

# TRU Hospice Care Guide



**TRU** | COMMUNITYCARE

*Affirming life at every step of your journey with illness and loss.*

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*Affirming life at every step of your journey with illness and loss.*

## Welcome to TRU Community Care

TRU Community Care affirms life at every step of your journey with illness and loss. We know that this is a very difficult and vulnerable time for you and your loved ones. Whether you have been fighting illness for weeks, months, or even years, considering hospice now may feel like a kind of surrender. Perhaps it will help you to remember that although a cure isn't possible, there is still much you can control, and still great reason to hope for finding peace and meaning in each moment, enriching your relationships, and experiencing the end of life in a way that honors who you are and what you believe. As your focus shifts from pursuing a cure to enhancing your quality of life, our goal is to help ease your burden and enable you to live every remaining day as fully as possible. We pledge to respect your wishes, protect your dignity, and help you celebrate and complete your life in comfort, surrounded by the people you love.

Founded as Boulder Hospice in 1976, TRU Community Care is a Colorado-licensed, Medicare and Medicaid-certified, nonprofit health care organization serving the greater Boulder, Broomfield, Adams, Jefferson, Arapahoe, Denver, and Weld Counties and beyond. With a focus on providing a continuum of care for members of our community living with advanced illness and loss, TRU's programs include TRU Hospice, TRU PACE (Program of All-Inclusive Care for the Elderly), TRU Palliative Care, Landmark Memory Care, and TRU Grief Services.

We know you have many choices when it comes to selecting your health Hospice Team. We appreciate that you have chosen TRU at this critical time in your life. We consider it a great honor to care for you and your loved ones.

This packet contains information that others have found helpful over the years. Remember: if you have questions or concerns, you can call day or night and talk to one of our staff, and your team members are always ready to offer you advice and reassurance.

We will be here beside you, with guidance and support, every step of the way.

## How to Contact Us

**TRU Hospice Care 24-Hour Support (303) 449-7740**

***Do Not Call 911.***

Please don't hesitate to call us any time of the day or night. A real person will answer.

## Planning Ahead

As hard as it may be to talk about end-of-life care, it is important to start these conversations now.

### Here are some questions to explore:

- Where do you want to spend the end of your life?
- What would you like to do with the time remaining to you?
- What would you like your last day of life to be like?
- How would you like to manage your pain?
- Who would you like to be with you when you die?

There are no right or wrong answers, and it is impossible to foresee every situation that might occur. But simply talking with loved ones can help reach understanding in end-of-life wishes and goals.

### Planning steps for end-of-life care:

- Talk with loved ones and doctors about end-of-life care
- Write an ethical will to identify values and beliefs
- Formalize wishes through advance directives\*
- Give copies of advance directives\* to advocates, physician, and TRU

### If you are facing a difficult decision:

Challenging questions can arise during hospice care. Often, they can be resolved simply by meeting with your Hospice Team. Sometimes, however, addressing an ethical dilemma requires the help of TRU's ethics consultation service. Speak to a member of your Hospice Team if you would like to initiate this process.

***Please refer to the Advance Care Planning section under the Resources tab in this booklet for additional information about advance care planning and advance directives.***

# COORDINATION OF CARE TAB

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# COORDINATION OF CARE TAB

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## Around-the-Clock Support

Your Hospice Team supports you wherever you live, whether it is a private residence, assisted living community, skilled nursing facility or elsewhere. Your Hospice Team will assist with your day to day needs, however, occasionally you may benefit from after-hours support. TRU Community Care has nurses available by phone 24 hours a day, 7 days a week to help navigate your needs and determine if an in-person visit would be helpful.

## How Your Hospice Team Can Help

- **TRU Physicians and Nurse Practitioners (NPs)** are specially trained to manage pain and symptoms, and work with your entire Hospice Team, including your primary care physician if applicable.
- A **Registered Nurse (RN)**, who may be assisted by a **Licensed Practical Nurse (LPN)** manages your physical care in consultation with your physicians.
  - Provides skilled nursing care
  - Answers questions and helps you understand what is happening and what to expect
- A **Certified Nursing Assistant (CNA)** assists with personal care, such as bathing and shampooing; assists with activities of daily living, such as eating, dressing, and walking.
- A **Medical Social Worker (MSW)** can provide emotional support and counseling and will assist with advanced care planning if asked.
  - Offers individual and family support and counseling
  - Assists with advance directives (living will, MOST, durable power of attorney, etc.)
  - Assists with financial or insurance issues
  - Shares information about community resources and coping groups for family and friends
- A **Chaplain** can offer gentle counsel that is respectful of your spiritual beliefs and can also help with final arrangements.
  - Will contact and/or coordinate with the clergy of your faith community
  - Offers spiritual support and counseling, not necessarily “religious” in nature
  - Can assist with the planning of a funeral or memorial service
- A **Volunteer** may offer support in various areas including companionship, errands, respite, and light housekeeping. They select assignments based on availability, manage their schedules with patients and caregivers, and strive to provide support for patient-driven needs. Additionally, TRU typically has the following types of trained volunteers:
  - End of Life Doula – focused companionship for patients and/or their caregivers; provides resources, guidance, advocacy, and non-medical support during the end of life process
  - Comfort Touch – acupressure of the hands and feet
  - Massage Therapy –massage therapists, as available, may provide up to 4 patient visits
  - Personal Reflections – directed patient storytelling manually recorded for posterity
  - Pet Therapy – volunteers with certified therapy dogs can provide comfort and joy
  - Reiki – a Japanese technique for stress reduction and relaxation that also promotes healing
  - 11<sup>th</sup> Hour – compassionate presence to imminently dying patients who prefer not to be alone
- A **Grief Counselor** is available to provide bereavement support following the death of your loved one.

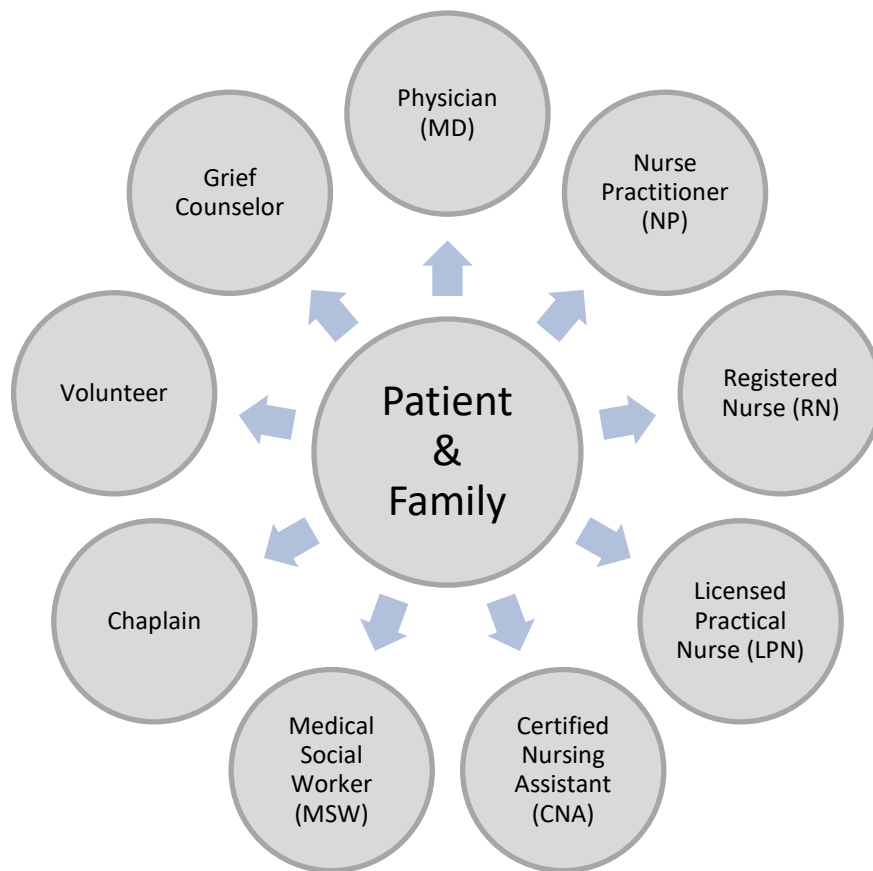


## An Interdisciplinary Approach

According to the National Hospice and Palliative Care Organization, the philosophy of hospice is to recognize that quality of life, peace, and comfort at the end of life should be the focus of healthcare when curing your disease is no longer possible. Hospice Team members accomplish this by developing an interdisciplinary plan of care with you and your loved ones that enhances your quality of life by:

- Offering symptom and pain control
- Promoting comfort
- Exploring spiritual connection
- Providing psychological support
- Establishing connections for the support of daily life
- Creating the possibility for growth within the dying experience
- Continuing support for loved ones throughout the bereavement period

The Hospice Team, often referred to as a hospice interdisciplinary team (IDT), includes specially trained professionals who ensure your last few months, weeks, or days are lived in comfort and dignity. These are the team members who may take an active role in your care:



## TRU Immediate Nurse Access (TINA)

Introducing TINA: TRU Immediate Nurse Access, your virtual companion in hospice and palliative care. TINA lets you easily connect to a nurse at TRU's Tele-Care Center whenever a question or issue arises - any time of day or night.

The TINA nurse partners with our field nurse to provide each patient with a nurse team, thereby increasing their resources when questions arise. By handling non-hands-on tasks, TINA frees time for our field nurses to focus on in-person visits. TINA ensures every patient receives the attention they deserve by supporting our patient's interdisciplinary team of healthcare professionals.

Virtual support can cover a variety of important nurse functions for our patients, such as assisting with medication refills and empowering patients and families with medication administration and changes. TINA can also support wound care needs, education, or even triaging and walking patients through symptom management and discussing patient changes. TINA provides a high level of flexibility tailored to patient preferences, whether they seek minimal contact or daily interaction. With a nurse available at a moment's notice, patient and family have control over the level of support they receive.

## *Why You'll Love* **TINA**

### **TRU IMMEDIATE NURSE ACCESS**

#### ***PEACE OF MIND***

Knowing a nurse is always just a click away.

#### ***REDUCED WAIT TIME***

A nurse can be ready to help in an instant - no waiting for travel time.

#### ***EASE OF COMMUNICATION***

Giving you secure options to communicate what is happening in real-time.

#### ***BETTER SYMPTOM MANAGEMENT***

Symptoms can be managed more effectively and efficiently for increased comfort.

#### ***DECREASED ANXIETY***

Families say having **TINA** is like having a nurse in the home, always ready to help.







## TRU Immediate Nurse Access (TINA)

TINA enables easy access to secure phone calls, video calls, and text messaging with TRU Tele-Care Center nurses when you need it most.



### *NOTABLE FEATURES*

-  Schedule video meetings with our team and your family members.
-  Receive check-ins, reminders, and questionnaires from your nurse.
-  Access educational videos and flyers from our team.
-  Send images securely.

### **Remote Patient Management**

TINA enables real-time data exchange, proactively manages a patient's disease progression over time, and makes it easier for patients and families living with complex and chronic illnesses to remotely communicate with healthcare providers, TRU, and one another.

### **Hundreds of Customizable Clinical Pathways Available**

Patients answer disease-specific questions (clinical pathways), which are customizable to each patient so that questions, alerts, and educational materials are uniquely targeted to the individual.

### **Virtual Monitoring and Provider Visits**

TINA provides an additional layer of clinical support, complementing traditional care provided by the Interdisciplinary team (IDT). Members of the IDT include physicians, registered nurses, social workers, chaplains, and certified nursing assistants. TINA facilitates daily virtual monitoring and interaction between the patient and a TRU nurse and/or provider, allowing clinical staff to respond to any concerning data points with a video call. The telehealth platform can also facilitate visits for patients with their specialists and remote family members.

Ask a member of your hospice care team about how TINA can support you.

PAIN & SYMPTOM  
MANAGEMENT  
TAB

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# PAIN & SYMPTOM MANAGEMENT TAB

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## Physical Comfort

TRU strives to assist patients and caregivers manage physical, emotional, and spiritual discomfort. Here are some ideas that may help in addressing common physical concerns and finding relief.

### Talking About Pain

Pain is very personal. It cannot be felt by the observer, yet it can feel crushing and debilitating to the one experiencing it. However you feel pain, only you can define it and only you can know how well it is being managed.

Because pain affects all aspects of wellbeing, please try to discuss it openly with your Hospice Team. They want to work with you to help minimize pain and optimize physical comfort.

### For Caregivers

You play an important role in supporting your loved ones and we want you to feel confident in helping to manage their pain. If you notice any of the non-verbal signs of pain below, call your Hospice Team at (303) 449-7740 for advice:

- Decreased appetite
- Loss of interest in normal activities
- Avoiding movement—staying in bed, and not getting dressed
- Grimacing or wincing with movement

### Managing Pain

TRU uses many different approaches to manage pain and the right approach is unique to each individual. Your Hospice Team collaborates closely with you, your caregivers and each other to determine the best approach to managing your pain. While medication is often used, there are additional approaches you may find helpful.

*Here are some non-drug techniques to try for reducing pain:*

- Heat (such as a warm compress) or cold (such as an ice pack)
- Supportive counseling with your hospice Social Worker and/or community counselor of your choice
- Spiritual support with your hospice Chaplain and/or local faith community
- Meditation
- Guided imagery
- Changing to a different position
- Soaking in a warm tub

### Side Effects of Pain Medications

Many pain medications can have side effects, including but not limited to nausea, constipation, and sleepiness. If any of these are present, please call your Hospice Team for support.

## **Morphine Myths**

Morphine and other opioids are commonly used for pain relief and trouble breathing in terminally ill patients. However, there may be hesitation about using these effective drugs because of a few familiar misconceptions.

### ***“Morphine Should Be Saved Until the End”***

Morphine is an effective medication for pain and trouble breathing at any stage of a patient’s illness. There is no maximum dose of morphine and similar pain medications. The dose can be increased to whatever level controls a patient’s symptoms, which varies considerably from person to person. A few patients develop “tolerance” to morphine, requiring a slightly larger dose. In this case, your Hospice Team doctor will increase the morphine dose to the level that controls the symptoms or switch to one of the other equally effective medications now available. No patient should ever be in pain or have trouble breathing because of the fear of ‘starting on strong pain medication too soon.’

### ***“Morphine is Addictive”***

‘Addiction’ is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, and continued use despite harm and craving. The legitimate medical use of morphine for patients with pain or trouble breathing is not the compulsive use of drugs for their pleasurable effects. The body does become ‘physically dependent’ on morphine, much like a diabetic patient’s body is ‘dependent’ on insulin, or the patient with asthma whose body is ‘dependent’ on the steroid medication to help breathing.

### ***“People Die Once Morphine is Prescribed”***

Morphine does not shorten patients’ lives. It allows them to rest better, eat more, and spend more quality time with family and friends because their symptoms are controlled.

### ***Important Reminders***

- Give/take medications as your physician has directed, whether they are to treat the pain, trouble breathing or the side effects.
- Report side effects of medications to your Hospice Team so they can be quickly addressed.
- Keep a written record of when pain medications are dispensed. This will help your doctor and nurse adjust dosage appropriately and prevent you from making dosage errors.

## Symptom Management

### *Fatigue*

Many hospice patients start feeling increasingly tired during routine activities, take longer and more frequent naps, and sleep more at night.

In addition, patients sometimes:

- Feel too weak to stand
- Find it difficult to start routine activities
- Need to stop in the middle of routine activities to rest
- Have difficulty concentrating
- Seem irritable or depressed

These are all common signs of fatigue, which can be a normal part of the disease process, a side effect of medications, or related to insomnia or depression. Whatever its cause, fatigue can impact appetite, emotions, ability to participate in normal activity, and sense of well-being, so it is important to try to manage this symptom.

*Here are some ways caregivers can help:*

- Plan, schedule, and prioritize activities at optimal times of the day
- Eliminate or postpone activities that are not a priority
- Assist with daily activities such as eating, moving, or bathing
- Encourage rest as needed, though not at the end of the day as this could interrupt night-time sleep

*Caregivers might find the following suggestions helpful:*

- Serve small frequent meals
- Avoid spicy, fried, and fatty food; red meats; milk products, acidic juices (cranberry, orange, grape); very sweet foods; and food with strong odors
- Avoid cooking odors. Clear the kitchen when preparing food and ventilate the room after
- Try puddings, gelatin, soups, salty crackers, rice, dry white toast, applesauce, and other soft, bland foods
- Offer sport drinks, carbonated drinks that have gone flat, shakes or supplements. Popsicles can also work well
- Encourage small bites and slow eating
- Offer ginger tea, which is often very soothing for nausea
- Discourage eating after vomiting. Try ice chips before serving food again
- Give anti-nausea medications as directed



### ***Nutrition and Appetite***

Hospice patients may eat much less than they used to. Caregivers often report worry that this means they are failing to provide wonderful care, or that they are being personally rejected, rather than the food. Nothing could be further from the truth. A patient’s loss of appetite is often part of the disease process, and it is okay for a patient to refuse food or fluids. The best option is to offer comfort care by providing any food or drink that is desired.

*Caregivers might also find these suggestions helpful in caring for someone with poor appetite:*

<b>Cause of Poor Appetite</b>	<b>How Caregivers Can Help</b>
<b>Progression of the illness</b>	Talk to your Hospice Team
<b>Medications change food taste</b>	Omit seasonings or sweeten foods
<b>Medications alter patient’s appetite</b>	Ask your nurse to help manage side effects
<b>Nausea</b>	See specific tips under “Nausea” below
<b>Sensitivity to food odors</b>	Circulate air with open windows or fans
<b>Constipation or diarrhea</b>	See specific tips in corresponding section below.
<b>Dry mouth</b>	Offer sips of water, popsicles, or ice chips
<b>Mouth sores</b>	Talk to your Hospice Team nurse
<b>Difficulty chewing and swallowing</b>	Try soft foods, milk shakes, etc.
<b>Abdominal distention, bowel blockage</b>	Talk to your Hospice Team Nurse
<b>Difficulty breathing</b>	Talk to your Hospice Team Nurse
<b>Emotional pain and stress</b>	Talk to your Hospice Team Social Worker or Chaplain
<b>Physical pain</b>	Talk to your Hospice Team about the pain

### ***Nausea***

Nausea is a common symptom for hospice patients and could be a problem now. Your Hospice Team will work to help relieve nausea and vomiting, so be sure to inform them if it is a concern.

### **Constipation**

Patients may experience unusually dry and hard stools or longer periods between bowel movements. This is common for terminally ill patients.

Many factors increase the likelihood of constipation, such as:

- Increased use of pain medications
- Decreased fluid intake
- Diet changes
- Decreased physical activity

Your Hospice Team nurse is experienced in managing this common problem. If you have not had a bowel movement in 3 days, please contact your Hospice Team immediately.

*In addition, these suggestions can help:*

- Increase fruits and bran in the diet, as tolerated
- Increase fluids, as tolerated
- Use stool softeners and laxatives. Your Hospice Team nurse will help you develop the bowel regimen that is most effective.
- Track bowel movements. This will assist your Hospice Team nurse in adjusting laxative schedules.

### **Diarrhea**

Whether it is the result of the disease process, or a side effect of treatment or medication, controlling diarrhea is very important for comfort.

*Here are some tips for caregiving that might help:*

- Encourage water, ice chips, carbonated soda, sports drinks, and popsicles. Also, try gelatin, sherbet, rice, white bread, and plain cereals
- Avoid dairy or milk products, whole-grain breads, raw fruits and vegetables, fried meats, spicy dishes, and caffeinated beverages
- Report concerns to your Hospice Team. Your nurse will help you combine dietary changes and medications to manage the diarrhea

## **Dehydration**

Many terminally ill patients become dehydrated. Some patients avoid drinking because excess fluids can cause vomiting, tumor pressure, swelling, coughing, fear of choking, and rattled breathing—which may feel frightening and disturbing. So, if food or drink is turned away, caregivers should not be discouraged. It is simply part of the disease process and the end-of-life journey. Continue to offer what your loved one wants and needs to be as comfortable as possible. Also, see the article at the end of this section regarding dehydration.

### *Signs or symptoms of dehydration*

- Thirst
- Dry mouth, tongue and lips, sunken eyes
- Less frequent urination with dark, amber-colored urine
- Vomiting or diarrhea
- Sweating and fever

It may help to remember that, for terminally ill patients, dehydration has been called a natural anesthetic, because it lessens the sense of suffering by reducing consciousness. Sometimes dehydration causes euphoria.

### *Managing symptoms of dehydration*

Rather than pushing fluids continually, caregivers can focus on providing the loved one with small amounts of food and beverages that he or she enjoys.

### *In addition, caregivers can provide oral comfort:*

- Moisten your loved one's lips frequently
- Provide small amounts of ice chips or popsicles often
- If your loved one is unable to swallow, use mouth swabs, a small needleless syringe (your nurse will provide this for you), or a straw to provide a few drops of water at a time

## **Difficulty Swallowing Medication**

If your loved one is having difficulty swallowing, please contact your Hospice Team for assistance.

### ***Trouble Breathing***

If your loved one is experiencing trouble breathing, please contact your Hospice Team for assistance.

*Additionally, try these tips to help your loved one feel more comfortable:*

Caregivers can elevate the head of the bed, place pillows under the head and shoulders to elevate them, or encourage their loved one to sit in a recliner

- Avoid milk products. They can increase the production of mucus.
- Use an electric fan to move the air. Have the fan blow across the room, but not directly at the face.
- Caregivers might try calming their loved one with gentle music, TV, reading, or massage
- Give medications as directed
- Use oxygen as directed

### ***Mouth care***

Whether it is the result of the disease process or a side effect of treatment or medication, it is not uncommon to experience dry mouth or thick saliva. If you are noticing this, please contact your Hospice Team.

*These suggestions can help with dry mouth or thick saliva at home:*

- Limit consumption of caffeine-containing products such as coffee, tea, cola, and chocolate
- Use a cool mist humidifier to moisten room air, especially at night
- Use oral moisturizers and/or saliva substitutes (provided by your Hospice Team)

*Caregivers can help clean the patient's mouth:*

- Use a soft-bristle toothbrush and rinse the mouth before and after meals with plain water or a mild mouth rinse (1 quart of water,  $\frac{3}{4}$  teaspoon of salt, 1 teaspoon of baking soda).
- If your loved one's mouth is especially tender, your nurse or nurse's aide will show you how to use a toothette (a special sponge swab) to clean the mouth.

### ***Skin Breakdown***

As hospice patients begin to spend more time in bed and eat and drink smaller amounts, their skin, in turn, becomes more fragile. It is essential to provide personal care that will protect the skin and prevent wounds. Your Hospice Team nurse and nurse's aide will provide training on how to safely care for your loved one's skin.

*With training from your Hospice Team, caregivers can help by using the following suggestions:*

- Watch for reddened areas on the skin and show them to your Hospice Team nurse or nurse's aide
- Change your loved one's position every 2-4 hours. Prop with pillows to support your loved one's arm, leg, and back when lying on their side. Place a pillow under the knees when lying on the back
- Use draw sheets, per training from your Hospice Team nurse or nurse's aide
- Ask your Hospice Team about arranging for a hospital bed. When your loved one's strength declines and getting up without assistance is no longer possible, a hospital bed can make care easier. Hospital beds have mechanisms to raise or lower either the head or foot of the bed. They also can be raised to a level that can prevent you from injuring your back while providing a bed bath, transferring, or repositioning your loved one.
- Keep skin clean and dry. Pay special attention to skin that comes in contact with urine or stool. Use baby soap or baby wipes and apply lotion.
- Apply lotion to reddened/dry areas. Your nurse may recommend special lotions or creams.
- Apply protective pads to bony areas like heels, elbow, and tailbone

*Alternate these ways to prop the patient with pillows in bed:*

Lateral Position



Semi-Fowlers Position



### ***Confusion/Agitation/Restlessness***

Confusion, agitation, and restlessness can be distressing, but they are not uncommon. They can be a normal part of the dying process, a reaction to medication, or the result of other physiological or psychological concerns. You might see the patient attempt to get out of bed, pick at the bedclothes, or see things that you don't. Report any concerns to your Hospice Team for guidance on helping your loved one if they become confused/agitated/restless.

*You can follow these guidelines to help if your loved one is confused, agitated or restless:*

- Gently reorient, reassure, and soothe your loved one. Avoid arguing. Remain present as much as possible. Tell your loved one what you are going to do before you do it: for example, say "I am going to help you get out of bed now."
- Utilize support from all members of your Hospice Team including social work and chaplains. Some agitation/restlessness may stem from feelings of anxiety or sadness (these may be unspoken) and your team is here to help
- Give medications as directed. Some medications may contribute to confusion; others may be helpful to clear confusion.
- Maintain a daily routine. Provide clocks, calendars, and signs to reorient your loved one. Keep the patient included in daily activities. Keep a nightlight on.
- Provide a quiet, peaceful environment. Calming music, reading favorite stories, reminiscing past experiences, and gentle massage can all be reassuring.
- Limit visitors

## How Fluid Deprivation Affects Your Loved One

Paul C. Rousseau, MD

*The author, Chief of Geriatrics at the Veterans Affairs Medical Center in Phoenix and an Adjunct Professor of Adult Development and Aging at Arizona State University in Tempe, is board-certified in Internal and Geriatric Medicine.*

**Artificial hydration has long been thought to ease the discomfort of terminal illness. Recent studies suggest that it does the opposite.**

Many physicians routinely order IV fluids for terminally ill patients to prevent what they believe to be the agonizing effects of dehydration and electrolyte imbalance.

Many nurses, particularly those who work with the dying, believe otherwise. In a survey conducted recently, eight out of ten hospice nurses agreed that dehydration is not painful; more than half of them said that it is beneficial. Clinical studies back up both assertions.<sup>1</sup>

As death approaches, dehydration occurs naturally from inadequate oral intake, gastrointestinal and renal losses, and the loss of secretions from the skin and lungs. Transitory thirst, dry mouth, and changes in mental status have been found to develop — but the headache, nausea, vomiting, or cramps frequently associated with water deprivation rarely occur. The mental changes—while upsetting to relatives—bring relief to patients by lessening their awareness of suffering.<sup>2</sup> This effect stems from the production of

ketones, which calorie deprivation stimulates. Serum levels of the ketone betahydroxybutyrate increase significantly. The brain converts this derivative of metabolic fat to gamma-hydroxybutyrate, a substance with anesthetic properties that is believed to dull consciousness.<sup>3</sup>

The administration of IV fluids may produce a feeling of well-being, but it is usually a fleeting sensation. In time, artificial hydration is likely to heighten the discomfort of a terminally ill patient, and often exacerbates underlying symptoms:

### **RENAL:**

Unless renal function has declined, IV fluids increase urine output, often creating a need for an indwelling catheter. Fluid deprivation eliminates the frequent use of a urinal or bedpan and the discomfort that goes along with it.

### **PULMONARY:**

Pharyngeal and pulmonary secretions increase, causing cough, dyspnea (shortness of breath), and often pulmonary edema. If pneumonia is present, IV fluids make it worse. Dehydration relieves congestion and the symptoms associated with it.<sup>1</sup>

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<sup>1</sup> Andrews, M.R. & Levine, A.M. (1989). Dehydration in the terminal patient: Perception of hospice nurses. *American Journal of Hospice Care*, 6(1).31

<sup>2</sup> Billings, J.A. (1985). Comfort measures for the

terminally ill: Is dehydration painful? *American Geriatric Society*, 33(11)

<sup>3</sup> Printz, L.A. (1989). Withholding hydration in the terminally ill: Is it valid? *Geriatric Medicine*, 19(4).81.

**GASTROINTESTINAL:**

An increase in gastrointestinal fluids brings a greater likelihood of nausea and vomiting, particularly for patients with intestinal strictures or neoplasms (tumors).

Dehydration makes such painful symptoms unlikely.

Artificial hydration also contributes to peritumor and peripheral edema, the latter predisposing a patient to painful pressure sores. Dehydration diminishes the risk.

Oral discomfort, then, is dehydration's only drawback. Xerostomia is prevalent, leading to mucosal inflammation, viral or bacterial infection, or candidiasis. Scrupulous oral care and comfort measures bring relief.

To ease a patient's oral discomfort, use saliva substitutes as moisturizers, and frequent rinses with nonalcoholic mouthwashes. You can remove food debris with a peroxide and water rinse. Offer ice chips and the patient's favorite liquid frequently. If there is inflammation, use diphenhydramine (Benadryl) and viscous xylocaine to reduce mucosal irritation. Apply lip balm or petroleum jelly to chapped, dry lips. Avoid lemon and glycerin swabs though — they promote dryness.

Accompanied by comfort measures and emotional support, dehydration is a therapeutic response to terminal illness. Honest and compassionate discussions with your patients and their families are the way to help more dying patients benefit from this natural means of alleviating pain.



## Understanding Levels of Care

Our teams provide care in private homes, assisted living communities, skilled nursing facilities — wherever it is needed. There are distinct levels of hospice care that are appropriate to each patient's needs.

### Routine Home Care

Our Hospice Team will provide support to you wherever you call home. Medications and medical equipment will be delivered to you. With your loved one's symptoms well managed, the Hospice Team will continue to be available to support you.

### Continuous Care

Sometimes symptoms require an increase in nursing management, but the patient strongly prefers to remain at home. That is why we offer a continuous care program. This allows us to provide continuous one-on-one professional nursing care wherever your loved one lives, as available. When the symptoms are well managed, routine care can be re-established, with regular visits from the Hospice Team.

### Respite Care

Family caregivers have unique needs, and their well-being is just as important to us as our patients' care. When the caregiver needs a break or time to attend to other things, we offer our families respite care, an opportunity for the patient to receive care in a local Skilled Nursing Facility for up to 5 days. Ask your Hospice Team for more information on arranging respite care if you feel like this may be helpful to you and your family.

### General Inpatient Care (GIP)

General inpatient care is short term care for patients who require aggressive, intensive treatment to manage a medical crisis or to address pain and other symptoms that cannot be adequately managed in the home setting. The number of days that TRU Community Care can provide the general inpatient level of care is dependent on the reason for admission, the patient's condition, and the patient's individual needs. When the pain or symptoms have been controlled and a degree of medical stability is achieved, the patient will return home. GIP is often provided at the TRU Hospice Care Center.

## TRU Hospice Care Center

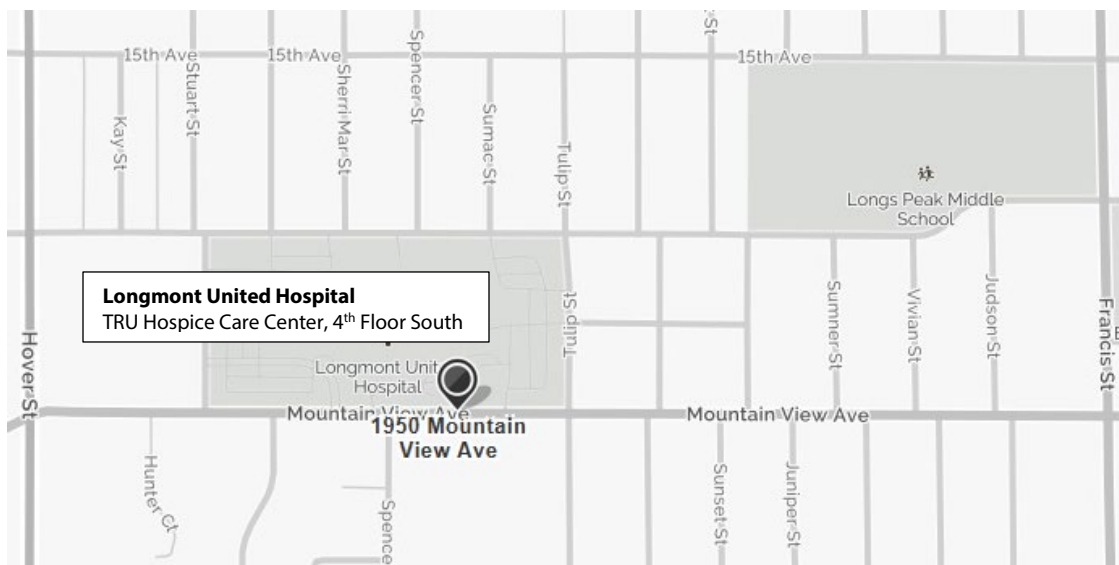
Since 1999, TRU Community Care has operated a hospice inpatient unit – the only facility of its kind in the area. The hospice inpatient unit offers patients around-the-clock nursing care, state-of-the-art pain and symptom management, emotional and spiritual support, and personalized attention. The inpatient unit is located on the 4<sup>th</sup> Floor South at Longmont United Hospital.

### Our inpatient unit at Longmont United Hospital, 4th Floor South has:

- 7 private patient rooms with mountain views
- Fold-out chairs and cots available for overnight visits
- Ability for family to visit 24 hours a day, 7 days a week
- Spacious family room with TV, games, and comfortable seating
- Private kitchen available for family use at any time
- Private counseling space
- Valet parking from 6:30am-5:30pm
- Family and visitor parking in front of main entrance
- Access to the hospital's chapel and cafeteria

### The Care Center specializes in:

- Around-the-clock nursing care
- State-of-the-art pain and symptom management
- Emotional and spiritual support
- Personalized volunteer attention
- Complex wound management
- Delirium with behavioral issues
- Intractable nausea and vomiting
- Sudden decline requiring intensive nursing interventions
- Short-term respite care





AS LIFE NEARS  
ITS END  
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AS LIFE NEARS  
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## What to Expect as Life Nears its End

### Common Signs of Life Nearing its End

The doctor has told you your loved one is dying. Although you knew this time would come and have likely already been grieving, you may still not feel ready to let your loved one go. You may also feel anxious or afraid about what will take place as the time of death draws near.

Though each individual is unique, most hospice patients experience similar physical changes as life nears its natural end. Understanding the common signs of approaching death can help you prepare to say goodbye and reduce your fear about the dying process. Here are some signs you may see develop over many months or occur in just weeks or days.

### The Last Weeks

It is difficult to predict exactly when your loved one will die. Some people seem to decline and then suddenly get better. Others move more steadily toward death.

*You may notice some of these changes over the last weeks or days.*

- A burst of energy
- Difficulty getting out of bed
- Withdrawal from activities
- An increased need for sleep
- Loss of appetite
- Pauses in breathing
- Difficulty healing from minor wounds or bruises
- Swelling in the arms and legs
- Hallucinations or visions

### The Last Days and Hours

As the end draws near, the signs you have witnessed in your loved one during the last week or two will become more intense. It is important to remember that dying is a natural process that we each complete in our own time and way and that how people die varies greatly.

*Here are some common signs many patients exhibit as death grows imminent:*

<b>Symptom Explanation</b>	<b>What to Know</b>
<b>Further physical and emotional withdrawal and increased sleep</b>	As death approaches, one naturally withdraws from everything outside of oneself, looking inward and reviewing oneself and one’s life. Your loved one may withdraw physically and emotionally to cope with the many overwhelming changes that are occurring.
<b>Reduced food and fluid intake</b>	There is less need for food because your loved one’s body will begin to conserve energy. Dehydration is a natural comfort measure since the body’s systems can no longer process fluids effectively. It is okay for your loved one to reduce foods and fluid. Ice chips, mouth swabs, and cool, moist washcloths can help relieve feelings of dehydration.
<b>Change in breathing patterns</b>	It is very common to see irregular breathing: very rapid, very slow, and/or 10 to 30 seconds of no breathing at all (called apnea). These symptoms indicate a decrease in circulation. Remember that a change in breathing patterns does not mean that your loved one is uncomfortable or struggling.
<b>Noisy respiration</b>	If the swallowing reflex is absent, oral secretions may collect in the back of your loved one’s throat. Breathing through the built-up secretions may be noisy. This may be more uncomfortable for observers than for your loved one. Elevate the head of the bed or turn your loved one on his or her side to help reduce noisy respiration. Your Hospice Team physician or nurse may use medications to reduce secretions if they are excessive.
<b>Incontinence of urine and stool</b>	As death approaches, your loved one may lose control over bodily functions. To help maintain dignity, use bed pads and briefs to keep your loved one dry and protect bed linens. Cleanse your loved one and change bed linens frequently to provide comfort, while also protecting the mattress.
<b>Changes in skin temperature and color</b>	Decreased circulation can cause your loved one’s skin to feel cool and appear discolored. Nail beds, hands, and feet may become pale or bluish. The underside of your loved one’s legs, feet or hands may become blotchy. Use light covers and turn the person from side-to-side frequently to prevent skin breakdown (bedsores). We DO NOT recommend using heating pads or electric blankets
<b>Clammy or sweaty skin</b>	As the body’s nervous system shuts down, skin may feel

	clammy and then sweaty. Keep your loved one comfortably warm with blankets, sponge baths, or massage.
<b>Glassy eyes</b>	Even if your loved one's eyes are open, they may not see anything. The eyes may appear glassy as the tear ducts relax, producing tears. This is part of the body's way of releasing tension, not an indication of pain or fear.
<b>Unresponsiveness</b>	Weakness and fatigue may become so overwhelming that your loved one cannot move. He or she may become completely unresponsive.
<b>Nausea and vomiting</b>	Nausea is a common symptom for hospice patients. You can help by minimizing food and fluid intake and serving small, frequent meals. Ice chips may be effective. Give anti-nausea medication as directed and keep your Hospice Team informed.
<b>Diarrhea</b>	Contact your Hospice Team for help with dietary modifications and possible medications to address this symptom.
<b>Constipation</b>	Let your Hospice Team know if you think your loved one is constipated. They will work with you to increase fruits, fluids, and bran as tolerated, administer stool softener and laxatives and track bowel movements.
<b>Pain</b>	If your loved one isn't capable or comfortable discussing physical discomfort, you can look for certain signs, like grimacing or wincing during movement, difficulty sleeping, crying, or obvious distress. If any of these are present, tell your Hospice Team nurse.
<b>Side effects of pain medications</b>	Many of the medications used to treat pain can have side effects, including nausea, constipation, or sleepiness. However, these issues can almost always be resolved, so tell your Hospice Team nurse if any are present.





WHEN LIFE ENDS  
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## When Life Ends

If you sense that your loved one has died, call TRU Community Care. Please do not call for an ambulance or the police. A Hospice Team member will come as soon as possible and make the necessary calls to the coroner's office, the physician, and the mortuary of your choice. There will generally be no need for the coroner or police to visit your home.

A Hospice Team member can assist you in preparing your loved one's body for the mortuary, in sharing your grief, and in honoring your loved one. If you prefer that this be a private time, the Hospice Team member can leave after making the necessary calls and you may call the mortuary yourself.

You need not feel rushed to make arrangements for your loved one's body. Spend as much time with your loved one as you would like. Even if you have been preparing for this moment, you might be surprised at how difficult it feels to finally let go.

### Seeing Your Loved One's Body

It is not unusual for family members and friends to have different feelings about whether they want to see their loved one's body after the death. Some people want to sit at the bedside, hold the hand, or bathe their loved one. Others may not be comfortable with the transition. We suggest that no one is forced to do anything that is uncomfortable for them, whether that means being pressured to stay with the body or being told they must leave before they are ready. If you are not sure what you want to do, talk to your Hospice Team about your fears ahead of time.

### Staying For the Mortuary

You might also find that the removal of your loved one's body is difficult to watch. It is okay to decide that you do not want to be in the room when the mortuary takes their body.

## You Are Not Alone

Please accept our deepest sympathy for your loved one's death. You've been on an overwhelming journey, and we're honored to have been part of it. That journey doesn't end with your loved one's death. We'll be here, whenever you need us in the next days and months—you don't have to go it alone. Please call TRU Grief Services at (303) 604-5300 for additional information or to be connected with a grief counselor or support group.

## Obtaining a Death Certificate

You'll need to give copies of the death certificate to many agencies and offices you contact. If you don't purchase certified copies through your funeral director, you can buy directly at the Vital Records office:

**By Phone:** Call (866) 300-8540 during business hours (M-F 8:30am – 4:30pm). Can be paid by credit card. Orders will be mailed within 3-5 days of receiving request.

**Online:** Visit [www.vitalchek.com](http://www.vitalchek.com). Orders will be mailed within 3-5 days of receiving request.

**In Person:** For same day service, visit the above below (or the Vital Records Office in Pay with check, money order, or credit card.

**By Mail:** Orders will the county where the death occurred) during business hours (M-F 8:30am – 4:30pm). be mailed within 30 days of receiving request. Send the completed Colorado Death Certificate Request form, a copy of your current driver's license/passport/state identification, and a check or money order payable to Vital Records to:

Vital Records - Certification  
4300 Cherry Creek Drive South  
Denver, CO 80222-1530



**COLORADO**  
Department of Public  
Health & Environment

FOR OFFICE USE ONLY:  
 pick up       call  
 mail             email

# Colorado Death Certificate Request

This office has death certificates for the entire state since 1900. Death certificates are also available in the county Vital Records office where the death occurred.

<p><b>Ways to Order:</b></p> <ul style="list-style-type: none"> <li>In Person: Same day service. Hours are Monday-Friday 8:30 a.m.- 4:30p.m.</li> <li>Mail Orders: Send check or money order payable to Vital Records to the address listed on the right. Orders are mailed in 30 business days after receipt of your request.</li> <li>Phone Orders: 1-866-300-8540</li> <li>Online Orders: <a href="http://www.vitalohck.com">www.vitalohck.com</a> Phone and Online orders are mailed 3-5 days after receipt of the request.</li> </ul>	<p><b>Vital Records - Certification</b>                  4300 Cherry Creek Drive South                  Denver, CO 80246-1530  <a href="http://www.colorado.gov/odphe">www.colorado.gov/odphe</a>                  Email: <a href="mailto:vital.records@state.co.us">vital.records@state.co.us</a>                  Phone: (303) 692-2200</p>
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## REQUIREMENTS

- This request must be completed in full.
- Enclose a copy of a current driver's license, passport or State identification. (The complete list of primary and secondary ID's are available online at [www.colorado.gov/cdphe](http://www.colorado.gov/cdphe))
- Enclose appropriate fees.
- Person requesting to receive death certificate must sign below.
- Proof of relationship or legal interested is required (see reverse side).

### Requestor Information (Please Print)

<small>Name of person making request</small>	First	Middle	Last	Email:
Mailing Address	City	State	Zip	Daytime Phone ( )
Physical Address	City	State	Zip	Alt Phone Number ( )
Relationship to deceased (must submit proof of relationship) <small>*see reverse side</small>	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling
	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Other:	<input type="checkbox"/> Child	<input type="checkbox"/> Funeral Director
Reason for Request:	<input type="checkbox"/> Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> Property <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____			

### Deceased Information Check here if you are requesting a certificate of stillbirth

Full name of deceased	First	Middle	Last	Date of death* (or range of dates)
	Month	Day	Year	Date of birth or age at death (optional)
	State of birth (optional)			
Place of death	City	County	State	<b>Colorado ONLY</b>
<small>Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118).</small>				
By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.				Today's Date
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SIGN HERE </div>				

#### Charges: (FEES NON-REFUNDABLE)

<p><small>*Search fee where date of death is unknown (\$1.00 per year) ..... \$_____</small></p> <p>Cost of death certificate: \$20.00 for one (or search when no record found)  <b>First copy-check one:</b></p> <p><input type="checkbox"/> Standard death certificate (entire record) ..... \$20.00 = \$_____</p> <p><input type="checkbox"/> Legal death certificate (all legal and no medical information) ..... \$20.00 = \$_____</p> <p><input type="checkbox"/> Verification of death (limited legal information and no medical information) ..... \$20.00 = \$_____</p> <p><b>Cost of additional certificates: \$13.00 each:</b></p> <p><input type="checkbox"/> Standard death certificate (entire record) ..... x \$13.00 = \$_____</p> <p><input type="checkbox"/> Legal death certificate (all legal information and no medical information) ..... x \$13.00 = \$_____</p> <p><input type="checkbox"/> Verification of death (limited legal information and no medical information) ..... x \$13.00 = \$_____</p> <p>\$10.00 credit card convenience charge (walk-ins excluded) ..... \$_____</p> <p>Please check your shipping method:</p> <p><input type="checkbox"/> Regular mail (\$0.00)</p> <p><input type="checkbox"/> FedEx next business afternoon (check, money order, cash orders ONLY) (\$20.00) ..... \$_____</p> <p><input type="checkbox"/> UPS next business afternoon (credit card orders ONLY) (\$20.00) ..... \$_____</p> <p><b>TOTAL CHARGES</b> ..... \$_____</p>	<p><b>Credit Card Orders**</b></p> <p>Card Type: <input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Discover    <input type="checkbox"/> American Express</p> <p>Cardholder Name: _____</p> <p>Card Number:   _ _ _ _ _   _ _ _ _ _   _ _ _ _ _   _ _ _ _ _  </p> <p>Expiration Date: _____ / _____</p> <p><b>**\$10.00 convenience charge will be added</b></p>
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PATIENT CARE: WHEN LIFE ENDS

**Death certificates may issued to:**

**Document(s) needed to prove relationship:**

Current spouse	Must be listed on death certificate.
Ex-spouse	Must present proof of direct & tangible interest (i.e. Social Security record, insurance policy).
Parent	Must be listed on death certificate.
Stepparent	Marriage certificate proving relationship to a parent that is listed on death certificate.
Grandparents/Great grandparents	Birth certificate(s) proving relationship required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Siblings/Half siblings	Birth certificate showing at least one same parent required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Children/Grandchildren/Great grandchildren	Birth certificate(s) showing relationship is required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Step-Children	Marriage certificate & birth certificate proving relationship required.
Legal representative/Paralegals	Proof of client relationship required as well as proof of the client's relationship to the registrant.
Opposing counsel	Certificate will be mailed to court w/ motion to seal "confidential record." Name, address and case number of the court required.
Genealogists	Notarized signed release from immediate family member required as well as proof of the family member's relationship. Certificate marked "For Genealogical Use Only."
In-laws/aunts/uncles/nephews/nieces/ cousins	For death certificate 25 years or younger- Must present proof of direct & tangible interest (i.e. insurance policy, personal will, etc.).  For death certificates over 25 years- Must present proof of relationship (a family tree would be acceptable for this case) Death certificate marked "For Genealogical Use Only."
Probate Researchers	Proof of direct & tangible interest required.
Creditors	Proof of direct & tangible interest required.
Employer	Proof of direct & tangible interest required.
Beneficiaries	Proof of direct & tangible interest required (i.e. letter on insurance company/ pension company letterhead that clearly states the applicant is a beneficiary or is eligible to file a claim).
Insurance companies	Proof of direct & tangible interest required (Insurance policy).
Hospital/Nursing home/Hospice/Physician	Proof of patient relationship required.
Funeral Directors	Must be listed on death certificate.
Informant	Must be listed on death certificate.
Others who may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right	Proof of direct & tangible interest required.
Attorney-in-fact/Agent (Power of Attorney)	Must present a Durable Power of Attorney that has been signed by the "principal" (person they are representing) and notarized. Durable Power of Attorneys are indefinite unless specified in the document or upon death. We do not accept Medical Power of Attorney. Review the Power of Attorney carefully, since some provide a limited amount of authority to the "attorney-in-fact"/"agent".
Consular Corps/Consulate offices	Must present credentials verifying their connection to the Consulate

## Funeral, Cremation, and Mortuary Planning

The purpose of the funeral -- which can be as conventional or unconventional as you prefer -- is to allow your survivors a time and place to grieve your loss. Arranging your funeral should be done with the same care and consideration that you use when writing a will, planning a wedding, or buying a home.

Making funeral arrangements in advance may lessen survivors' burdens at a difficult time and will help to ensure that your wishes are carried out. If you or a parent is trying to spend down assets to qualify for Medicaid, prepaying for a funeral can also be a smart move because dollars put toward funeral expenses aren't counted as part of your net worth.

### Do Your Homework

Before making any decisions about funeral arrangements:

- Contact at least three (3) funeral establishments in your area to compare costs, services, and personal styles before making a final hiring decision. General price lists should be freely available to compare prices and offerings.
- The Colorado Funeral Directors Association website provides a directory of funeral establishment members to use as a reference. CFDA members subscribe to a code of ethics and pledge to uphold local, state, and federal laws related to funeral service.
- Make sure that the funeral establishment and/or crematory you select is registered with the Department of Regulatory Agencies (DORA). DORA requires registration for each calendar year, and status and disciplinary actions can also be verified online.
- Colorado laws are intended to protect consumers from fraudulent practices. You can report complaints to DORA or get assistance from the Colorado Funeral Service Board.

### Questions to Ask a Funeral Director

The funeral business has evolved from brick-and-mortar funeral establishments to store-front shops in retail centers and funeral brokers that subcontract handling and arrangements to other funeral establishments.

Here are a few questions to ask, should they be important to you:

- Does the funeral establishment have a physical location, i.e., its own building, a retail unit or an office suite, etc.?
- What services are handled directly by employees of the funeral establishment? What services are outsourced to other providers? Transport, embalming, and cremation are often handled by third-party providers.

**The above information is sourced from the Colorado Funeral Directors Association. For more information and to search CFDA accredited Funeral Homes, visit the website at [www.cofda.org](http://www.cofda.org).**



For additional resources and information, visit the Colorado Mortuary & Crematory Directory at [www.funeralconsumercolorado.org](http://www.funeralconsumercolorado.org). You can also reach the directory by scanning the following QR code on your phone:



## How to Handle Unused Supplies and Medications

### Donate Unused Medical Supplies to Project C.U.R.E.

People in developing countries are dying when doctors can't do surgeries and nurses are unable to provide needed care simply because they don't have very basic supplies—gloves, needles, syringes, and sutures.

At the same time, usable medical supplies are being thrown away in our landfills each day. Project C.U.R.E., a 501 (c) (3) humanitarian relief organization, collects this medical supply surplus. Following an in-depth needs assessment study performed by Project C.U.R.E., volunteers help sort, package and deliver donated supplies to hospitals and clinics in developing countries. We can save lives.

### *What Types of Medical Supplies Does Project C.U.R.E. Accept?*

Project C.U.R.E. accepts donations of all types of unused medical supplies and equipment.

### *What About Medications?*

Project C.U.R.E. does not accept medications. The Colorado Department of Public Health and Environment (CDPHE) manages a medication and sharps (needles) take back program that consists of medication collection receptacles at participating law enforcement agencies, pharmacies, and clinics across Colorado. Learn more about medication take back at <https://cdphe.colorado.gov/colorado-medication-take-back-program> or scan this QR code:



*If you would like to donate medical supplies, please contact:*

Project C.U.R.E.: (303) 792-0729  
[projectcureinfo@projectcure.org](mailto:projectcureinfo@projectcure.org)

# How to Dispose of Unused Medicines

**I**s your medicine cabinet full of expired drugs or medications you no longer use? How should you dispose of them?

Many community-based drug “take-back” programs offer the best option. Otherwise, almost all medicines can be thrown in the household trash, but consumers should take the precautions described below.

A small number of medicines may be especially harmful if taken by someone other than the person for whom the medicine was prescribed. Many of these medicines have specific disposal instructions on their labeling or patient information leaflet to immediately flush them down the sink or toilet when they are no longer needed. For a list of medicines recommended for disposal by flushing, go to [www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm).

## Drug Disposal Guidelines and Locations

The following guidelines were developed to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse after they are no longer needed:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the



medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.

- Take advantage of programs that allow the public to take unused drugs to a central location for

proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your city’s or county government’s household trash and recycling service to learn about



medication disposal options and guidelines for your area.

- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles (“drop-boxes”). Visit the DEA’s website ([www.deadiversion.usdoj.gov/drug\\_disposal/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/index.html)) or call 1-800-882-9539 for more information and to find an authorized collector in your community ([www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1](http://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1)).

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.

FDA’s Ilisa Bernstein, Pharm.D., J.D., offers a few more tips:

- Scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give your medicine to friends. Doctors prescribe medicines based on your specific symptoms and medical history. Something that works for you could be dangerous for someone else.

- When in doubt about proper disposal, ask your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

**Why the Precautions?**

Some prescription drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets and even adults, especially those who have not been prescribed the medicine.

“Even after a patch is used, a lot of the medicine remains in the patch,” says Jim Hunter, R.Ph., M.P.H., an FDA pharmacist. “So you wouldn’t want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others.”

**Environmental Concerns**

Some people are questioning the practice of flushing certain medicines because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies.

“The main way drug residues enter water systems is by people taking medicines and then naturally passing them through their bodies,” says Raanan Bloom, Ph.D., an environmental assessment expert at FDA. “Many drugs are not completely absorbed or metabolized by the body and can enter the environment after passing through wastewater treatment plants.”

“While FDA and the Environmental


Protection Agency take the concerns of flushing certain medicines in the environment seriously, there has been no indication of environmental effects due to flushing,” Bloom says.

“Nonetheless, FDA does not want to add drug residues into water systems unnecessarily,” adds Hunter.

FDA reviewed drug labels to identify products with disposal directions recommending flushing down the sink or toilet. This continuously updated listing can be found at FDA’s Web page on Disposal of Unused Medicines ([www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)).

**Disposal of Inhaler Products**

Another environmental concern involves inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFCs), a propellant that damages the protective ozone layer. CFCs have been phased out of inhalers and are being replaced with more environmentally friendly inhaler propellants.

Read handling instructions on the labeling of inhalers and aerosol products, because they could be dangerous if punctured or thrown into a fire or incinerator. To ensure safe disposal that complies with local regulations and laws, contact your local trash and recycling facility. 

Find this and other Consumer Updates at [www.fda.gov/ForConsumers/ConsumerUpdates](http://www.fda.gov/ForConsumers/ConsumerUpdates)

 Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html)

## Supporting TRU Community Care

**TRU Community Care** is a 501(c)3 nonprofit organization. We provide service regardless of an inability to pay, meaning that community support is vitally important.

### Memorial Donations

Contributions in the form of memorial gifts are appreciated and may be offered at the time of death. Memorials can be mailed or delivered to:

TRU Community Care  
2594 Trailridge Drive East  
Lafayette, CO 80026

Online donations can be made via our website: [www.trucare.org/donate](http://www.trucare.org/donate).

Many families specify memorial gifts to TRU Community Care in lieu of flowers when announcing their loved one's death. All gifts are acknowledged, and family members are notified when tributes are received. Here is one suggested way to word this request:

In lieu of flowers, memorial donations may be made to TRU Community Care at 2594 Trailridge Drive East, Lafayette, CO 80026 or online at [www.trucare.org/donate](http://www.trucare.org/donate).

All contributions are tax-deductible. For questions, please call (303) 926-4743.

### TRU Thrift Shop

If you are looking for a place to donate your loved one's belongings, please consider the TRU Thrift Shop in Boulder. Proceeds support our mission and make it possible to provide compassionate care for our community. TRU Thrift Shop relies on volunteers and donated items to run the shop. Please visit [trucare.org/truthriftshop](http://trucare.org/truthriftshop) for more information about donations and hours of operation. You can also call the TRU Thrift Shop at (303) 604-5353 to schedule furniture donation pick up and for other large, donated items. The shop's physical address is:

TRU Thrift Shop  
5565 Arapahoe Avenue  
Boulder, Colorado 80303



CAREGIVER  
SUPPORT  
TAB

(FRONT)

# CAREGIVER SUPPORT TAB

(BACK)

## Caring for the Caregiver

Caregiving is a tremendous responsibility, and while most caregivers find the experience rewarding, it is also taxing, both emotionally and physically. Many caregivers spend so much time taking care of someone else that they fail to take care of themselves. According to the Family Caregiver Alliance, caregivers do not sleep well, eat well, exercise, or make it to their own medical appointments. The emotional toll of caregiving—not to mention the physical requirements of providing care and the day-to-day demands on time and resources—can lead to extreme stress.

### Caregiving and Stress

If you are experiencing these signs of caregiving stress, ask your Hospice Team, family members, and friends for help.

- Irritability
- Sleep problems
- Backaches and headaches
- Loss of interest in social activities
- Difficulty concentrating and forgetfulness

### Why Do You Feel Like Grieving Now?

Although we think of grief as an experience resulting from a death, it often begins with a diagnosis of terminal illness. That's why our grief support begins upon admission and continues after death. The feeling of loss you and your family and friends may be experiencing is called anticipatory grief, and it may affect different people in different ways. If the emotional toll of caregiving is affecting your physical or emotional health, please ask your Hospice Team for help.

While there are some grief issues that can only be dealt with before a death, such as saying goodbye, there are also some that can only be faced after a death. Giving yourself permission to grieve as you go along will help you manage your grief process once your loved one has died. Because your responses to the death can't be foreseen or understood right now, our grief support team will be there to help as you navigate the changes.

#### ***Some physical signs of anticipatory grief might include:***

- Heightened fear, anxiety, depression
- Loss of energy and vitality
- Stomach and intestinal upsets, loss of appetite
- Tightness in the chest, dizziness, shortness of breath
- Increase in physical illness
- Change in sleep patterns

#### ***Social and behavioral signs might include:***

- An increased or a decreased desire for support from family and friends
- Communication breakdown and misunderstanding due to increased tension



***Thought patterns might include:***

- Imagining the actual event of the death
- A sense of unreality or disbelief
- Worry about finances
- Heightened sensitivity, crying frequently, mood swings
- Uncertainty about the dying process and feelings of lack of control

***On the plus side, anticipatory grief can help you prepare for a loss by giving you time to:***

- Absorb the reality of the loss over time
- Say good-bye and complete unfinished business
- Reassign family roles
- Adjust to the changes that may occur after the death

***Here are some suggestions that might help you deal with the effects of anticipatory grief:***

- Try to get plenty of sleep, eat well and exercise.
- Fully experience the emotions that arise and talk out feelings with trusted friends. This can be a relief and can give people who care a way to be helpful.
- Accept support from friends, family, co-workers, clergy, and TRU Hospice staff through this difficult time. Say “yes” to the offer for home-cooked food or grocery shopping.
- Give yourself permission to say “no” to any responsibilities that can be postponed.
- Try to be patient and gentle with yourself at this very vulnerable time.

## How Are the Kids Coping?

There is a lot to do when someone you love is terminally ill. On top of your regular responsibilities, it is likely you are now providing care, handling practical matters, taking part in deep and difficult discussions — all while experiencing strong and mixed emotions. So, it is not surprising that the kids — whether they are grandchildren, siblings, or children of our patients — sometimes get lost in the shuffle. But even when children’s worlds are disrupted, the involvement of relatives, friends, family members, teachers, and other community members can help them to experience their lives relatively normally.

**We have learned kids cope best when:**

- Parents provide age-appropriate medical information and allow children to talk and ask questions
- Schools are aware when there is an illness in the family and teachers are sensitive and supportive
- Relatives or friends provide support for routine activities like sports games or music lessons

## Why Does Your Child Feel Like Grieving Now?

Children often begin the grieving process before an actual death occurs. They begin missing the person that they knew before that person became sick. As a person becomes sicker, children must change and adapt to the new situation and develop new coping skills. As parents and caregivers, you are often grieving as well, and this makes it more difficult to help children with their grief. Children often lack the ability to put their emotions into words, so you may see grief manifest as changes in their behavior.

- Give your child a chance to say goodbye in a way that feels good to them: draw a picture, write a letter, sit by the bedside, etc. Art can be healing.
- Children always do better when we tell them the truth and let them ask questions—even the hard ones—so they don't imagine something worse. Keep your facts simple.
- Let them know all feelings are okay as they grieve, and it is normal to have many different feelings.
- Kids worry about how this death will impact them. Focus on keeping routines the same; don't be afraid to ask for help.
- Correct their ideas when they are not accurate: younger children often feel guilt over a death. Always let them know why it is not their fault.
- Kids often say that they can't cry because that will make the adults sad, and adults say the same thing. Be open. Kids also worry about their own safety: "What will happen to me if my parents/caregivers also die?" Be reassuring.
- Schools, churches, and sports teams and other places where your child spends time should all be given the same information that your child has to ensure consistency and support. Be sure to ask what extra services those programs might be able to provide to your child around grief and loss.

We are here to support your entire family, including the children. If you need help with your kids, please talk to your Hospice Team. In the meantime, we hope it helps to know, that in an atmosphere where information and feelings can be shared, questions asked, and needs assessed and met, your loved one's death doesn't have to negatively impact your children for life. This shared experience can lead to change and growth for all of you.



# RESOURCES TAB

(FRONT)

# RESOURCES TAB

(BACK)

## Advance Care Planning

### What is Advance Care Planning?

Advance Care Planning is the process that allows you to make decisions about future medical care. It is a set of directions for the kind of medical care you want if you cannot communicate your wishes at some time in the future. About 50% of people will be unable to make decisions at some point in their lives. This can happen during a serious illness, after an accident, or near end-of-life. Loss of decision-making ability may be temporary or permanent. Good advance care planning includes advance directives and ongoing discussion about values, wishes, priorities and goals of care.

### Advance Care Planning Definitions

Term	Definition
<b>Advance Directive</b>	An advance directive is a legal document(s) that gives directions for medical care (before an emergency occurs) when you are not able to make these decisions yourself.
<b>Ethical Will</b>	An ethical will is a personal document created in order to explore and communicate your values, experiences, and life lessons to your family.
<b>Living Will</b>	A living will states the kind of medical treatment wanted (or not wanted) if you lose the ability to make decisions on your own. A living will is only applicable at the very end of life.
<b>Durable Power of Attorney for Health Care</b>	A Durable Power of Attorney for Health Care is a document that allows individuals to name a person to make medical decisions if they should become unable to speak for themselves. This person is referred to as Medical Durable Power of Attorney (MDPOA), health care agent, or health care proxy.
<b>Cardio Pulmonary Resuscitation (CPR)</b>	CPR is an emergency procedure consisting of someone pumping on the chest and giving artificial breaths to a person with no pulse or who is not breathing. CPR is unlikely to work for people who are seriously or terminally ill. It is important to talk to a medical professional about how CPR might affect you considering your current medical situation. It is different for everyone. According to Colorado law, if 911 is called, the responding emergency personnel must perform CPR unless there is a Medical Orders for Scope of Treatment (MOST) form or "Do Not Resuscitate" (DNR) order in place. If you do not want CPR, it is important to hang the MOST form or DNR order on your refrigerator or another visible location.
<b>Do Not Resuscitate (DNR)</b>	If you do not wish to be resuscitated, you, your family or the loved one holding your Durable Medical Power of Attorney for Healthcare must request "Do Not Resuscitate" (DNR) also known as "Allow

<p><b>Medical Orders for Scope of Treatment (MOST)</b></p>	<p>Natural Death” (AND) orders from your physician.</p> <p>The MOST form is not a traditional advance directive, but rather a set of medical orders for health care in serious illness and near end-of-life. Many hospice patients choose to fill out the MOST form because it is an effective way to express wishes regarding life-sustaining treatment. The form is not mandatory. The MOST form includes a section about cardiopulmonary resuscitation (CPR).</p> <p>The MOST form replaces the need for a specific “do-not-resuscitate” (DNR) order, although it is possible to fill out a stand-alone DNR order. The MOST goes a step further by offering a chance for a seriously ill person to decide if they want to have intensive treatment in the hospital, more limited treatment, or comfort care only. Comfort care means that your care team will work hard to keep you comfortable in your home or current setting. They will avoid taking you to the hospital and instead care for you where you are. Managing pain and discomfort is always part of the plan. It is common for hospice patients to choose comfort care because they are terminally ill and do not wish to continue intense treatment for health issues that cannot be cured.</p>
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*Patients receiving hospice care are not required to have advance directives, but we strongly recommend it.*

The MDPOA is especially important because it names the person who will speak for you if you cannot speak for yourself. In Colorado, there is no person who automatically does this for you. Choosing your own Healthcare Agent is the best way to have a say in your healthcare decisions. We firmly believe that our patients have the right to choose the type of care they want to receive. For more information on advance care planning or to ask about questions or concerns, please talk with your TRU Hospice team nurse or social worker.

**The Conversation Project in Boulder County**

In addition to talking about advance directives with your hospice team, The Conversation Project in Boulder County (TCPBC) is a program of TRU Community Care and an additional advance care planning resource for our community. TCPBC’s mission is to help people share their wishes for care through the end of life. TCPBC provides free advance care planning education and assistance to TRU’s patients and families, as well as the wider community. TCPBC can help you find the right advance directive forms, assist you to fill them out effectively, and even facilitate a conversation with those that matter most. Please visit [www.theconversationprojectinboulder.org](http://www.theconversationprojectinboulder.org) to learn more.

## Infection Control and Prevention

To help prevent the spread of a widespread pandemic or isolated infection, it is important to practice good health habits, stay clean, and use good hygiene. Items used in health care, such as bandages or gloves, can spread infection, harm family members and others who touch them, and harm the environment if they are not disposed of properly. Some illnesses and treatments (such as chemotherapy, dialysis, AIDS, diabetes, and burns) can make people more at risk for infection. Your nurse will tell you how to use protective clothing (such as gowns or gloves) if you need it. Please tell your doctor or a home care staff member if you notice any of the following signs and symptoms of infections: pain, tenderness, redness or swelling; inflamed skin, rash, sores or ulcers; fever or chills; pain when urinating; sore throat or cough; confusion; increased tiredness or weakness; nausea, vomiting or diarrhea; and/or green or yellow pus.

### Practice Good Health Habits

**Cover your mouth and nose** with a tissue when you cough or sneeze. If you do not have a tissue, cover your mouth with your upper sleeve, not your hands.

**Avoid close contact** with people who are sick. If you are sick, keep your distance from others.

**Avoid touching your eyes, nose, or mouth.** Germs may spread if you touch something that is contaminated and then touch your eyes, nose, or mouth.

**Get plenty of sleep,** be physically active, manage your stress, drink plenty of fluids and eat nutritious food.

### Wash Your Hands

**Wash your hands frequently and correctly. It is the single most important step in controlling the spread of infection.**

**Always wash hands before** tending to a sick person; touching or eating food; and treating a cut or wound.

**Always wash hands after:**

- Tending to a sick person
- Touching soiled linens
- Treating a cut or wound
- Touching garbage
- Using the bathroom
- Changing diapers
- Touching animals or their waste
- Coughing, sneezing, or blowing your nose



## RESOURCES

**If you have visibly dirty hands,** or they are contaminated or soiled in any way, wash them with soap (liquid soap is best) and warm running water. Remove jewelry, apply soap, wet your hands and rub them together for at least 20 seconds. Wash all surfaces, including wrists, palms, back of hands, between fingers and under nails. Rinse off the soap and dry your hands with a clean towel that has not been shared. If one is not available, air-dry your hands. Use a towel to turn off the faucet. If you use a paper towel, throw it in the trash.

**If you do not have visibly dirty hands,** use an alcohol-based hand rub to clean them. Use a rub with 65-90% ethyl or isopropyl alcohol. Open the cap or spout and apply a dime-size amount (or the amount recommended on the label) in one palm, then rub hands vigorously, covering all surfaces of hands and fingers, until they are dry.

## FACT SHEET



## Preventing the Spread of Bloodborne Pathogens

Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

- **Direct contact.** Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.
- **Indirect contact.** A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.

Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

### TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:

- Avoid contact with blood and other body fluids.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different victim.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
- Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

### TO REDUCE THE RISK OF EXPOSURE, FOLLOW THESE ENGINEERING AND WORK PRACTICE CONTROLS:

- Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
- Use sharps disposal containers to place sharps items, such as needles.
- Clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
  - Use a fresh disinfectant solution of approximately 1 ½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution) and allow it to stand for at least 10 minutes.
  - Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If worn, wash and dry uniforms according to the manufacturer's instructions.

**FACT SHEET** *Continued***IF YOU ARE EXPOSED, TAKE THE FOLLOWING STEPS IMMEDIATELY:**

- Wash needlestick injuries, cuts and exposed skin thoroughly with soap and water.
- If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water.
- If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigants for 20 minutes.
- Report the incident to the appropriate person identified in your employer's exposure control plan immediately. Additionally, report the incident to emergency medical services (EMS) personnel who take over care.
- Record the incident by writing down what happened. Include the date, time and circumstances of the exposure; any actions taken after the exposure; and any other information required by your employer.
- Seek immediate follow-up care as identified in your employer's exposure control plan.

Occupational Safety and Health Administration (OSHA) regulations require employers to have an exposure control plan, a written program outlining the protective measures the employer will take to eliminate or minimize employee exposure incidents. The exposure control plan guidelines should be made available to employees and should specifically explain what they need to do to prevent the spread of infectious diseases.

Additionally, OSHA requires that a hepatitis B vaccination series be made available to all employees who have occupational exposure within 10 working days of initial assignment, after appropriate training has been completed. However, employees may decide not to have the vaccination. The employer must make the vaccination available if an employee later decides to accept the vaccination.

Check out OSHA's website ([www.osha.gov](http://www.osha.gov)) or refer to your employer's exposure control officer for more information on OSHA's Bloodborne Pathogens Standard (29 CFR part 1910.1030).

## Home Oxygen Safety Tips

### Fire Safety

- Oxygen is not flammable and will not explode. However, oxygen does support combustion. This means that oxygen makes things burn faster and ignite easier.
- Use and or store oxygen in a well-ventilated area because oxygen accumulates around the user and immediate surroundings.
- NEVER use/or store oxygen in a confined space such as a cabinet or closet.
- DO NOT use petroleum-based ointments or lotions in or around your nose, such as Vaseline, Vicks, Chapstick, etc. Oxygen can react violently with these oily substances and can cause burns.
- Keep all oxygen equipment at least 15 feet from any type of open flame. Take care to avoid open flames while using oxygen, including matches, fireplaces, barbeques, stoves, space heaters, candles, etc.
- DO NOT SMOKE within 15 feet of the oxygen set-up or a patient using oxygen.
- Avoid using electrical appliances that produce sparks, such as electrical heaters, e-cigarettes, electric razors, hairdryers, friction toys, remote control toy cars, etc.
- Use of a smoke detector and fire extinguisher is highly recommended when using oxygen in the home.
- Plan an evacuation route for you and your family in the event of a fire.
- Turn off oxygen and move at least 15 feet away from tubing and setup if smoking.

### Oxygen Storage and Handling

- Oxygen tanks should be stored in a stand or cart to prevent tipping and falling. Store extra, unsecured tanks by placing them flat on the floor. Do not allow tanks to stand or lean in an upright position while unsecured.
- DO NOT store oxygen systems in unventilated areas such as closets or cabinets. NEVER drape clothing over oxygen systems.
- DO NOT store oxygen systems near heat or ignition sources.
- DO NOT store oxygen systems in the trunk of your car.
- While transporting oxygen in a vehicle, ensure containers are secure and positioned properly.
- Oxygen should be transported in the passenger compartment of a vehicle with the window open slightly (2-3 inches) to permit adequate ventilation.

### **Concentrator Safety**

- Concentrators are electrical devices that should only be plugged into a properly grounded or polarized outlet.
- DO NOT use extension cords.
- DO NOT use multi-outlet adaptors such as power strips.
- Use a power supply or electrical circuit that meets or exceeds the amperage requirements of the concentrator.
- Keep concentrator 12-18 inches away from objects, especially walls, curtains or other easily burned materials.

### **Liquid Oxygen Safety**

- Avoid direct contact with the liquid oxygen as it can cause severe burns due to its extreme cold temperature.
- Avoid touching any frosted or icy connectors of either the stationary reservoir or portable unit.
- Avoid contact with any stream of liquid oxygen while filling portable units.
- Keep the portable unit in an upright position. Do not lay the unit down or place it on its side.

**SMOKING WHILE  
USING OXYGEN IS  
EXTREMELY  
DANGEROUS**

## Be Red Cross Ready

# Be Red Cross Ready

Get a kit. Make a plan. Be informed.



**It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference...Get a kit. Make a plan. Be informed.**

### Be Red Cross Ready Checklist

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> I know what emergencies or disasters are most likely to occur in my community.</li> <li><input type="checkbox"/> I have a family disaster plan and have practiced it.</li> <li><input type="checkbox"/> I have an emergency preparedness kit.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> At least one member of my household is trained in CPR/AED use.</li> <li><input type="checkbox"/> I have taken action to help my community prepare.</li> </ul> |
|--|---|



### Get a kit

**At a minimum, have the basic supplies listed below.**

Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water: one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food: non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Current digital photos of loved ones, updated every six months, especially for children
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area

**Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:**

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

**Additional supplies to keep at home or in your kit based on the types of disasters common to your area:**

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags
- Sunscreen
- Insect Repellent



### Make a plan

- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military or engages in extended business travel on a regular basis, plan how you would respond if they were away.
- If you or a member of your household is an individual with access or functional needs, including a disability, consider developing a comprehensive evacuation plan in advance with family, care providers and care attendants, as appropriate. Complete a personal assessment of functional abilities and possible needs during and after an emergency or disaster situation, and create a personal support network to assist.

**Plan what to do in case you are separated during an emergency**

- Choose two places to meet—
  1. Right outside your home in case of a sudden emergency, such as a fire.
  2. Outside your neighborhood, in case you cannot return home or are asked to evacuate.

*Consider any transportation challenges that might be encountered by individuals that use mobility assistive equipment.*

## RESOURCES

- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should memorize emergency contact information and have it in writing or programmed into their cell phones.
- Identify alternative ways to communicate (email, text, call, mail, through a third party, etc).

### Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel or motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.



Download the [Red Cross Emergency App](#) or, go to [redcross.org](#) and search emergency app.

This app provides expert advice on how to prepare and respond to disasters and includes a map with open Red Cross shelters.

- Have at least one alternate location if the preferred location is not accessible.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable. Ensure all household/family members know the evacuation route, alternate routes, primary and alternate meeting destination.
- Plan ahead for your pets. Keep a phone list of "pet friendly" motels/hotels and animal shelters that are along your evacuation routes.



## Be Informed

### Learn what disasters or emergencies may occur in your area.

These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as "watches" and "warnings" and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed too.

### Emergency Contact Cards for All Household Members

Emergency Contact Card	People to Call or Text in an Emergency
Name: _____	_____
Phone: _____	_____
Home Address: _____	_____

Get your cards online [here](#) or, go to [redcross.org](#) and search emergency contact.

- Print one card for each family member.
- Write the contact information for each household member, such as work, school and cell phone numbers.
- Ensure contacts for relatives include familiar names (grandma, aunt, etc.) as well as actual names when making cards for children.
- Fold the card so it fits in your pocket, wallet or purse.
- Carry the card with you so it is available in the event of a disaster or other emergency.

### Let Your Family Know You're Safe

Tell your loved ones about the [American Red Cross Safe and Well Website](#) or access through [redcross.org](#) by searching safe and well. This internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have internet access, call **1-800-RED CROSS** to register yourself and your family.

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For more information on disaster and emergency preparedness, visit [redcross.org](#).

## Fall Prevention

# THE 4 P'S OF FALL PREVENTION



### POTTY

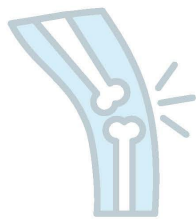


Does the person need to use the toilet or commode? Always ask before leaving the room.

### POSITION

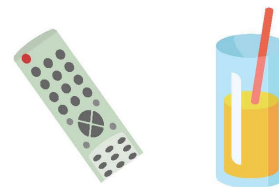


Is the person in a comfortable position? Always ask if they would like to be turned or adjusting before leaving the room.



### PAIN

Is the person experiencing pain? Always ask before you leave the room. If the patient has pain, be sure to provide pain treatment.



### POSSESSIONS

Are all the items the person would like or need placed within reach? Always make sure the items the person wants are within reach.



*Affirming life at every step of your journey with illness and loss.*

**PLEASE CALL TRU COMMUNITY CARE AT (303) 449-7740 IF THERE IS A FALL  
EVEN IF THE PERSON IS NOT HURT**







# POLICIES & FORMS TAB

(FRONT)

# POLICIES & FORMS TAB

(BACK)

## TRU Inpatient Care Center Information and Rate Sheet

*The approach to care at the TRU Inpatient Care Center is consistent with home care hospice goals: supportive, comfort-oriented, and not curative in nature.*

### Understanding the difference between GIP and Routine Level of Care:

**General Inpatient Care (GIP)** care is short term care in a licensed hospice facility for patients who require aggressive, intensive treatment to manage a medical crisis or to address pain and other symptoms that cannot be adequately managed in the home setting. The number of days that TRU Community Care can provide the general inpatient level of care is dependent on the reason for admission, the patient's condition, and the patient's individual needs.

**Routine Hospice Care** is the most common level of hospice care. When a patient's plan of care indicates effective management of pain and symptoms in the Inpatient Care Center environment, Medicare/Medicaid requirements specify that a patient will need to be changed to the Routine Level of Care. With this type of care, an individual may receive hospice care at their residence, which can include a private residence, assisted living facility, or nursing facility. Routine care provided at the Care Center is subject to a room and board fee of \$350/day.

### Discharge from the Inpatient Care Center:

- The team at the inpatient care center will begin discharge planning upon arrival to the unit and will work with you and your family to assist with discharge needs.
- The patient or legal representative will be responsible for the room and board charges for the days in which routine hospice care was provided.
- A member of the TRU Finance department, along with the Social Worker, will provide financial guidance as needed.

### Medicare/Medicaid and other Health Plan Hospice Benefits:

- All services of the hospice team
- Medications related to the terminal illness and used to promote comfort/relieve symptoms
- Authorized ambulance transport
- Medical equipment related to the terminal illness and used to promote comfort/relieve symptoms.
- Supplies and wound care products related to the terminal illness
- Authorized diagnostic tests

**I have read and discussed the above financial information with the TRU Community Care representative. I understand that once I or my family member is routine level of care, discharge plans will be implemented and the room and board fee of \$350 will be charged per day.**

## TRU Inpatient Care Center Summary of Admission Agreement

### Admission Agreement

Our TRU Hospice Care Center provides short-term crisis care management.

***Crisis care management may include:***

- Acute management of pain and other symptoms requiring intensive nursing intervention
- Frequent medication adjustment when the changing conditions of imminent death require it
- Complicated technical delivery of medication required to provide comfort

***The short-term period of care will include:***

- Evaluations by our hospice physicians/nurse practitioners
- Treatment of symptoms to provide comfort
- Care planning by the hospice team together with the patient and family
- Frequent, supportive care by the hospice interdisciplinary team

***When crisis care management is no longer required, care planning may include:***

- Transfer to an alternate caregiving site with assistance from a TRU Hospice Team. (i.e., home, long-term care facility, assisted living facility)
- Transition to private pay room and board at the TRU Hospice Care Center
- If you decline interventions to manage your symptoms, alternate placement will be arranged

***When crisis care management is no longer required:***

- Room and board will become the responsibility of the patient/family (Medicaid pays for room and board in a long-term care facility, but not in the TRU Hospice Care Center)
- Most health care insurance will NOT cover room and board fees at the TRU Hospice Care Center

## Financial Assistance

As a non-profit organization, TRU Community Care is dedicated to providing services regardless of a patient’s inability to pay. Our Social Workers are adept and available to assist with any financial concerns you may have. While Hospice services are typically covered by your insurance, you may occasionally incur out of pocket costs.

Some examples of these costs may include:

- Insurance co-pays
- Insurance deductibles
- room and board fees at the TRU Care Center for routine stay
- treatments unrelated to your primary hospice diagnosis

If you would like assistance with your finances, have concerns about potential out of pocket costs, and/or would like to see if you qualify for payment assistance, please complete the information below and contact your team Social Worker to further discuss.

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Please complete the following information to the best of your ability. In the ‘Pay Period’ section, please specify the frequency received. For example: \$300/month or \$300/week. If you have shared finances, please make note of that in the comment section below.

<u>Personal Income</u>	<u>Pay Period</u>	<u>Annual</u>
Employment Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Income</b>	\$ _____	\$ _____

<u>Assets</u>	
Checking	\$ _____
Savings	\$ _____
IRA or other retirement funds	\$ _____
Real Estate Value	\$ _____
Home	
Land	
Auto Value	\$ _____
Life Insurance Policy Value	\$ _____
Other	\$ _____
<b>Total Assets</b>	\$ _____

<u>Liabilities</u>	
Mortgages (Home Loan)	\$ _____
Secured/Unsecured Loans	\$ _____
Credit Debt	\$ _____
Other	\$ _____
<b>Total Liabilities</b>	\$ _____

**Net Worth (Assets minus Liabilities)** \$ \_\_\_\_\_

**Additional Comments:**

## Hospice Election of Benefit

I, \_\_\_\_\_ (Patient Name), choose to elect the Medicare or Medicaid hospice benefit and receive hospice services from TRU Community Care (“the Hospice”) to begin on \_\_\_\_\_ (Start of Care Date).

This Hospice Election of Benefit pertains specifically to beneficiaries electing the Medicare or Medicaid hospice benefit. For beneficiaries with insurance other than Medicare or Medicaid (“Private Insurance”) electing to receive hospice care, the Hospice will work closely with the beneficiary’s Private Insurance carrier to determine which medications, durable medical equipment, medical supplies, and services are covered by the Private Insurance carrier. Private Insurance beneficiaries/representatives will be responsible for unpaid deductibles, co-pays, and/or other out-of-pocket expenses as determined by the insurance carrier. When possible, details of patient responsibility will be provided to Private Insurance beneficiaries/representatives within 5 days of the Start of Care Date. Private Insurance beneficiaries must immediately notify the Hospice of any changes in insurance status (including, but not limited to, changes in Private Insurance carriers).

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### Right to Choose an Attending Physician

- I understand that I have a right to choose an attending physician to oversee my care.
- My attending physician will work in collaboration with the Hospice to provide care related to my terminal illness and related conditions.
- I do not wish to choose an attending physician and understand the Hospice’s physicians will manage my medical care related to my terminal illness and related conditions.
- My choice for an attending physician is: \_\_\_\_\_ (Physician Full Name).

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### Hospice Coverage and Right to Request “Patient Notification of Hospice Non-Covered Items, Services, and Drugs” (Medicare Patients Only)

- As a Medicare beneficiary who elects to receive hospice care, you have the right to request at any time, in writing, the “**Patient Notification of Hospice Non-Covered Items, Services, and Drugs**” addendum (“Addendum”) that lists conditions, items, services, and drugs that the Hospice has determined to be unrelated to your terminal illness and related conditions, and that will not be covered by the Hospice.
- The Hospice must furnish this notification within 5 days, if you request this form on the Start of Care Date, and within 3 days if you request this form during the course of hospice care.
- I elect to receive the Addendum at this time.  
Initials \_\_\_\_\_ Date \_\_\_\_\_
- I decline to receive the Addendum at this time, although I understand I can request it at a later time.  
Initials \_\_\_\_\_ Date \_\_\_\_\_

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### Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) (Medicare Patients Only)

- As a Medicare hospice beneficiary, you have the right to contact the Beneficiary and Family-Centered Care Quality Organization (BFCC-QIO) to request Immediate Advocacy if you disagree with any of the Hospice’s determinations.
- The BFCC-QIO that services your area is KEPRO (1-888-317-0891; TTY 855-843-4776).

**Hospice Philosophy and Coverage of Hospice Care**

By electing hospice care under the Medicare or Medicaid hospice benefit, I acknowledge that:

- I was given an explanation and have a full understanding of the purpose of hospice care, including that the nature of hospice care is to relieve pain and other symptoms related to my terminal illness and related conditions, and such care will not be directed toward cure. The focus of hospice care is to provide comfort and support to both me and my family/caregivers.
- I was provided information on which items, services, and drugs the Hospice will cover and furnish upon my election to receive hospice care.
- I was provided with information about potential cost-sharing for certain hospice services, if applicable.
- I understand that by electing hospice care under the Medicare or Medicaid hospice benefit, I waive (give up) the right to Medicare or Medicaid payments for items, services, and drugs related to my terminal illness and related conditions. This means that while this election is in effect, Medicare or Medicaid will make payments for care related to my terminal illness and related conditions only to the designated hospice and attending physician that I have selected.
- I understand that items, services, and drugs unrelated to my terminal illness and related conditions are exceptional and unusual and, in general, the Hospice will be providing virtually all of my care while this election is in effect. The items, services, and drugs determined to be unrelated to my terminal illness and related conditions continue to be eligible for coverage by Medicare or Medicaid under separate benefits.

**Acknowledgment and Signature**

By signing, I acknowledge that I understand the information provided to me about:

- The right to choose an attending physician;
- Hospice coverage and the right to request the “Patient Notification of Hospice Non-Covered Items, Services, and Drugs” addendum (*Medicare Patients Only*);
- The right to Immediate Advocacy through the BFCC-QIO KEPRO (*Medicare Patients Only*); and
- The Hospice Philosophy and effects of a Medicare or Medicaid hospice election.

\_\_\_\_\_  
*Signature of Beneficiary / Representative*

\_\_\_\_\_  
*Date of Signature*

Beneficiary is unable to sign due to:

- Physical Disability*       *Confusion/Dementia/Unresponsiveness*       *Other:* \_\_\_\_\_

\_\_\_\_\_  
*Printed Name of Signer (if Not Beneficiary)*

\_\_\_\_\_  
*TRU Representative Signature*

\_\_\_\_\_  
*Date of Signature*



**A. Notifier:**

**B. Patient Name:**

**C. Identification Number:**

## Advance Beneficiary Notice of Non-Coverage (ABN)

**NOTE:** If Medicare doesn't pay for **D.** \_\_\_\_\_ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** \_\_\_\_\_ below.

<b>D.</b>	<b>E. Reason Medicare May Not Pay:</b>	<b>F. Estimated Cost</b>

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

<b>G. OPTIONS:      Check only one box. We cannot choose a box for you.</b>
<input type="checkbox"/> <b>OPTION 1.</b> I want the <b>D.</b> _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> <b>OPTION 2.</b> I want the <b>D.</b> _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
<input type="checkbox"/> <b>OPTION 3.</b> I don't want the <b>D.</b> _____ listed above. I understand with this choice I am <b>not</b> responsible for payment, and I cannot appeal to see if Medicare would pay.

**H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.





## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

TRU Community Care may use your health information, that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 and the Final Omnibus Rule of 2013, for purposes of providing you treatment, obtaining payment for your care and conducting healthcare operations. TRU Community Care has established policies to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.**

**To provide treatment:** TRU Community Care may use your health information to coordinate care within our organization and with others involved in your care, such as your attending physician, members of the TRU Community Care interdisciplinary team and other healthcare professionals who have agreed to assist TRU Community Care in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. TRU Community Care also may disclose your healthcare information to individuals outside of the organization involved in your care including family members, pharmacists, suppliers of medical equipment or other healthcare professionals.

**To obtain payment:** TRU Community Care may include your health information in invoices to collect payment from third parties for the care you may receive from our organization. For example, TRU Community Care may be required by your health insurer to provide information regarding your healthcare status so that the insurer will reimburse you or our organization. TRU Community Care also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.

**To conduct healthcare operations:** TRU Community Care may use and disclose healthcare information for its own operations in order to facilitate the functions of the organization and as necessary to provide quality care to all of TRU Community Care's patients. Healthcare operations include (but are not limited to) such activities as:

- Quality assessment and improvement activities
- Activities designed to improve management of comfort and reduce healthcare costs
- Protocol development, case management, and care coordination
- Contacting healthcare providers and patients with information about treatment alternatives and other related functions that do not include treatment
- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in healthcare learn under supervision

- Training of non-healthcare professionals
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs
- Business planning and development including cost management and planning-related analyses and formulary development
- Fundraising for the benefit of TRU Community Care

For example, TRU Community Care may use your health information to evaluate its staff performance, combine your health information with other patients, disclose your health information to staff and contracted personnel for training purposes, or contact you or your family as part of general fundraising and community information mailings. You may choose to not be contacted for these reasons by contacting TRU Community Care's Privacy Officer at (303) 449-7740.

With your permission, TRU Community Care may disclose certain information about you including your name, your general health status and where you are in the TRU Community Care facility. TRU Community Care will not disclose such information without your permission.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED** (THIS IS MEANT TO BE A SUMMARY AND IS NOT ALL-INCLUSIVE LIST):

**For fundraising activities:** TRU Community Care may use information about you including your name, address, phone number and the dates you received care from this agency in order to contact you or your family to raise money for TRU Community Care. If you do not want TRU Community Care to contact you or your family or use your name on our donor lists, please call our Privacy Officer (303) 449-7740 and indicate that you do not wish to be contacted.

**When legally required:** TRU Community Care will disclose your health information when it is required to do so by any Federal, State or local law.

**When there are risks to public health:** TRU Community Care may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations, and interventions
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacement and to conduct post marketing surveillance and compliance with requirements of the Food and Drug Administration
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
- To notify an employer about an individual who is a member of the workforce as legally required

**To report abuse, neglect, or domestic violence:** TRU Community Care is required to notify government authorities/local law enforcement if the agency believes a patient is a victim of

abuse, neglect or domestic violence. TRU Community Care will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To conduct health oversight activities:** TRU Community Care may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. TRU Community Care may not disclose your health information if you are the subject of an investigation, and your health information is not directly related to your receipt of healthcare or public benefits.

**In connection with judicial and administrative proceedings:** TRU Community Care may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when TRU Community Care makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For law enforcement purposes:** TRU Community Care may disclose your health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if TRU Community Care has a suspicion that your death was the result of criminal conduct including criminal conduct at TRU Community Care
- In an emergency in order to report a crime

**To Coroners and Medical Examiners:** TRU Community may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors:** TRU Community Care may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, TRU Community Care may disclose your health information prior to and in reasonable anticipation of your death.

**For organ, eye, or tissue donation:** If you notify TRU Community Care that you are an organ, eye, or tissue donor, TRU Community Care may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eye, or tissue for the purpose of facilitating the donation and transplantation.

**For research purposes:** TRU Community Care may, under very select circumstances, use your health information for research. Before TRU Community Care discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. You may, however, authorize TRU Community Care to use your health information for research purposes at your own initiation. Such requests can be made in writing to the TRU

Community Care Privacy Officer at (303) 449-7740.

**In the event of a serious threat to health or safety:** TRU Community Care may, consistent with applicable law and ethical standards of conduct, disclose your health information if TRU Community Care, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

**For specified government functions:** In certain circumstances, Federal regulations authorize TRU Community Care to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

**For Worker's Compensation:** TRU Community Care may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, TRU Community Care will not disclose your health information other than with your written authorization. If you or your personal representative authorizes TRU Community Care to use or disclose your health information, you may revoke that authorization in writing at any time.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that TRU Community Care maintains:

- **Prohibition on the sale of protected health information (PHI):** TRU Community Care may not sell your protected health information without your permission
- **Right to opt out of receiving fundraising communications:** TRU Community Care may contact you or your family as part of general fundraising and community information mailings. You may choose to not be contacted for these reasons by contacting TRU Community Care's Privacy Officer at (303) 449-7740.
- **Right to request restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on TRU Community Care's disclosure of your health information to someone who is involved in your care or the payment of your care. However, TRU Community Care is not required to agree to your request. If you wish to make a request for restrictions, please contact the TRU Community Care Privacy Officer at (303) 449-7740.
- **Right to receive confidential communications:** You have the right to request that TRU Community Care communicates with you in a certain way. For example, you may ask that TRU Community Care only conducts communications pertaining to your health information with you privately with no other family members present. You also have the right to request that TRU Community Care send your PHI to another individual. If you wish to receive or share confidential communications, please contact the TRU Community Care Privacy Officer at (303) 449-7740. TRU Community Care will not request that you provide any reasons for

your request and will attempt to honor your reasonable requests for confidential communications.

- **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including billing records. You have the right to request and receive electronic copies of your health records. A request to inspect and copy records containing your health information may be made to the TRU Community Care Privacy Officer at (303) 449-7740. All such requests must be in writing. If you request a copy of your health information, TRU Community Care may charge a reasonable fee for copying and assembling costs associated with your request. Following appropriate requests, TRU Community Care will provide the requested records within 30 days. If TRU Community Care is not able to provide records within 30 days, TRU Community Care is entitled to a one-time 30 extension.
- **Right to request information be sent to another:** You have the right to ask TRU Community Care to send your protected health information to another individual. This request must be in writing, made to the TRU Community Care Privacy Officer at (303) 449-7740
- **Right to amend healthcare information:** If you or your personal representative believes that your health information records are incorrect or incomplete, you may request that TRU Community Care amend the records. That request may be made as long as the information is maintained by TRU Community Care. A request for an amendment of records must be made in writing to the TRU Community Care Privacy Officer at (303) 449-7740. TRU Community Care may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by TRU Community Care, if the records you are requesting are not part of TRU Community Care's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of TRU Community Care, the records containing your health information are accurate and complete.
- **Right to an accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by TRU Community Care for certain reasons, including reasons related to public purposes authorized by law and certain research, any reason other than for treatment, payment, or health operations. The request for an accounting must be made in writing to the TRU Community Care Privacy Officer at (303) 449-7740. The request should specify the time period for the accounting starting on March 1, 2007. Accounting requests may not be made for periods of time in excess of six years. TRU Community Care would provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to limit information to insurance company if self-paying:** If you are self-paying for services provided by TRU Community Care, you have the right to ask TRU Community Care to not disclose treatment information to your health plan.



- **You have the right to be notified following a breach of unsecured PHI:** TRU Community Care takes extensive precautions to protect your health information. In an unforeseen circumstance, if there is reason to believe that the integrity of our systems has been breached, you will be notified by TRU Community Care.
- **Right to a paper copy of this notice:** You and your representative have a right to a separate paper copy of this Notice at any time, even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the TRU Community Care Privacy Officer at (303) 449-7740. **(You or your representative may also obtain a copy of the current version of TRU Community Care’s Notice of Privacy Practices at [www.trucare.org](http://www.trucare.org)).**

**Uses and disclosures not described in the Notice of Privacy Practices will be made only with your or your representative’s authorization.**

### **DUTIES OF TRU COMMUNITY CARE**

TRU Community Care is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. TRU Community Care is required to abide by terms of this Notice as may be amended from time to time. TRU Community Care reserves the right to change the terms of its Notice and to make new Notice provisions effective for all health information it maintains. If TRU Community Care makes significant changes to its Notice, TRU Community Care will provide a copy of the revised Notice to you or your appointed representative.

You or your personal representative has the right to express complaints to TRU Community Care and the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to TRU Community Care should be made in writing to the TRU Community Care Privacy Officer, 2594 Trailridge Drive, Lafayette, CO 80026. TRU Community Care encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. TRU Community Care will maintain medical records for six years from the completion of service to the patient. Records older than six years will be destroyed in a confidential manner.

### **CONTACT PERSON**

TRU Community Care’s contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the TRU Community Care Privacy Officer; 2594 Trailridge Drive, Lafayette, CO 80026; (303) 449-7740.

**EFFECTIVE DATE** This Notice is effective March 1, 2013.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE TRU COMMUNITY CARE PRIVACY OFFICER AT (303) 449-7740.**

## Discrimination is Against the Law

TRU Community Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TRU Community Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TRU Community Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please contact TRU's Chief Operating Officer

If you believe that TRU Community Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Jim Woodard, Chief Operating Officer, TRU Community Care, 2594 Trailridge Drive East, Lafayette, CO 80026, telephone number (303) 449-7740, fax number (303) 604-5393, or [jimwoodard@trucare.org](mailto:jimwoodard@trucare.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jim Woodard, Chief Operating Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Statement of Nondiscrimination

TRU Community Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

TRU Community Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

TRU Community Care tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

TRU Community Care 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

TRU Community Care 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

TRU Community Care соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

TRU Community Care የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልጽም።

TRU Community Care erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

TRU Community Care respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap

TRU Community Care ले उपयुक्त संघीय अधिकारको व्यवस्थासँगै पालन गर्छ र वंश, रङ, राष्ट्रियता, उमेर, अपाङ्गता वा लिङ्गको आधारमा भेदभाव गर्दैन

Sumusunod ang TRU Community Care sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

TRU Community Care 適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません

TRU Community Care Seera hariiroo hawwaasummaa Federaalaan wal qabatan sanyiidhaan, bifaan, dhiigaan, umriidhaan, hiri'ina qaamaan, yookiin koorniyaadhaan hin loogu.

TRU Community Care Nyo bëë kpõ nyoŷn-dyù gbo-gmò-gmà bëð dyi ké wa ní ge nyoŷn-dyù mú dyiin dé bóqó-dù nyoð sò kǝe mú, mɔɔ kà nyoð dyɔð-kù nyu nìè ke mú, mɔɔ bóqó bé nyoð sò kǝe mú, mɔɔ zǝ jǝ kà nyoð qǝ nyue mú, mɔɔ nyoð me kó dyie mú, mɔɔ nyoð me mò gaa, mɔɔ nyoð me mò màa kee mú.

## Informing Individuals with Limited English Proficiency of Language Assistance Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-449-7740

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-449-7740

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-303-449-7740

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-449-7740 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-449-7740

**Amharic\*:** ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-303-449-7740

### Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-303-442-0971 (رقم هاتف الصم والبكم: 1-303-442-0971).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-449-7740

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-449-7740.

**Nepali:** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-303-449-7740

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-449-7740

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます

す。1-303-449-7740 まで、お電話にてご連絡ください。

**Oromo:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-303-449-7740

**Farci توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-303-449-7740 تماس بگیرید..

**Bassa:** Dè dε nìà kε dyéqé gbo: Ǿ jǔ ké m̄ [ʔàsóò-wùdù-po-nyò] jǔ ní, nìí, à wuɖu kà kò dò po-poò b́èìn m̄ gbo kpáa. Đá 1-303-449-7740

## Written Notice of Home Care Consumer Rights

As a consumer of home care and services, you are entitled to receive notification of the following rights both orally and in writing. **You have the right to exercise the following rights without retribution or retaliation from agency staff:**

1. Receive written information concerning the agency's policies on advance directives, including a description of applicable state law;
2. Receive information about the care and services to be furnished, the disciplines that will furnish care, the frequency of proposed visits in advance and receive information about any changes in the care and services to be furnished;
3. Receive care and services from the agency without discrimination based upon personal, cultural or ethnic preference, disabilities or whether you have formulated an advance directive;
4. Authorize a representative to exercise your rights as a consumer of home care;
5. Be informed of the full name, licensure status, staff position and employer of all persons supplying, staffing or supervising the care and services you receive;
6. Be informed and participate in planning care and services and receive care and services from staff who are properly trained and competent to perform their duties;
7. Refuse treatment within the confines of the law and be informed of the consequences of such action;
8. Participate in experimental research only upon your voluntary written consent;
9. Have you and your property to be treated with respect and be free from neglect, financial exploitation, verbal, physical and psychological abuse including humiliation, intimidation or punishment;
10. Be free from involuntary confinement, and from physical or chemical restraints;
11. Be ensured of the confidentiality of all of your records, communications, and personal information and to be informed of the agency's policies and procedures regarding disclosure of clinical information and records;
12. Express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for your person or property by anyone who is furnishing services on behalf of the agency.

**If you believe your rights have been violated, you may contact the agency directly by phone:**

TRU Community Care  
Compliance Officer or President/CEO  
Phone: (303) 449-7740

**You may also file a patient safety event or concern with The Joint Commission by mail, fax, or online:**

Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

Fax: (630) 792-5636

<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/>

**Additionally, you may file a complaint with the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment by mail or by phone:**

Health Facilities and Emergency Medical Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246

Phone: (303) 692-2910 or (800) 842-8826



## Policy on Home Use and Disposal of Controlled Substances

### **Purpose**

To ensure the appropriate use and disposal of controlled substances, in accordance with applicable state and federal regulations.

### **Policy**

TRU Community Care voluntarily adheres to a controlled drug reporting and disposal process.

### **Procedure**

1. Controlled substances will be distributed directly to the patient or his/her representative. The interdisciplinary group will be responsible for monitoring the amount of drug issued and the length of time between renewals.
2. The admitting Nurse/Case Manager will provide a copy of the written instructions on the disposal of controlled drugs to the patient/representative and family.
3. Hospice personnel will not dispose of any patient medications in the home setting.

