointments and dialysis treatments, fixing meals, and generally making sure he is all right. Bill is happy not to be in a nursing home, and he's grateful to have Ellie's son living with him so he can live the rest of his life the way he wants to. Bill's health has improved since he has returned to his home environment.*

HUMOR AT WORK

James Cooper

Part of James Cooper's reading assignments for the Home Care Challenge curriculum included Chicken Soup for the Soul at Work, *a collection of essays edited by Jack Canfield, Mark Victor Hansen, Maida Rogerson, Martin Rutte and Tim Clauss. These essays inspired James to remember some funny moments on the job at Carroll County General Hospital. Two are included here.*

I have been working at CCGH for 31 years and 11 months in the kitchen.

My duties include emptying trash, breaking down boxes, making trays, running the dishwasher and training new people. I also learn new diets, do small repairs, and help out where I am needed.

What has led me to be there 31 years is a lot of prayer, plus wanting to learn as much as I can about food service, including diets, menus, different dishes, sauces, dressings, seasoning substitutes.

The job has a cleaning schedule that is a whole new ball game. I've learned that no two chemicals are mixed together at any time. Chemicals are to be mixed with water only because chemicals can splash you in the face or on the hands. **Always**, and I mean **always**, don't mix bleach with anything but water unless you want to be rushed to the emergency room. When cleaning, always use gloves and read and follow directions.

Sometimes the job is a lot of fun. Our first month in the new kitchen, everyone was lost and no one could find anything. There was so much room in the new kitchen. We moved everything from the old kitchen into the new one, and we still had more space. More stuff was ordered to fill the space.

One day the fire alarm went off on the first floor, east wing. We had two fire extinguishers, a large one in the back and one small one up front. I was in the dish room and the boss was getting excited about the fire. I grabbed the small fire extinguisher and went to the fire. My extinguisher weighed ten pounds. My boss's weighed twenty-five pounds. When he carried it to the fire, he was out of breath and red as a beat in the face and sweating like crazy.

One of the other guys said to my boss, "Charles I see you are doing some work for once." He looked at me and said, "One word, and your vacation is in danger."

A couple months after that, he went into the tube feeding room and he started screaming. A mouse had run over his foot! He called me into the room to get rid of the mouse for him.

UNDERSTANDING ADOLESCENT DEPRESSION AND SUICIDE

Wanda Grimes

Depression affects between 10 to 30 percent of young adults and adolescents in the United States each year.

Adolescence is the "teen years" from twelve to twenty. It's the period of transition from childhood to adulthood. It's a time of a lot of changes in the body, emotions, attitudes and values, intellect, relationships with parents and peers, freedom and responsibility.

Adolescence is an important, stressful and confusing time of life, and requires a lot of understanding! For generations, adolescence has been a difficult time for teens and parents. As teens begin to test their independence, it often leads to friction at home.

Today, adolescence is even more difficult because of changing family patterns confusing role expectations, the ease of getting drugs and having premarital sex. The first sign of adolescence is a physical change. The endocrine glands release hormones that cause sudden growth spurts (gaining or losing weight, development of sex glands, breasts for girls and facial hair and voice changes for boys). As the girls get older, menstruation begins.

Adolescents can feel peer pressure from family and friends. In some cases, it's a job or an activity they think they should be better at. Sometimes adolescents can be withdrawn and want to be alone most of the time. This could lead to depression.

The signs of depression are feeling sad and/or irritable. You don't enjoy the things that once gave you pleasure, such as hobbies, sports, friends and family. Your appetite and/or weight has changed. You may sleep too much or not enough. You are tired all the time and have no energy. You feel guilty, hopeless or worthless. You can't concentrate, remember things or make decisions. Your friends have noticed that you are restless or that you do not participate in as many activities as you used to. You often think about death, or have even tried to commit suicide.

One of the factors that research has associated with the symptoms of depression is a chemical imbalance. In order to help correct this imbalance, antidepressants and other medications are sometimes prescribed. That's because an antidepressant works to increase the brain's own supply of a chemical messenger (neurotransmitter).

A lot of the young adults today will not talk to doctors about their depression, so they cannot get the medication that they need to make them feel better about themselves.

It's important to note that while the symptoms of depression are constant, not everyone will experience all the symptoms or the same symptoms. The length of time that depression can last varies. It can last a month or it could go on for years. Without treatment, there's a chance that you might suffer from repeated episodes of depression.

When depressed, an adolescent feels helpless to solve his or her problems. There is no hope that things will get better. Suicide appears the only way out of the pain and suffering.

But suicide usually doesn't happen without warning, so learn to recognize the danger signs: A previous suicide attempt, verbal threats, changes in behavior, signs of depression, problems in school, themes of death, substance abuse, unusual purchases, giving away possessions, sudden unexpected unhappiness, physical complaints, frequent accidents, hyperactivity, aggressiveness and sexual promiscuity.

To help someone who's thinking about suicide, talk openly. It's the only way you can find out how serious the person is about ending his or her life. Ask questions: "*Are you considering suicide*?" "*Do you have a plan*?" "*Will you talk with someone who can help*?" Be a good listener. Listen with your eyes as well as your ears, and look for clues that show how the person is feeling. Avoid making moral judgments or acting shocked or disgusted. Don't argue or lecture. Show that you care, tell the person that you're always willing to talk about things that may be troubling him or her. Reassure the person that you care and that others do, too.

The more detailed the person's suicide plans are, the more quickly you must act to get them professional help. Some of the sources you can contact are your health care provider, such as a health clinic, medical association or the hospital emergency department. Another is the community mental health association or center, with psychiatrists, psychologists, mental health counselors and social workers. Also, school personnel such as the counselor, teacher, principal nurse athletic director or coach could help. You can also talk to your minister, neighbors, and relatives.

You can help someone choose to live.

SOURCES:

Suicide and Depression pamphlets published by Channing L. Bete Co., Inc.

HOSPITAL:
A PLACE OF
HEALING AND WORK

Laura Harrison

HOSPITAL

The hospital is a place of healing and caring, tenderness, saving lives, miracles.

Being employed at such a place can bring forth mixed feelings about health care and medicine. Special and safe are one of the first feelings I experienced when I began working at the hospital. But after a time, it became the place I go to to earn money to live.

Day after day, it can bring out emotions of laughter, crying, wonder of the unknown, fear. On some days, the stress of all those emotions can really tire you. Numbness sets in.

Seeing becomes believing. You see families enter as patients. First it might be the aunt, then a month later the father of the aunt. Before you know it, the whole family has passed through the hospital. It makes you think there is an unhealthy gene somewhere in that family.

Another feeling brings you back to your childhood. When you're young, you see things innocently. Hospitals seem to be something of wonder, a place in a child's own imagination or something learned about while growing up.

Once grown up, you look at things differently. It's kind of scary. You might want to change what you see or hear to suit your own needs. Looking at doctors and their jobs: do they really care about patients or do they become burned out like others do when the stress takes hold?

What does the future hold for the workers and customers in the health care system? It leaves me wondering.

Hospital

A place of
healing
caring
Tenderness
Saving lives
Miracles

Hospital Emotions
crying
screaming
Laughter
Wonder of the Unknown
Stress
Numbness
Hospital is a place where
race
age
sex
Size
Intelligence
is unnoticed
Hospital
A place where all that matters
is
YOU

COPING WITH STRESS IN HEALTH CARE

Helen Kreit

There are some qualities that are necessary to help one to enjoy health and success in life, whether you are a nurse, office worker, housekeeper or an Associate who plays a productive part in healthcare. Some of these qualities are enthusiasm, positive attitude, positive self esteem, forgiveness, perseverance and tolerance. These all play a part in your daily routine of work.

To be enthusiastic you need to walk, talk, and think enthusiastically. When walking, keep your head high and remember you are an important person in your profession. We all need to keep a smile when working, even though sometimes we really don't feel like smiling. We need to talk cheerfully in a nice tone when speaking with someone on the phone or in person. You also need to think positive. Positive thinking can get you through many trying times. If you knew you couldn't fall, your **SPIRIT** would always be looking for success.

To use the quality of positive thinking, you need to believe in yourself. You need to believe you can do it. Your **SPIRIT** will begin turning disease, anger or stress in to good health, happiness and success.

To have positive self-esteem, you must believe in yourself. This determines what is possible or impossible in your life, what you can and cannot accomplish. You must have self-confidence in yourself because we are constantly faced with all kinds of situations in our daily lives in which decisions have to be made. We need to make those decisions and look to the future.

To have the quality of forgiveness, one must be able to forgive and forget. We all make mistakes in our lives and no one person is perfect. Holding grudges and constantly putting a person down does not accomplish anything. We all need to put ourselves in that person's shoes for one day and maybe you'll see the other side. I believe we all learn from our mistakes.

Another important personality trait is perseverance. If you believe you can't do something, you'll never do it. "*Believe*" you can, and you've all but done it. Without a guiding purpose, life lacks meaning. Focusing on your goals and aspirations are the steps that carry us forward. If you put all the above qualities together, you'll enjoy health and success in life.

Stress and anger are part of our normal everyday lives. Stress is an individual, personal response to situations and circumstances that creates pressures. We all need to adapt to constant demands and changes at work or at home. Some of the causes of stress are lack of self confidence, worry and indecision. The effects of stress factors cause us not to perform well on the job. The following is a list of the warning signs of stress:

- Headache, chest pain, dizziness, weakness
- Upset stomach, hiccoughs, diarrhea
- Tightness or twitching of muscles
- Grinding teeth
- Frequent illness or complaints about pain
- Nail biting, hair pulling, or similar behavior
- Changes in sleeping or eating habits
- Constant tiredness or irritability
- Problems concentrating

There is a need to cope with stress, and you can take control by learning how to manage your time more wisely. It is a good idea to write things down or keep a journal of day to day things that need to be done. You may want to also keep a personal journal or diary at home, also. At the end of each day let your feelings out by writing them down. These feelings can be good or bad, about work, something personal or just anything on your mind.

You need to take control of situations. You need to stay calm and not get upset. Keep in mind there is something good in every situation. Things could be worse and most problems have answers. Next time you're upset about something, stuck in traffic or waiting in line at the bank or grocery store, take a deep breath and count to ten. Remember "**try looking on the bright side**."

Eating regular and healthy meals keeps your mind and body more alert. This certainly goes for everyone in their daily routines. Also, getting a regular night's sleep goes along with keeping your mind and body more alert during the day hours.

Exercise is also a part of relieving stress. Set a time to exercise each day and if not, at least 3 days a week. This helps to loosen muscles and relieve stress. Exercising can include running, swimming, playing golf or just walking. Some places of work have exercise rooms available for their employees. Some places offer special discounts to their employees at exercise facilities in the area.

You can relieve stress by talking with friends or family. In your workplace you need to keep good communication between your co-workers, clients, etc.

Sometimes you in turn may help them with their stress by listening or even laughing with them. Remember, laughter is the best medicine.

Anger is another part of our normal everyday lives. Demands on your job and client behavior can cause you anger, frustration or even hurt. Healthcare professionals must determine how to cope with their anger. There are things that you can do to control your anger or let it out. Open communication plays a very important part in the workplace. You need to talk with staff members or family and let them know why you are upset or angry. If you are upset or angry, sometimes you just need to take a break, take a walk or get some fresh air. This will give you time to think about the situation and that maybe it's not so bad after all.

Coping with the client's behavior is another side. Some clients demonstrate physical or verbal behavior, some are demanding or dissatisfied, while others are crying and self-centered. As a healthcare professional, you must not only observe what the client is doing, but also try to determine why a client behaves as he/she does, in order to respond in a helpful way to that behavior. We must recognize the reason for the behavior and respond pleasantly. We must also deal with our co-workers in a positive, respectful way in order to cope with our daily routines in the workplace.

In summary, experiencing stress or anger is an ongoing and normal part of living. We are constantly called on to adapt to changes within ourselves, such as aging or health problems or in our surroundings, such as a new job, family structure, or social relationships. If you put all the qualities together that I mentioned, they will help you to relieve your stress or anger. This will help you enjoy health and success in life.

Listed below are some on the job **RELAXATION** techniques for tension caused by stress:

1. Tension common in the shoulders and neck. To relieve tension , roll your shoulders, raising them toward your ears. Then relax your shoulders.

2. To reduce neck tension, move your head gently in a circle going clockwise and then counter clockwise.

3. Relieve tension in your torso by reaching toward the ceiling and doing side bends.

4. To help relieve foot and leg tension, draw circles in the air with your feet while flexing your legs.

5. To help ease muscular tension throughout your body, stand up and stretch all over.

In conclusion, your interpersonal qualities and the reduction of stress will play a very important part in the healthcare workplace. We need to keep the lines of communication open by learning how to communicate with those around us. Working as a team will play a very important part in relieving the stress and anger on the job. Teamwork will make the workload flow smoothly and make you a better person. Try to find good in your co-workers and share that thought with them. A compliment does wonders and will make you feel good, too.

HOW EMPLOYERS SHOULD HELP PEOPLE WITH MENTAL ILLNESS SUCCEED ON THE JOB

Jill Maurer

CASE STUDY

Several years ago I was diagnosed with Bipolar Disorder, a mental illness characterized by uncontrollable mood swings. With therapy and medication, the illness is under control. For the first time in years, I am holding down a full-time job with benefits.

When I was sick and couldn't work, I was told that society wouldn't accept me and it would be hard for me to find a job. I was considered "at risk" of failure on the job because people don't always understand mental illness and depression.

When I went to my job interview, I didn't talk about my illness because I was scared that I wouldn't be hired. The only person I told was the doctor who examined me.

After I was hired, I tried to hide my mental illness. But one day my supervisor told me she knew--the doctor who had examined me had told her. She didn't care about the illness and said she would try to work with me. What a relief! I could relax. The pressure was off. I was so glad.

My supervisor tried to understand me and my illness. Because she will work with me, I think she is an outstanding supervisor. From the bottom of my heart, I thank her.

If this job does not work out, I will learn and educate myself more about my illness so I know what to do or not do on the next job.

SUGGESTIONS FOR OTHERS

The following are some ideas for supervisors and associates to help them deal with employees who suffer from mental illness.

- Give us more positive feedback to help our self esteem.

- Don't joke about medication.

- Give us time to catch up with others.
- Provide supervisors and managers with ways to give positive feedback, and encourage work associates to be understanding and supportive.
- Provide education and information about mental illness to all employees to understand the nature of mental illness and how it can affect the job. Changes in medication can mean a change in job performance. Employees also need to know the symptoms of mental illness so they can seek help themselves.

FOR FURTHER READING AND INFORMATION:

National Alliance for the Mentally Ill
2102 Wilson Blvd. Suite 302
Arlington, VA 22201
1-800-950-NAMI

National Depressive and
Manic Depressive Association
730 N. Franklin Suite 501
Chicago, IL 60601
1-800-826-3632

National Foundation for
Depressive Illness, Inc.
P.O. Box 2257
New York, NY 10016
1-800-248-4344

EFFECTIVE COMMUNICATION ON THE JOB

Minnette Nokes

Have you ever thought about how important communication really is?

Whether we are conscious of it or not, we are constantly communicating with others. We communicate not only with what we say, but through body language, gestures, eye contact and touch.

The goal of communication is to establish a relationship with another person. Friendships with fellow workers, and getting to know new people as customers are the sparks that put enjoyment, enthusiasm and energy into the workday.

Good communication skills involve paying value to others, and the most overlooked key to effective communication is listening.

There are two forms of communication: *nonverbal*, and *verbal*.

> ***Nonverbal*** communication is the way we communicate with body language, hand gestures, facial expressions, posture and our position when we are speaking or listening.
>
> ***Verbal*** communication is the way we interact with others through words.

Communication is a two-way street. Getting your message across is one part; listening to the other person is the rest. Co-workers who can communicate effectively will find that they can work together better. You'll profit as well in the friendships, loyalty, and cooperation that others will gladly give you for the simple reason that you paid them value by listening.

Here are a few tips and pointers to better communication:

1. Remember names. It's one of the most important tributes you can pay another person. The other person will appreciate your genuine interest in learning his name correctly.

2. Practice developing a good firm handshake. Take the initiative--extend your hand first.

3. Make eye contact when you are speaking.

4. Learn discretion. Not everything someone tells you is meant to be repeated to others.

5. Make the other person feel important. Give him full attention. Act as if his or her job, problem, or experience is of the utmost importance.

In essence, the secret to good communication is to bring the other person over to your side.

Some examples of good communication in the workplace:

1. Saying good morning to your fellow associates while you're preparing for your day.

2. Smiling and saying hello to people you pass in the hall.

3. Telling a fellow associate what a good job she's doing.

4. A boss saying good morning to his employees.

5. Being available to associates when they need someone to talk to.

Some examples of poor communication:

1. Your manager has a problem with your work, but sends his supervisor to discuss it with you instead of dealing with it himself.

2. The lack of opportunity to explain your side of a problem to a supervisor before being judged.

3. Not being open with fellow co-workers.

TO SUM UP: *The greatest communication skills are listening and paying value to others.*

SOURCES:

The Joy of Working by Denis Waitley
Your Attitude Counts by Rosemary T. Frueling and Neild B. Oldham

THE LACK OF AFFORDABLE DAYCARE

Cathy Wall

As a former stay-at-home mother now working in the hospital's dietary department, Cathy Wall researched day care options. This essay is a reaction to her findings.

There is a lack of affordable childcare in today's society.

The Childcare Licensing Department of Carroll County licenses both home daycare and daycare centers. Each is subject to different regulations because of the different settings in which each is run.

The Home Daycare is run from a private home where daily activities are usually more relaxed and the overall environment is that of home. The cost for a child enrolled in full time home daycare ranges from $75 to $150 per week. The cost for part time daycare ranges from $25 to $100 per week. Generally, home daycare is better for part-time use for school-age children because the private home is in a given school district where transportation to and from school is available.

The day center is usually a building specifically dedicated to housing daycare children. Equipment, toys, beds, and other facilities are pre-approved and are used solely for daycare. The daily activities are usually structured rather like a school. Fees for a child under five range from $100 to $250 per week. Fees for part-time use can range from $60 to $100 per week. Daycare centers don't always provide care for children over the age of six. Some centers, many in fact, chose not to deal with school-aged children.

Many parents, like myself, depend mainly on home daycare. The price structure is within our financial means, and school-age children are more able to find school bus transportation. Unfortunately, the Licensing Agency in Maryland has made it clear it prefers daycare centers over home daycare. It says that the different regulations are too difficult to enforce; consequently, they push many providers in home daycare out of business each year.

In my community alone, five home daycare providers have given up their licenses because of difficult regulators. I was one of those five providers. The following are two case studies that illustrate the difficulties of keeping a home daycare viable.

A mother who had been in business for more than four years had an investigator arrive unexpectedly because he was investigating a parent complaint. He made a point of commenting on the fish tank in the living room. He pointed out it was soothing and very educational for the children. Two months later, a different caseworker arrived for a scheduled visit. She immediately pointed out the same fish tank and demanded it be removed from the house. She said it was a hazard for the children. It was this judgment call that put this daycare provider out of business.

The second case is my present provider, who is giving up her license this year. She was sent a notice from the licensing agency. It laid down new regulations regarding wading pools--"Only one child will be allowed in a wading pool at a time. After each child is done, the pool will be sanitized for the next child." This mother felt is was wrong to isolate toddlers in the name of regulating the water. There was no relaxing of the regulation. The case worker made it clear that the day care mom either follow it or give up her license.

I feel we need some drastic new regulation to encourage new affordable childcare. The large business centers that charge more than a parent earns in a week are unacceptable. The killing off of affordable home daycare by the licensing agency only compounds the need.

SOURCES:

Interviews with home daycare providers
Personnel at the Downtown Childcare Center in Baltimore and Carroll County General Hospital.

KNOWING HOW TO CARE IF I MUST BE THE ONE

Joan Willis

WHY BECOME A CAREGIVER?

Working in the hospital makes me realize how important caregiving can be. I know it's not always old people who need this. Anyone can need help after an accident, fall or serious illness.

I began to think I wanted to know more about this. I have learned first-hand about caregiving from family members. My sister takes care of my Aunt Florence who is blind. I have two daughters who take care of mentally disabled people who have had problems from birth.

I know that so many things can happen in life, so I want to be able to give care because I don't know when I might need care myself. So I have started reading and looking at films on caregiving of many illnesses.

I hope when I leave this world I will have helped someone with the care I gave them. Caregiving is loving God first and this gives you the strength to take care of your patients and family members.

HOW TO ACCOMPLISH CAREGIVING AT HOME

Making time for the family member who needs care involves figuring out what kind of care the person needs. When you know the type of care required, then you start to talk to doctors and nurses and caregivers who can tell you just what to do. The caregiving could take four hours a day, eight hours a day or twenty-four hours around the clock.

If you're in the patient's home or your own, other family members could help take care of the person. Good neighbors are often willing to help. A budget should be set up for food and medical supplies. Find out what the patient's insurance plan will cover.

The home can be made easy for the patient to come and go, with special walkways. Call different groups, *like The National Self Help Clearinghouse* and *The American Association of Retired Persons* who can give you ideas on improving your home for the patient.

Consult books like Rosalynn Carter's **Helping Yourself Help Others**. This book lists so many organizations and support groups and resources you can turn to. As a caregiver, you can express love and devotion--and return love to a family member who has loved and cared for you through the years.

CASE STUDY: THE REWARDS OF CAREGIVING

My sister Sharon is a beautiful person with lots of love and faith in God. From time to time, she would go to visit our Aunt Florence in Philadelphia. Once there, she would discover things going wrong in Aunt Florence's apartment--toilets running over, food burning on the stove.

She finally said, "Aunt Florence, I feel like taking you home with me--things just don't look right in here. I love you and I can't let you live like this."

Three weeks later, Sharon and her husband, Marvin, went back to visit Aunt Florence. Things were the same, if not worse. They packed her up and brought her to Westminster where they live.

Sharon takes Aunt Florence to the doctor, to church, and on special outings with the family, like crab feasts and family reunions. Sometimes she calls a lady to come in and look after my aunt.

Aunt Florence's sweet ways make it easy to care for her. After Sharon wakes her up, gives her breakfast and medications, Aunt Florence goes to adult day care. She goes every day and they love her. She rides Carroll Transit each day, enjoys eating, singing and dancing!

Aunt Florence, who is 103 years old, has been with Sharon about eight years. She said Sharon is like a mother and Marvin like a father--they call themselves the Three Musketeers.