Information for our Respite Provider

A BROCHURE TO ASSIST THOSE WHO ARE RECEIVING OR PROVIDING RESPITE SERVICES

The Alabama Lifespan Respite Resource Network®, a program of United Cerebral Palsy (UCP) of Huntsville and Tennessee Valley, Inc., is pleased to offer this guide that may help alleviate some of the worries associated with taking a break from stressful and strenuous daily caregiving duties.

FOR CAREGIVERS: We hope this brochure will help assure you that you have given your respite provider all the information they may need to take good care of your family member while you take a well deserved break. The information provided by this brochure is very important; however, verbally communicate all your family member's needs directly to your respite provider as there will be additional information you would like to share with your provider.

FOR RESPITE PROVIDERS: You are offering a valuable service to a family who is very appreciative of your time, and they want to provide you with all the confidence you need to give them this "gift of time". This brochure will provide information to help you provide good care to the family member left in your charge, so that you may act appropriately in any situation.

ABOUT OUR FAMILY

The __________________ family
Our address__________________________________________
Our phone number____________________________________
Our cell phone number________________________
Family Caregiver contact Info:
Family Member Name:
Diagnosis:

Emergency numbers:
Police 911
Fire 911
Poison Control________________________

In case of emergency, and Family Caregiver cannot be reached, please call:
Name________________________
Phone#________________________

Relationship to our family:________________________

Our doctor:
Dr.________________________________
Phone #________________________

Our pharmacy_______________________
Phone #________________________

Other important numbers
____________________________________________________________________
### About Our Family Member

#### Communication

Is your family member verbal?
- [ ] Yes
- [ ] No

If no, how does he/she communicate wants & needs?

Does he/she use a device in order to communicate?
- [ ] Yes
- [ ] No

What makes your family member happy?

Does this person experience agitation or hostility?
- [ ] Yes
- [ ] No

What situations tend to increase agitation and hostility?

What methods have you found to reduce agitation and hostility?

Does your family member run or wander away?

Does your family member have any challenging behaviors?
- [ ] Yes
- [ ] No

If so, how would you manage those behaviors?

#### Behavior

What’s your family member’s usual temperament?

#### Current Other Medical Conditions

(Circle all that apply)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Other</th>
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<tbody>
<tr>
<td>Alcoholism</td>
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<tr>
<td>Digestive/Intestinal</td>
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<tr>
<td>Obesity</td>
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<td>Depression</td>
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<td>High Blood Pressure</td>
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<td>Vision Problems</td>
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<td>Drug Abuse</td>
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<td>Hip Fracture</td>
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<td>Weight Loss</td>
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<tr>
<td>Falls</td>
<td>Seizures</td>
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<tr>
<td>Dizzy Spells</td>
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<tr>
<td>Prescription and OTC medications</td>
<td></td>
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<tr>
<td>taken by the person</td>
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<td>with dosage/doctor information</td>
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#### Seizures

Does your family member have seizures?
- [ ] Yes
- [ ] No

If so, please describe in detail (duration/how to handle)

What happens afterward?

#### Daily Living Activities

Does your family member use any adaptive equipment?

Where is the equipment located, and how or when should it be used?

Is he/she able to self-feed?
- [ ] Yes
- [ ] No

If no, what kind of help do they need?

Does this person require a special diet?
- [ ] Yes
- [ ] No

If yes, please describe

Any food allergies?

Food likes or dislikes?

Is this person able to self-toilet?
- [ ] Yes
- [ ] No

If no, what assistance is needed?

Is this person incontinent?
- [ ] Yes
- [ ] No

If yes, how do you handle the situation?

Does your family member use diapers?

Is this person able to walk independently?
- [ ] Yes
- [ ] No

If no, what assistance and/or mobility devices are needed?

What assistance is needed for brushing teeth, dressing or bathing?

When is bedtime?

Nap time?

Any special positioning required?

### Additional instructions:

### Home Rules

May your family member go outside?
- [ ] Yes
- [ ] No

If yes, how long?

In what specific areas of the yard?

May your family member have visitors?
- [ ] Yes
- [ ] No

If yes, who?

For how long?

When you are away, what are some other specific instructions for the respite provider?

### Things to Consider When Hiring a Respite Provider

May the provider use the phone, refrigerator and other appliances in your home?

Are you going to provide food for the provider or should they bring their own?

Are there specific rooms in the home that you do not want them to go in while they are there?

What kind of personal activity would you allow the sitter to do while caring for your loved one? (Watching TV, reading, etc.)