

## INFORMATION FOR FAMILY, FRIENDS AND CAREGIVERS OF RESIDENTS WHO CANNOT EXPRESS THEIR WISHES

### How can the resident participate in the decision about transfer to the hospital?

The resident's wishes always need to be respected. Alternate forms of communication should be considered.

If the resident has an advance directive that appoints someone as the health care proxy or durable power of attorney, that person may make decisions for the resident based on what the resident would want if able to express his/her wishes.

### If the resident cannot express his or her wishes, should we still tell him or her what is happening?

Yes. The resident has the right to know what is happening and should be treated as if he/she understands the situation. Some people may become anxious or frightened if moved to an unfamiliar place without explanation. Be sure to use simple, direct words ("you are sick", "your doctor thinks you should go to the hospital"), a quiet voice and a calm manner when explaining the situation to the resident.

### How can I (as a family member, friend, or caregiver) be involved in the decision?

You may need to complete some legal forms to do this. Ask your doctor, or other medical provider or the social worker at the facility for more detailed information. It's best to do this before a question about treatment or hospital transfer comes up.



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## GO TO THE HOSPITAL OR STAY HERE?

A Decision Guide for Residents, Their Families, Friends, and Caregivers



*Did you know that almost half of transfers to the hospital may be avoidable?*

*This Guide will help you understand why these transfers are made and how you can be involved in the decision.*

## GO TO THE HOSPITAL OR STAY HERE?

### CHANGE IN CONDITION

The question of sending you to the hospital may come up if your health changes. If you have a change in condition, your care provider will explain what decisions need to be made to provide you with the best treatment.

### WHY THINK ABOUT THIS NOW?

It is difficult to decide what treatment you prefer in the middle of a crisis.

This information is being provided to you now so that you can make an informed decision if the question of going to the hospital arises.

### IF IT IS NOT AN EMERGENCY

If this is not an emergency, the nurse will examine you and your doctor, family, friends or caregiver may be called. ***If you have concerns about being sent to the hospital, this is the time to express them.***

### IN AN EMERGENCY

In a life threatening situation, the staff may call 911 to take you to the hospital emergency department. They will also call your medical provider (doctor, nurse practitioner, or physician assistant) and family, friends or caregiver you have designated.

### REASONS TO PREFER BEING TREATED HERE

Many tests and treatments can be provided in the nursing home:

- Medications and oxygen
- Blood tests and X-rays
- IV (intravenous) fluids in some facilities
- Wound care
- Checking on you and reporting to your medical provider
- Comfort care (pain relief, fluids, bed rest)

You can ask your nurse or medical provider what else can be done for you here.

### REASONS TO PREFER BEING TREATED IN THE HOSPITAL

Hospitals can provide more complex tests and treatments including:

- Heart monitoring and body scans
- Intensive care
- Blood transfusion
- Surgery

### THERE ARE ALSO RISKS TO GOING TO THE HOSPITAL

Being transported to the hospital can be stressful. You are at greater risk for skin breakdown, exposure to potentially dangerous infections or falling in an unfamiliar place. You are likely to have to explain your concerns to new nurses and doctors. You may feel more comfortable staying here and being cared for by staff who know you.

#### You can make your preferences known by:

- Talking with your nurses, medical providers, social workers, spiritual advisor, family members or close friends.
- Putting your wishes in writing and telling people where the documents are kept.
- Completing advance directives which are documents that describe what kind of care you want to receive if you are unable to be involved in the decision including:
  - Power of attorney for healthcare
  - Health care proxy (naming someone to make health care decisions for you if you cannot)
  - Living will (specifies your preferences for end of life care)
  - Request for a DNR (do not resuscitate) or DNH (do not hospitalize) order
  - Physician or Medical Orders for Life Sustaining Treatment (POLST/MOLST) or similar form

You can say you don't want certain treatments or that you want all the treatment available if that's your preference.

## BEING INVOLVED IN THE DECISION

You have a right to know what is happening to you, how decisions about your care are being made and how you can be involved.



## COMFORT CARE, PALLIATIVE CARE, AND HOSPICE CARE AS WELL AS ADVANCE DIRECTIVES

### 1. What is "comfort care"?

Comfort care or palliative care focuses on easing pain and other symptoms such as nausea, fatigue, depression, constipation or diarrhea, or breathing problems that are the result of your illness or the treatment of your illness. Emotional and spiritual support are also provided.

### 2. What is the difference between hospice care and palliative care?

Hospice care is intended for those who are in the final months of their life (usually 6 months or less) while palliative care can continue for many months, even years.

### 3. What happens if I am getting hospice care when I go to the hospital?

If you go to the hospital, you may have to re-qualify for hospice care after returning here. If there's time, hospice should be called before you are transferred to the hospital.

### 4. If I have advance directives, will my wishes be honored?

To make sure that your wishes are honored, review them with the staff, your family, friends, caregiver and medical provider from time to time.

### 5. Once I have expressed my wishes in advance directives, can I change my mind?

Yes, you can change your mind and your advance directives at any time either orally or in writing.