

HOW TO CARE FOR A SICK OR INJURED LOVED ONE AT HOME



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How to care for a sick or injured loved one at home

There are so many reasons and circumstances that could have led to you reading this ebook, but whatever they are, the situation is that you are going to have a friend or family member staying in your home due to injury, illness, or an inability for them to care for themselves. If you are going to be the carer, you may very well be feeling terribly overwhelmed right now. It is likely you have more questions than answers, and it is likely that there are questions you haven't even thought of yet. Relax, you will find the answers to those questions, including the ones you haven't thought of yet (!), in the following pages.

Regardless of whether the situation is for a short or extended period of time, there are many things that you need to consider to prepare both your home and yourself, as a carer, to help make it a successful experience for everyone involved.

Getting clear in your mind what your role as a carer is going to involve, as well as taking the time to check the physical aspects of the house and make the necessary modifications will benefit both the family and the patient.

Addressing these issues should also increase their chances of a timely recovery and help reduce the strain of having an additional person in your house.

If you are aware of what to expect and make the necessary changes and preparations, you can reduce the worry, and hopefully make for a smooth and hassle-free arrival of your patient/family member.

Before you go any further it would be a good idea to grab a cup of your favourite soothing drink, and a pen and note pad so that you can write notes on the Checklist and jot down details you need to clarify or things you have to do.

If you haven't got the luxury of time, then go straight to the Is Your Home Safe Checklist from page 15 and start assessing your home for issues that need to be addressed.

Table of Contents

The best way to show your love	4
Communication is key	5
Maintaining mobility	6
The daily wash	7
Toileting	8
Managing incontinence	9
General safety	10
Changing a bed when someone is in it	11
Equipment available to manage health care in the home	12
Is your home safe checklist	15
Personal stories	21
Possible agencies to provide support	22

The best way to show your love

Being a carer to a friend or family member can be very difficult at times, and can strain even the best relationships. Of course, it can be a very rewarding and fulfilling experience as well. Any care provided should be done so with the focus of ensuring the patient's self-esteem and confidence.

Doing everything for them, even when often intended as a sign of love, will be a hindrance to their recovery, and may very well create a dependence that prolongs their recovery and is likely to create strained relations.

Providing a loving environment that allows them to be as independent as possible will be the greatest thing that you can do for them in the long term. No one older than about two years old wants to be fed, and beyond five years of age, most people want to be able to wash and dress themselves.

Modesty is a big issue for most, and so is their pride. What you can do to show your love and enhance their recovery is to allow the patient to perform as many tasks as they can, which means understanding their limitations relevant to their circumstances.

For example, if they can still function normally with their upper body, then they can probably manage their way around the kitchen to prepare themselves a basic meal. What you can do is to ensure the right food is in the kitchen to allow them to do this. If they need to be in a seated position while doing so, what you can do is ensure items they'll need aren't stored in high cupboards, or to the back of deep benches where they can't reach.

Being a carer can be physically, financially and emotionally tiring, so seek the help and support from your doctor, friends and family, and explore government support that may be available for you as a carer.

It is very common for the carer to sacrifice their own health and wellbeing, but you must take responsibility for yourself in order to give the best care to the patient, so build in some time for you to relax. This can mean incorporating activities out of the house or ensuring a regular time within the home each day to read, relax, exercise, or to do whatever it is that is relaxing for you.

Communication is key

Becoming a carer for a loved one can often be unexpected, and can create a new dimension to even the longest and strongest of relationships. As with any relationship, effective and ongoing communication is the key.

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This is a stage in life where emotions are probably quite high in everyone involved, which means tension is likely. The best way to manage this is to discuss your role as a carer with your patient as soon as you can. Talk generally about how you think it might work best, and listen and respond to what they have to say. At this time it is probably a good idea to chat about how the daily wash/shower will happen, what meals they will or won't prepare, keeping in mind the need for their independence where possible. (An example is, they get their own bowl of cereal for breakfast and/or sandwich for lunch, and you will prepare dinner in the evenings).

Then, as you encounter each activity, ensure you keep chatting about what worked and what didn't work. If you haven't been a carer for this person before it may take a little while for both of you to get into a rhythm.

If the patient requires constant care and you have others to help out, it might be useful to place a whiteboard or blackboard in their room detailing who will be helping that day, when they will arrive, and any other information that would be helpful.

This technique is extremely helpful for any condition involving short term memory, or confusion, and could include the day, date, month, and anything else that orientates them.



Maintaining mobility

If your patient has any mobility or is in the process of becoming more mobile, you want to instill confidence and motivation to keep them moving about.

One way to do this is to ensure the house is clear of anything that they can slip on or trip over. A fall could set their recovery and their confidence back by weeks, so getting this right is very important.

Ensure lighting is good in all areas that your patient will be accessing. Soft lighting is essential for them to be able to make a safe journey to the bathroom if they need to do so during the night.

Before bedtime, it is also advisable to do a last-minute check of the path from their bed to the bathroom to ensure nothing is cluttering their way.

Although very popular and considered to be a great design feature, floor rugs and mats are a very common cause of slips and trips within the home.

The risk of injury is increased substantially for people who are not confident on their feet, or whose sight or judgement is impaired.

The best solution is to remove all floor rugs and mats during the patient's recovery, except non-slip mats in potentially wet areas.

If your patient is using any aids to help their mobility, you may need to rearrange furniture to allow for wider access. To avoid damaged furniture and make it easy for them to move about, it is probably best to store some furniture items away during this time.

WARNING

Don't be tempted to tape edges of mats and rugs down. This actually increases the chance of a fall and it doesn't look very nice either!

The daily wash

Maintaining good hygiene is not only important for good health but is also imperative for good self-esteem.

Injury and illness can turn this daily task into an exhausting and difficult task for both patient and carer, but with some simple techniques and equipment, you can both make it easier.

To help your patient wash and dress each day, ensure soap, towel, toothbrush and other personal items are all within easy reach. If they can get out of bed but can't stand for any length of time, a plastic chair can be placed in the shower recess or bath, or a purpose-built shower chair can be obtained. To prevent slippage ensure the feet have rubber stoppers or place the chair on a rubber non-slip bath mat. For more information on shower chairs refer to the chapter on Home Health Equipment.

Place clothes, preferably that they have chosen, in a place where they can easily reach them, and only help dress them if they need it.

If you are required to help them wash, maintaining their modesty is the most important thing that you can do.

If you are helping them shower, turn your back when they don't need your help, and wrap the towel around them for modesty as soon as they are finished. If they need to wash from a basin in bed, ensure doors are locked so no one can wander in during that time, and keep private parts covered with a towel at any time they are not being washed.

Don't be concerned about the sheets getting wet, this can be the time of day that they get changed as well. For advice on how to do this while the patient is still in it, refer to Changing a bed when someone is in it on page 11.

Not being able to perform basic activities can make a lot of people become frustrated, angry and sad at their situation. Your role as a carer is to enable them to do as much as possible themselves and play down the tasks that they can't do.



Shower chair for those who can't stand

Toileting

This simple and essential activity can become extremely difficult due to a broad range of problems.

Bending to get onto and off the toilet can be aggravated by any soreness and limitation from the abdominals to the knees, and getting to the bathroom can be difficult for anyone experiencing limited mobility, even dizziness.

This is one of those activities that patients can become very frustrated about if they cannot manage themselves, and even more so if they cannot visit the toilet.

There are various items of equipment that can help. One option is the shower/toilet chair, which is a basic chair with a plastic toilet seat, and is intended to be placed over the bathroom toilet, and/or used in the shower because they are okay to get wet.

These chairs are higher than the toilet, which means not as much bending is required to get on and off it. Toilet chairs allow the patient the dignity of being able to visit the bathroom and enjoy privacy by closing the door.

Grab rails secured to the wall next to the toilet will help even further with getting up off the toilet chair.

For patients who are not mobile enough to make it into the bathroom, another option is a commode chair.

This is a chair with a toilet seat and a pan that slides underneath the seat. The pan can be easily removed and emptied into the toilet.

This is useful for patients who can still get out of bed but couldn't manage to get to the bathroom. The other option is using a urinary bottle (for the guys) or bedpan, and these can be useful for fully bedridden patients.

The bedpan can be slid under the patient in bed, and when they are finished, emptied into the toilet.



A toilet chair that can be placed over the toilet

Managing incontinence

Incontinence is the involuntary leakage of urine from the bladder or faeces (bowel motion or poo) from the bowel. It is very common, can be caused by a range of circumstances and conditions, and is often very embarrassing for the patient. It can affect people of all ages and is not only experienced by elderly people.

Once again, discretion and sensitivity are very important when helping someone who is dealing with incontinence. Not being able to control bladder and bowel, especially when in the company of others, can be very worrying and damage confidence. Embarrassment often prevents people from talking about it, and some people can become socially isolated due to the fear of embarrassing themselves in public.

It is important to remember that for most people these problems can either be cured or at least better managed. Life can return to normal and planning activities around the toilet will be a thing of the past.

Until that time, there is a range of aids to help manage the problem. There are many absorbent pads on the market to help the patient stay dry and help them feel more confident that they will not embarrass themselves.

These can range from slender pads that are placed in the underwear, to pull on pads that replace the need for underwear. They come in a range of sizes and degrees of absorbency, and can be either washable or single use.

They can be purchased from most pharmacies and home health equipment stores.

Keeping bedding dry and clean can be a challenge for people experiencing incontinence. Washable bedding protection can be used, which absorbs moisture and aims to keep the patient dry. It can include chair pads, doona covers, full mattress protectors, and draw sheets. These are placed over the bottom sheet and tucks in at the side of the mattress, providing protection directly under the torso of the patient.



Commode chair that can be used instead of a toilet

General safety

Fire safety is even more important if you have someone who is not fully mobile or who is unwell because the ability for them to move quickly in the event of a fire is compromised.

Be sure to keep smoke alarms active, have a fire blanket located in a safe and central location in the house, and be even more vigilant when using candles and other naked flames. Have an exit plan in the event of a fire, and one that is suitable to your patient.

Discuss this with family members and regular visitors so that everyone is clear on what to do in the event of an emergency.

Providing easy access for the patient to important phone numbers, and a bell or similar to call family for assistance will be very important.

These actions are not only important for the patient's safety but being isolated and out of contact can be very distressing and frustrating to people who are usually capable and mobile.

The dangers of the kitchen can be significant to people with a range of injuries and illnesses. Assess the area and secure items as needed for your particular circumstance.

This may involve rearranging furniture so that the patient can move freely around without knocking anything over, it may be removing knives and blades, and it may be that you need to cover cooktop and oven knobs so that they can't be accidentally turned on.

Getting outside in the fresh air can be important to some patients, and can give carers important rest time as well.

Having an area where they can sit quietly and be protected from the weather will be crucial. If you are to allow them to sit outside you will need to check the surfaces for slip or trip hazards, then access ways to ensure the patient can get to and from the area safely and confidently. Then check how you can protect them from rain, sun, snow. Also, be sure to leave them with a drink, a phone, and/or the bell so that they can call you for help when needed.

Changing a bed when someone is in it

Many times as a carer you may not have the luxury of being able to relocate the patient while you make their bed. Don't worry, nurses face this problem all the time, and the solution is much easier than it sounds!

Start by releasing the top sheet from the mattress. To maintain modesty and warmth, lay the top sheet over the patient while you change the bottom sheet.

Then:

- Ensure the patient is lying straight on their back, with legs straight and arms placed to their side (as much as they can depending on their injury/illness)
- Place one hand on their shoulder and one on their hip, then gently roll the patient to the left side of the bed
- It is a good idea to have another person stand on the left side of the bed to hold the patient on their side and prevent them from falling off the bed
- Release the bottom sheet from the mattress on the right side of the bed and at the top and bottom
- Roll it into the middle of the bed so that it rests on the back of the patient

- Place the clean sheet flat on the right side of the bed, and tuck it into the side and ends of the mattress
- Roll the remainder of the sheet into the middle, against the rolled-up old sheet
- Gently roll the patient over the lump of rolled sheets and onto the right side of the bed
- Release the rolled sheet from under the patient
- Pull the old sheet out first, releasing it from the left side and top and bottom
- Discard old sheet
- Pull the clean sheet tight under patient
- Tuck the clean sheet into the left side of the mattress and top and bottom
- Gently roll the patient back into the middle of the bed
- Remove the old top sheet and replace it with a clean top, tuck it into the mattress
- Change pillowcases as required, replace any blankets/quilts/duonas as required

Voila! One bed changed without removing the patient!

Equipment available to help you manage care in the home

There is an extensive range of home health care equipment available, which include bedding, lifting devices, modifications to the home, as well as electronic monitoring devices to help monitor the actual condition.

To make home care more manageable, a range of equipment can be hired or purchased and using this equipment you can make life much easier for both patient and carer.

It can not only improve the independence and mobility of the patient, but the use of monitors can also increase the ability of the patient to monitor their own condition. Home health care equipment is generally very convenient and is becoming increasingly available.

The range of eating and kitchen items available is also extensive, and includes modified cutlery and crockery to help with eating, handles for grabbing items that would be otherwise difficult or impossible, chairs that tilt and rotate to make it easier to get in and out, and a range of chairs to make toileting and showering easier. There are also various safety features that can be purchased to make the kitchen safer and to ensure dangerous items can be stored securely.

These features are very handy if you have someone with dementia or an intellectual disability, where safety around kitchen appliances can be a challenge.

In addition, there are various machines available for monitoring and managing health at home.

Blood pressure and blood glucose level monitors, Tens machines for pain management, nebulisers to help respiratory conditions, ear thermometers are just a few.

These machines can help patients and their carers to monitor their condition in between doctors visits, and can often reduce the frequency of visits by undertaking the basic tests from home.



Blood pressure machine

Equipment available to help you manage care in the home

Supporting the patient while they move in and out of a bed or chair can be extremely difficult, and it is important that this activity is done correctly to prevent injury to both patient and carer.

There are various lifting devices available, and these are very useful for anyone who is often required to perform lifting and turning movements when transferring the patient from one position to another, for example moving from bed to wheelchair.

There are also a range of beds and chairs that can be lowered for movement in and out, and raised so that carers don't have to bend down when attending to the patient in their bed. Guard rails are another feature that you may want to consider if the patient is at risk of falling out of bed.



An example of a hoist that can help move the patient around safely

An adjustable bed may also be a really important piece of equipment to ensure the risk of injury to both the patient and family members is reduced.

An adjustable bed will make it easy for the patient to move in and out of the bed, and for you, the carer, to adjust to a comfortable height when you are washing or caring for them. It can reduce unnecessary and potentially harmful bending for carers and others.

If the patient has limited mobility or they are using any kind of walking device then navigating even one step could be difficult or impossible.

A ramp may be required to help the patient get safely from the house to the outdoors. This could be any easy task for a carpenter if there is only a small step involved. Test whatever modifications are made first yourself to ensure there is no movement that could cause a fall.



A height-adjustable bed with side rails

Equipment available to help you manage care in the home

For more complex and detailed amendments an Occupational Therapist should be contacted. They can visit your home, assess areas needing amendment according to the patient's health condition, and then provide advice on any modifications needed.

They can also refer you to local companies that can help you make the changes.

If the patient has limited mobility and they are restricted with movement, they must be encouraged to change position, in either their chair or their bed, on a regular basis. Maintaining any one position for more than two hours can place significant pressure on that part of the body, and pressure sores may result. These are areas where the circulation is reduced due to extended pressure, and the health of the skin can be affected.

To prevent this from becoming a problem, there are a range of cushioning products available for chairs and bedding, and applying moisturiser to the area under the most pressure and rubbing or massaging can effectively improve circulation to that area.

This is by no means the extent of equipment and aids available, but it is impractical to attempt to list everything in this publication.

Please ask your health professionals for the equipment that could help with the patient's specific circumstances, and/or visit your local home health equipment provider. It is likely that you will be surprised by what is available, and what a difference they can make.



A range of walking sticks



A walking frame



A wheeled walking frame



A mototised mobility scooter

Checklist - is your home safe?

If you are caring for a family member at home one of the first steps you need to take is to prepare your home for their arrival. Preparing your home for a sick or injured family member is much the same as child-proofing your home for a toddler. Each room must be checked and, if needed, reorganized to ensure the patient's independence and to make it as accident-proof as possible.

Here is a checklist to help you identify likely hazards in all areas of the home.

Consideration	✓ or ✕	Note where changes are needed
General Consideration		
Are the entrances and walkways free from clutter?		
Have you programmed all important phone numbers, including emergency numbers into the phone? If not, write them down and place securely on a table or wall near the phone.		
Is there a phone that can be reached from their bed when they are home alone?		
Are all taps easy to turn on and off and easy to reach?		
Do some cupboards need to be secured to keep chemicals or detergents out of reach?		

Checklist - is your home safe?

Consideration	✓ or ✕	Note where changes are needed
General Consideration		
Have you provided them with a wireless intercom or bell that can be used to reach you when they need help?		
If the patient is confined to bed, do they have a table within easy reach that they can store meals, drinks, the phone and a bell on?		
Have you checked that smoke alarms are working and you have a fire extinguisher in your home?		
Are all electrical and telephone chords secured or out of the way to avoid being tripped over?		
If you have small children or pets how can you contain toys on the floor to reduce the chance of a fall?		
Do you have rugs or mats on the floor?		

Checklist - is your home safe?

Mobility		
Do they have trouble getting in and out of bed? If so, you may want to hire a height-adjustable bed if the patient has problems getting in and out of a regular bed safely.		
Do they have enough room to move around? If they are using a walking frame or wheel chair some furniture items may need to be removed during their stay.		
Can they move from bed to chair with minimal help? If not, you may want to explore hiring a hoist to make this easy and safe?		
Bathroom / Toilet		
Do you have grab handles on both the inside and outside of the bath and shower? (NB- Do Not rely on towel racks, they are not sturdy enough or meant to be used as grab handles).		
Do you have non slip mats in any area that could become wet?		
Do they need a chair to sit on while showering?		
Do they have trouble getting on and off the toilet because it is too low?		

Checklist - is your home safe?

Lighting		
Can light switches be easily reached?		
Is there some form of light to ensure they can see to safely visit the toilet in the night?		
Is there a bedside lamp that they can easily reach to turn on and off?		
Kitchen		
Can they easily access food and necessary utensils for preparing food?		
Do they have access to healthy food that will make for easy and independent meal preparation?		
Can they easily reach glasses for a drink?		
Do hotplate or oven knobs need to be secure to prevent them from being turned on unnecessarily?		
Do knives need to be stored out of easy reach?		
Outdoor areas		
Is there an outdoor area that is protected from the weather where the patient can sit?		

Checklist - is your home safe?

Outdoor areas continued		
Is the floor surface free from any slip or trip?		
If they will be left alone, is there a table within their reach for a drink, phone and bell if they need assistance?		
Notes specific to your situation		

While this may seem like a lot of work on your part in order to get your home ready, it really isn't. Go through each room one at a time and make a list of things that need to be done, based on your patient's injury or illness. You may find you are more prepared to be a caregiver than you thought you were., and if not, at least you can be confident that you are better informed and prepared than you were before.

Don't expect the caring relationship to work perfectly from the start. It is likely that emotions are high, the patient may still be learning to accept and adjust to their health problem. This means they may experience a range of emotions and as a carer, you are likely to be the one who sees and wears the brunt of that.

Try very hard not to take everything personally, and use the support from other friends and family whenever you can. Keeping yourself healthy and well-rested means you will be able to provide the most benefit to the patient, and in doing so you can enjoy one of the most rewarding and satisfying experiences of your life.



Personal stories

BAILEY

Bailey was 38 years old when she suffered a slipped disc in her back, believed to have been caused by many years of strenuous physical exercise.

She very quickly found herself on extended sick leave from her executive management job, lying flat on her back in bed and feeling very lonely. She couldn't move without extreme pain for approximately four weeks and took another eight weeks doing gentle but regular physio to help her back recover.

For the first four weeks Bailey couldn't walk, shower, toilet, or prepare meals for herself. Despite a loving and supportive family, only her dad was available to help her in the early weeks, but he lived an hour away, so travel made it difficult.

A personal carer visited for an hour a day when her dad wasn't available, to help out with those basic but essential activities, and to provide some much-needed company.

As she recovered her mobility, Bailey's independence also returned, and her dad and the personal carer were able to reduce their support.

TOM

Tom fell off his skateboard and suffered severe breaks in both legs. at age 28. After returning home from the hospital his mum Debbie set Tom up in the lounge room in the adjustable bed they hired for his recovery.

Tom's stepdad and Debbie both worked, and while they shared the support and care for Tom, neither of them could take extended leave to care for him on a full-time basis. A combination of nurses and personal carers provided the expertise to support Tom in his recovery and keep the family functioning.

Personal stories

JUDY & GUY

Judy and Guy booked a trip to Italy with friends, but six months later Guy was diagnosed with Alzheimer's. As it got closer to the trip, Guy was still mostly well, but it became clear to both that he was not going to be able to travel to Italy.

Judy arranged for carers to visit Guy for a couple of hours every day while she was away, cooking him the evening meal, doing the chores that Judy normally would, providing company for him and ensuring he took his medication as required.

Guy was happy maintaining his usual routine, and Judy still managed to enjoy the long-anticipated holiday with their friends although it wasn't the same had Guy been with her.

HELEN

Helen, aged 44, broke both wrists in a fall. She lived on her own, and all of her family lived in another state, so she realised she was going to need help managing at home once discharged from hospital.

Helen arranged for a carer to help at home for a few weeks while the bones healed, which included meals and rearranging the unit to ensure she could manage when home alone. The care she needed reduced over time until she was able to manage herself.

Simon & Lilly

Simon manages his own business. His elderly mum, Lilly, recently moved closer to Simon and his family.

Lilly was independent but was having trouble with some daily functions, and was adamant that she would not move to a 'home'. Simon and the family were busy with work and school. Simon installed grab rails in the bathroom, a toilet chair, and arranged for someone to advise on aids for managing incontinence.

In addition, Lilly has one hour a day of personal care which has helped Lilly regain the independence and confidence that she had lost, and she continues to live in her own home.

Possible agencies to provide support

Government agencies for financial assistance

(In Australia, contact Commonwealth Carelink and Respite on 1800 052 222)

Home Health Equipment agencies

If you Google "Home Health Equipment" and list the suburb in which you live a range of providers should be listed.

Your General Practitioner

GPs can refer you to a range of allied health professionals and other services to support both you as the carer and the patient. Ask your doctor to help you find professionals who will come to your home so that you can reduce the amount of travelling you need to do with the patient in order to limit the stress on you both.

Disease Institute and /or support group

There are institutes and support groups established in various areas of the world that can provide detailed information on specific diseases, symptoms, treatments. You may also find a support group of others experiencing that disease and/or their carers. These groups play a very important role in assuring you that you are not alone, and sharing experiences with people who have travelled a similar path can be extremely helpful. Ask your GP or type the details into your local search engine.

Private or government home care nursing providers

Seek the support of professionals for additional support, expertise, and for relief when you need some very important rest and relaxation. Depending on the circumstances, even a couple of hours can sometimes make a big difference.

REFERENCES

[www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/
pages/Incontinence_management?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Incontinence_management?open)

www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=847

www.realfamiliesrealanswers.org/?page_id=91

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