



## *The Caregiver Experience in the Hospital, Part 2: The Hospital Stay*

*Editor's Note: This is the second part of a caregiver experience that started with an emergency room visit and in this article focuses on the hospital stay.*

How can you possibly plan ahead for the unexpected hospitalization of a family member, especially an older parent? Well, you can't. Sure, you can have all important papers and phone numbers, insurance cards, and a list of medications but when it happens you just deal with it moment by moment. Although my mother and I had talked about medical power of attorney before it was never the right time for her to actually sign it and she does not believe in a living will. Fortunately, she was alert enough to make her own decisions. After several hours in the emergency room the doctor diagnosed an acute kidney infection and unstable blood sugar levels. She was admitted to the hospital for 4-5 days of anti-biotic treatment and to stabilize her diabetes.

Almost 15 hours after I got the call from her that she was very ill and needed me, my mother was admitted to the hospital and was sleeping in her room at 1:00 am. I went home but I could not sleep thinking about everything that I needed to do to be ready for the uncertainties of her hospital stay. After a few hours of sleep, I cancelled the meetings that I could and called associates asking for help to cover appointments over the next few days. This all took several hours to arrange, especially not knowing how many days would be affected. Those things I could not re-schedule I tended to. For the rest of the work week I worked, monitored my mother's care during the day and spent the evenings in the hospital. .

With my mother on antibiotics and sleeping during most of the day I relied on the nursing station to provide updates on her condition until I got to the hospital in the afternoons. However, it was often difficult to reach anyone by telephone. Since she has diabetes, is in a pain management program and had only just begun seeing a new gynecologist my mother had no primary care physician. We relied on the hospital's 'on call' doctor with whom my mother never really felt comfortable.

She seemed to always be asleep when she had her few visitors. Although my brother and sister in law came to the hospital the first night and then he came again the next day she was asleep both times. By the third day my brother was sick again himself with a return of a sinus infection and his own complications with diabetes. There was no other family that could help.

My husband? I saw him twice in 5 days because I was asleep when he left for work and at the hospital until after he went to bed. He called me at least once a day to see how I was and what he could do.

What were we going to do when she got better and went home? Her blood sugar continued to vary widely. We never knew when the doctor was going to come in. The day before she was discharged the doctor did come in when I was there in the afternoon. The doctor suggested home health to help monitor her blood sugar even though it was a kidney infection that took her to the hospital. The doctor wrote an order for the hospital social workers to find a home health agency.

After a mid Sunday afternoon visit the doctor discharged my mother but it was almost 4 hours before we were finally able to go home. They sent us home with a handful of prescriptions. Knowing that even if we dropped off the prescriptions on the way home I would need to go back out and pick them up. I asked the hospital if they could call in the prescriptions. They told me that they could not do that. I suggested they fax the prescriptions. Although it was highly unusual, they agreed. Unfortunately, the pharmacy was out of stock for one of the prescriptions.

According to my mother, the hospital, one of the highest rated in the area, was good. However, she said the worst parts were the food, delayed responses from the call button, differences in the attitudes of staff, and not caring for her doctor. The best part for her was two exceptional nurses who acted like they cared and were very congenial.

**Lessons Learned:**

1. Take the initiative.
2. Keep asking questions when you don't know what is going on or don't understand.
3. Start planning ahead about what may need to be done when the older adult goes home.
4. Try to meet and talk with the primary doctor caring for your loved one. Treat him or her with respect but don't be afraid to ask questions and for things to be explained in language that you and the older family member understand.
5. Learn the hospital routine and staffing. Because of different schedules you may not always have the same nurses, aides and other staff.
6. Personalities differ and you may find that with at least one or more of the staff you communicate easily with or your family member is comfortable with.
7. Learn the schedule of the hospital. When are breakfasts, lunches and dinners so that you can call around those times and not wake the patient?
8. When no one responds to a call button within five minutes, try again. If no one comes within another few minutes, go to the nurse's station and ask for help. Be kind. They have a tough job with other patients to care for, lots of paperwork and probably not enough staff.
9. When she/he sleeps, you rest. Take books, magazines, and CD players/iPods/MP3 players with books or music for yourself and the patient, if approved by the hospital staff.
10. If you are not comfortable with the level of care, spend the night. Most hospitals either have chairs that fold down into beds in the rooms or will provide pillows and a blanket. Take the initiative and ask.
11. If you work, talk to your employer about what is going on. If you have not already done so previously, ask about options. Many people are surprised how supportive an individual supervisor or company can be.
12. If you work and it is possible, take time off to spend more time in the hospital with your loved one or get rest yourself. Remember that while she or he is in the hospital they are getting care but that once they are discharged their care may be your responsibility and you need to stay as rested as possible.
13. Ask to talk to the social worker or someone from social services and find out what help might be available once your loved one is discharged. These professionals can also help you and your loved one understand hospital procedures.

14. Call family members and ask them to not only visit the patient but if they are willing to spend the night. Remember, it is not just about the patient, it is also about your stamina and ability to balance other demands in your life.
15. Ask them to do it for the older adult or if not for them, then for you.
16. If they say: "I am really busy right now" or "I don't have time" you say, "I know what you mean. I have had to change some appointments, missed work, and haven't seen my family. I really need your help."
17. Stay away from statements like "you need to help" or any sentence that starts with "you" as it is likely to make someone defensive.
18. Be assertive but not demanding.
19. Be persistent.
20. About Prescriptions given at discharge: what can you get at the hospital on discharge? Can the doctor or staff call in the prescription so that it is ready for you to pick up? Can they fax the script to the pharmacy? Call the pharmacy and ask for that number to make this go smoothly.

Next time: After the Hospital and Home Care, Part 3

Edited by Zanda Hilger

Caregiver Education presentations in your community.  
*Email [caregiver@flash.net](mailto:caregiver@flash.net) and request schedule. To schedule a caregiver seminar or have a guest speaker about caregiving, please send email to [caregiver@flash.net](mailto:caregiver@flash.net)*

Area Agencies on Aging, funded through the Texas Department of Aging and Disability Services (DADS), provide information about help that a caregiver or older adult might receive.

**Call 2-1-1 for caregiver services and help for persons age 60 and older or contact the local Area Agency on Aging in your community.**