

Understanding Hospice:  
A Guide for the Journey Ahead

[circleoflifecare.org](http://circleoflifecare.org)







# From the CEO to you...

On behalf of everyone at Circle of Life, I want to personally welcome you and your family. Choosing hospice care is one of the most meaningful decisions a family can make, and we are honored to walk this part of life's journey alongside you.

At Circle of Life, we believe every moment matters. Our team is here to provide comfort, compassion, and support-whether that means managing pain and symptoms, offering a listening ear, or simply helping you and your loved ones find peace and comfort each day.

Please know you are not alone. Our nurses, aides, social workers, chaplains, volunteers, and support staff are dedicated to meeting your unique needs and wishes. We are here for you-ready to answer questions, ease concerns, and ensure you feel cared for every step of the way.

Thank you for allowing us into your lives. It is our privilege to serve you.

With warmest regards,



Catherine Grubbs  
Chief Executive Officer



## Mission Statement

Circle of Life provides expert, compassionate care for individuals and families facing health challenges or serious illness. With respect and personalized support, our team walks alongside those we serve, offering comfort and guidance every step of the way.



# Welcome to Circle of Life...

At Circle of Life, we focus on making each moment meaningful, particularly when those moments mean everything. You may feel a mix of love, worry, and questions about what comes next. The following pages are an invitation to join us - to help you understand what to expect, what to do, and how to care for your loved one while also caring for yourself. Each page will offer practical information, reassurance and reminders that you are not alone on this journey.

## We're Available to Assist You...

We know that questions, concerns, or unexpected changes can happen at any time—especially at night or on weekends. Our nights and weekend team is here to support you whenever you need help day or night- no question is ever too small.

### When Should You Call?

- If you have questions about symptoms or medications
- If your loved one's condition changes
- If you are worried or unsure about what to do

**Always call hospice first before calling 911.** We are trained to guide you and can often handle emergencies at home.

### Circle of Life Phone Number: 479-750-6632

Keep this number in a visible place, like on your refrigerator or by the phone, so you can find it quickly.

### What Happens When You Call

- If you call after 4:30 p.m. or on a weekend, you will reach our nights and weekend team
- The nurse will ask for:
  1. The patient's name
  2. The reason for your call
- The nurse will give you instructions and, if needed, will send a nurse for a visit

### A Note of Encouragement

Our hospice nurses are specially trained to help in these moments. Whether we talk you through a situation or visit in person, our goal is always the same: **To keep your loved one comfortable, and to help you feel more confident.**







## We Invite You to Meet Your Team...

Your team of devoted hospice professionals is committed to empowering you and your family to achieve the best possible quality of life through timely symptom management, regular emotional and spiritual counseling, and essential teaching for end-of-life care. As a hospice patient, you will receive medications for comfort, necessary medical equipment, and essential supplies as part of your benefit. Additionally, you'll have 24/7 access to hospice knowledge and expertise through our on-call line, ensuring that both you and your family's needs are always met with compassion and support.

### Your Team:

The **hospice physician** acts as the leader of the hospice care team, ensuring that all aspects of your care are aligned with your goals and needs.

My Physician: \_\_\_\_\_

The **hospice nurse** conducts comprehensive patient assessments and evaluations, offers crucial guidance and education on patient care and management, prioritizes symptom relief and comfort measures, and provides medication training and monitoring.

My Nurse: \_\_\_\_\_

Our **social workers** walk alongside patients as they navigate their end-of-life journeys, helping formulate and pursue their final goals. They offer a comforting presence, provide emotional support and a space for families to process their feelings. They arrange patient transitions when appropriate, and connect individuals with helpful community resources, including assistance with applications.

My Social Worker: \_\_\_\_\_

Our **chaplains** offer emotional and spiritual guidance to patients and their families. They provide resources such as readings, inspirational materials, and prayer, alongside friendly conversation and spiritual counsel to address emotional and spiritual needs.

My Chaplain: \_\_\_\_\_

**Hospice aides** also play a crucial role in helping family caregivers by providing education on basic care routines, and providing personal care such as bathing, shaving, oral care, nail care and changing bedsheets.

My Hospice Aide: \_\_\_\_\_

Our dedicated **volunteers** bring comfort and a sense of well-being to patients and provide a helping hand to caregivers through their companionship visits.

My Volunteer: \_\_\_\_\_





# Discover Our Services...

## For those still on their journey towards hospice...

**Care Navigation:** We understand that conversations about hospice can feel overwhelming and emotional. That's why we created Care Navigation – to give individuals and families time, space, and guidance they need to process, explore care goals, and decide between comfort-focused care and curative treatment.

A nurse will stay connected through regular phone check-ins, answering your questions, listening to your concerns, and gently assisting you as you explore the benefits of hospice.

**Personal Care** is a paid caregiving service that provides help with daily tasks such as bathing, meal preparation, light housekeeping, and companionship. This extra hand helps reduce stress, maintain dignity, and create more meaningful time together. Talk with your social worker to learn more.



## For All Hospice Patients...

Through the **HosPets** program, with their trained and registered therapy dogs, volunteers make special visits to both our hospice homes and the homes of our patients, to bring comfort and presence upon request.

Our volunteers deliver **Petals for Patients** flower arrangements when available and assist patients in creating meaningful memories and lasting legacies through videos, stories, or cherished scrapbooks in our **Lifetime Legacies** program.

In the **No One Dies Alone** program, trained volunteers are available to sit quietly at the bedside of nursing home or hospice home patients who would like to have someone during their last hours.

Our **volunteer program** offers a wide range of services for you and your family. From friendly company to giving caregivers a well-deserved break, our volunteers are here to help in meaningful ways. Each act of kindness is part of our comprehensive approach to care. If you'd like to request a volunteer, simply speak with your social worker – we'd love to help.

Circle of Life provides our own **durable medical equipment**, ensuring we can meet your needs quickly and comfortably as you navigate your hospice journey. We are here to make sure you have the equipment you need when you need it.

## For Hospice Veterans...

We are deeply honored to care for those who have served our country through our **We Honor Veterans** program. We take time to understand the unique needs of our veterans and their families, providing a compassionate care team that offers both guidance and understanding. We help veterans and their loved ones navigate and access VA benefits, as well as coordinate care with the VA to ensure everything works smoothly. As a small token of appreciation, our veterans receive a personalized certificate and a patriotic blanket. For those in our inpatient facility, we offer the opportunity for an **Honor Walk**, a quiet moment of tribute during a veteran's final journey. And through our **Vet-to-Vet** volunteer program, we connect veterans with fellow service members for friendship, conversation, and shared understanding.



## For Our Grieving and Bereaved...

We offer bereavement assistance to individuals and families throughout our community. We understand grief looks different for everyone and we are here alongside you through the healing process. From individualized grief support to support groups and memorial services, we walk with you every step of the way.





# Our Levels of Care

Circle of Life is here to wrap you and your loved ones in comfort and support. The hospice physician will determine the appropriate level of care for each patient's unique situation using Medicare guidelines.



## In-Home Care: Surrounded by Comfort

Most people prefer to be at home, in the place that feels safest and most familiar. In-home care allows you to receive pain and symptom management, along with emotional and spiritual support, right where you are most at ease. This can be a private home, an assisted living community, a nursing home—anywhere you call home.

## Inpatient Hospice Care: Extra When You Need It

There may be times when symptoms become harder to manage at home. As our short-term highest level of care, inpatient care provides a peaceful place with 24-hour care to ease discomfort and bring you relief; allowing you to return home as soon as possible.

## Respite Care: A Real Break for Caregivers

Caring for someone you love can be deeply rewarding but also tiring. Respite care gives family caregivers time to rest, while their loved one receives the same attentive, loving care around the clock.

## Continuous Home Care: Close During Difficult Moments

If a sudden crisis arises, continuous care offers focused, round-the-clock attention in your home. We are there to bring calm, manage symptoms quickly, and help you feel safe and cared for.

*No matter the level of care, we are here for what matters most to you and your family.*

# Our Hospice Homes

Circle of Life offers three welcoming inpatient hospice homes, designed to be a place of comfort for patients whose symptoms—such as pain, breathing difficulties, or agitation—can no longer be managed at home. These facilities provide a peaceful, home-like environment where patients and families can focus on being together.

Each room is spacious and private, allowing for the comfort and rest of those we serve. Families and friends are welcome to visit, and we provide three fresh meals daily through our Meals That Matter program as well as laundry facilities for families, ensuring everyone feels cared for.

Our highly skilled team is available around the clock, offering expert symptom management, emotional support, and compassionate end-of-life care.



**Marie and John Carr Hospice Home**  
1201 NE Legacy Parkway  
Bentonville, AR 72712



**Earlene Howard Hospice Home**  
901 Jones Road  
Springdale, AR 72762







## Personal Care Services

Personal care services are specifically designed to support activities of daily living in an individual's home environment.

### OUR SERVICES INCLUDE:

- Meal Preparation
- Light Housekeeping
- Medication Reminders
- Companionship or Supervision



### CONTACT US

479-334-3319

personalcare@nwacircleoflife.org

Cost of Care: Private pay, long-term care insurance, and Veteran's Aid & Attendance

## Veterans Benefits

If your loved one is a Veteran, the VA offers assistance to honor their life and help your family. Eligible Veterans may be laid to rest in a **VA national cemetery** at no cost to the family, with perpetual care, a **headstone or marker**, and **military funeral honors**. Families may also receive a **burial flag** and a **Presidential Memorial Certificate**. When burial is in a private cemetery, the VA may provide a marker or medallion, and in some situations burial allowances may help with funeral or transportation costs.

For those left behind, **survivor benefits**—such as Dependency and Indemnity Compensation (DIC), Survivor's Pension (income based), and access to certain health care, education, and grief counseling resources—may be available. Every situation is unique, and eligibility depends on service and circumstances. Your hospice social worker can guide you through the next steps, help gather paperwork (such as the DD 214), and connect you with the VA to apply.

## Social Security Survivor Benefits

When a loved one passes away, Social Security offers support that may help ease some of the financial burden for family members.

- **One time payment:** Social Security may provide a **one-time payment of \$255** to a surviving spouse or, in some cases, an eligible child. This payment can be requested within two years of your loved one's passing.
- **Ongoing support:** Certain family members—such as a surviving spouse, children, or in some cases dependent parents—may also qualify for **monthly survivor benefits**, based on your loved one's work history.
- **How to notify Social Security:** In most cases, the funeral home will report the death for you. If not, you can call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.
- **Applying for benefits:** You can apply by phone, online, or in person at your local Social Security office. You will usually need your loved one's Social Security number and a certified copy of the death certificate.

If you have questions, Social Security representatives or your social worker can walk you through the process and help you understand which benefits may be available to you and your family. Please visit [www.ssa.gov](http://www.ssa.gov) or call 1-800-772-1213 for more information.





# Planning Ahead for Peace of Mind

Taking time to plan ahead for final arrangements can bring comfort to you and reassurance to those you love. Pre-planning ensures that your wishes will be honored and that your family will not be left wondering what you would have wanted. It also allows for more time to focus on what truly matters—cherishing moments and supporting one another. Our hospice team will guide you through the options and details that matter most, helping you express your desires and ensure they are honored.

When you feel ready, you can reach out to your preferred funeral home to discuss your requests. They will guide you through each step with compassion, helping you make choices that reflect your values and the life you have lived.

## Funeral Arrangements

Planning a service, whether for yourself or a loved one, is an opportunity to create something meaningful and personal. A funeral service can:

- Honor life and the imprint it leaves behind
- Bring together family and friends to share love and support
- Offer closure and begin the healing process after the loss of a loved one

Whether you prefer a traditional burial or cremation, there are many ways to reflect your values and beliefs.



# Understanding Funeral Services

A funeral is a gathering that allows family and friends to express their grief, remember their loved one, and begin healing together. Each element of the service can be tailored to your unique traditions and preferences.

- **Burial Plans:** You may wish to consider burial location or cremation, type of service, and cemetery property.
- **Visitation, Wake, or Viewing:** Friends and family gather prior to the service to offer condolences and share memories.
- **Funeral Service:** This may include personal stories, music, faith traditions, or cultural rituals and usually has a casket or urn present.
- **Memorial services:** Usually held without a casket or urn present, allow family and friends to gather in remembrance. These services may take place at a funeral home, place of worship, or another meaningful location.
- **Graveside Services:** These are held at the gravesite and can be a simple and intimate way to say goodbye.

## Making the Service Your Own

Every life is unique, and every service can be too. When pre-planning, you may want to consider:

- Who will lead the service?
- Would you like an open or closed casket?
- What music, readings, or poems hold meaning for you?
- Are there personal touches or mementos you would like shared?
- Would you like a quiet gathering or a larger celebration after the service?

Our team can help you answer these questions and create a plan that feels right for you and your family. Please contact your chaplain if you are interested in assistance with planning a service or utilizing one of our chapels.





# HERITAGE FUNERAL HOME

Professional ♦ Compassionate ♦ Affordable

1591 South 48<sup>th</sup> Street  
Springdale, Arkansas, 72762  
(479) 751-2444

[www.HeritageofNWA.com](http://www.HeritageofNWA.com)

*When a loved one dies, your family can depend on the experience and compassion of Heritage Funeral Home to help you create a meaningful, unique tribute at the most affordable price.*

*We are a local, family owned and operated company committed to serving your family with Christian diligence.*



*“Blessed are they that mourn:  
for they shall be comforted”*

Matthew 5:4

## *One more way we try to make things easier ...*

Having our funeral home, crematory, and cemetery all on one property means that we can plan and conduct an entire funeral or cremation service from start to finish right on site.

Everything together makes things a little bit easier.

*If you'd like to learn more about our services, or have an immediate need, please visit us online, in person, or call.*

**BENTON COUNTY MEMORIAL PARK & FUNERAL HOME**

**(479) 636-2412**

**3800 WEST WALNUT STREET, ROGERS, ARKANSAS, 72756**

**[WWW.BENTONCOUNTYMEMORIALPARK.COM](http://WWW.BENTONCOUNTYMEMORIALPARK.COM)**





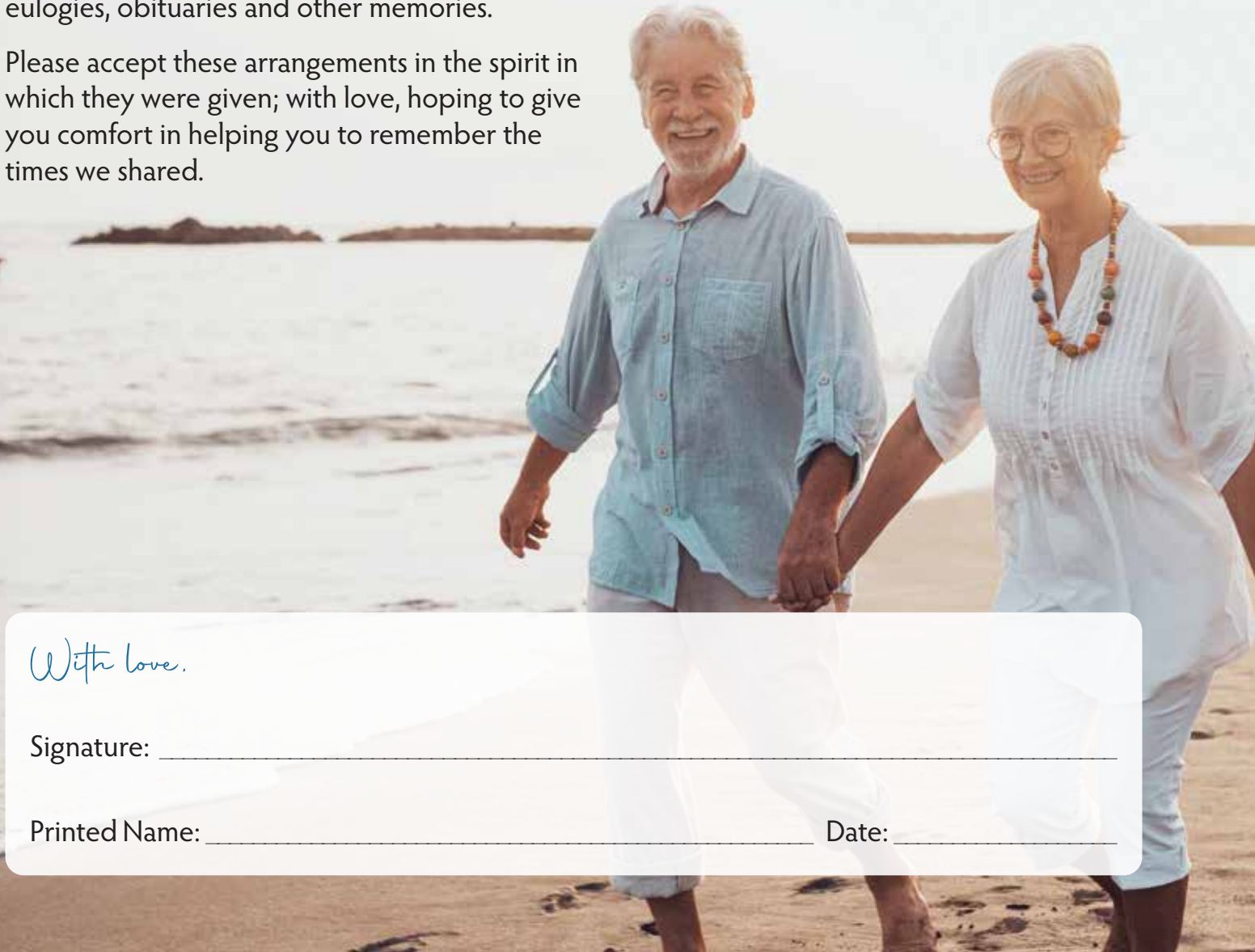
# To My Loved Ones

I wanted to spare you as much anxiety, doubt and confusion as possible at the time of my death, so in this booklet I have suggested some arrangements in advance.

This section includes important information, funeral service guidelines and cemetery requests, which are all important to the funeral director while assisting you to plan the details of my service.

I've also included some personal material for eulogies, obituaries and other memories.

Please accept these arrangements in the spirit in which they were given; with love, hoping to give you comfort in helping you to remember the times we shared.



*With love.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Important Information About Me

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business/Industry: \_\_\_\_\_

Military Service: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Father's Name: \_\_\_\_\_

His Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Her Place of Birth: \_\_\_\_\_

## First person to be notified upon my death:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# My Document Locations & Important Contacts

## Advanced Care Planning

### Living Will:

- ☐ I have completed a Living Will, had it signed and notarized  
It includes instructions for:
- Medical treatment choices for serious illness
  - How/where I wish to spend my final days
  - Whom I wish to be present at time of death
  - Requests for a funeral or other memorial
- Location: .....

### Durable Power of Attorney for Health Care:

- ☐ I have completed a Durable Power of Attorney for Health Care and named a Health Care Agent to make health care decisions if I am unable to do so.
- Location: .....
- Agent: ..... Agent's Phone: .....

### Durable Power of Attorney for Finances:

- ☐ I have completed a Durable Power of Attorney for Finances and named an agent to manage my finances if I am unable to do so.
- Location: .....
- Agent: ..... Agent's Phone: .....

### Veteran Information:

- ☐ I have a copy of my DD2-14
- Location: .....
- VA Contacts: .....
- VA Claim #: .....
- ☐ I have a service connected disability .....%

### Body Donation:

- ☐ I have made arrangements to donate my body to science
- Organization: ..... Phone: .....
- Location of Paperwork: .....

## Financial

### Last Will and Testament/Trust:

- ☐ I have completed a Last Will and Testament/Trust
- Location: .....
- Executor: ..... Phone: .....

### Stocks/Bonds/Annuities:

- ☐ I have stocks/bonds/annuities
- Company: ..... Phone: .....
- Account Information: .....

### Retirement/Pension:

- ☐ I have a retirement/pension account through my employer/broker/financial institution
- Company: ..... Phone: .....
- Beneficiary: .....

### Tax Forms and W-2 Forms:

Location: .....

### Bank Information:

Bank: ..... Phone: .....

Bank: ..... Phone: .....

### Accounts:

Checking: .....

Savings: .....

Other: .....

### Employer Benefits/Final Pay:

HR Contact: .....

### Real Estate/Property Owned:

.....

.....





Practical Matters

- ☐ I have a safety deposit box
- Location: .....
- Who has access: .....

Electronic Data:

- ☐ I have given the following person(s) passwords and access to my email, social media, financial and legal information, and discussed what to do with them.
- Name: ..... Phone: .....
- Name: ..... Phone: .....

Life Insurance Policy:

- ☐ I have a life insurance policy
- Company: .....
- Beneficiary: ..... Phone: .....
- Location of Paperwork: .....

Attorney:

Name: ..... Phone: .....

Accountant/Financial Advisor:

Name: ..... Phone: .....

Monthly Bills that I Pay:

Electric Company: .....

Water Company: .....

Gas: .....

Cable: .....

Home: .....

Car: .....

Insurance: .....

Phone: .....

Subscriptions: .....

Other: .....

.....

Pets:

- ☐ I have made plans for the care/custody of my pet (s):
- Name: ..... Phone: .....

My Preferences for the Service

- ☐ Funeral Home: .....
- ☐ Place of Worship and address: .....
- ☐ Other Location and address: .....
- Clergy or Officiant: .....
- ☐ Funeral home to recommend .....
- Name: .....
- Contact Information: .....

Personal Items:

Eyeglasses: ☐ Remove ☐ Leave On

Jewelry: ☐ Remove ☐ Leave On

Clothing: ☐ To be purchased ☐ Selected

Musical Tributes: .....

.....

.....

Soloists: .....

Organist/Pianist: .....

Congregational Hymns: .....

.....

Favorite Genre or Artist: .....

Community Organizations or Clubs that may participate: .....

.....

Notes .....

.....

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.....

.....

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Cemetery Instructions

Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property, crypt or niche owned: \_\_\_\_\_

If yes, specify location written on cemetery purchase agreement: \_\_\_\_\_

Final Resting Place:

☐ Earth Burial    ☐ Mausoleum    ☐ Interment following cremation    ☐ Other

Marker or Monument:

Purchased: ☐ Yes    ☐ No

Monument company name: \_\_\_\_\_

If no, inscription instructions: \_\_\_\_\_

Reception Details:

Reception location: ☐ Reception Room    ☐ Place of Worship    ☐ Other

☐ Reception to follow cemetery    ☐ Reception to follow service

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information for Obituaries – A Guideline

Place of death: \_\_\_\_\_

\_\_\_\_\_ Date of death: \_\_\_\_\_

Spouse, Widow or Widower of: \_\_\_\_\_ Married for (number of years): \_\_\_\_\_

Children, their spouses and their place of residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren, their spouses and their places of residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings, their spouses and their places of residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Clubs and Organizations: \_\_\_\_\_

\_\_\_\_\_

Military Service: \_\_\_\_\_

\_\_\_\_\_

Special interests, achievements, hobbies and pets, etc: \_\_\_\_\_

\_\_\_\_\_

Memorial donations: \_\_\_\_\_

\_\_\_\_\_

Memorial Gifts in Obituaries:

You may include information in funeral notices and obituaries to guide family and friends who wish to make memorial gifts using the following language “Memorial gifts may be made to Circle of Life in memory of (*name*) to support patient care and family services at Circle of Life, 901 Jones Road, Springdale, AR or [www.giftstocircle.org](http://www.giftstocircle.org).”



Relatives to be Notified at the Time of My Death

Name: ..... Relationship: .....

Address: ..... Phone/cell: .....

Name: ..... Relationship: .....

Address: ..... Phone/cell: .....

Name: ..... Relationship: .....

Address: ..... Phone/cell: .....

Name: ..... Relationship: .....

Address: ..... Phone/cell: .....

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Name: ..... Relationship: .....

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Name: ..... Relationship: .....

Address: ..... Phone/cell: .....





# CAREGIVER GUIDE

This Caregiver Guide section provides practical teaching for family members and friends caring for a loved one in hospice. It includes step-by-step instructions for daily care, managing symptoms, and handling common challenges.

Through clear teaching and helpful tips, the guide helps caregivers feel prepared and confident in their role.



## Caring for Your Loved One at Home

### Your Role as a Caregiver

Being a caregiver means helping your loved one with comfort, dignity, and safety. This may include:

- Offering emotional support and companionship
- Helping with daily activities such as bathing, dressing, eating, or moving around
- Giving medication as directed and watching for changes in symptoms
- Creating a clean and safe environment

Remember: It's okay to ask for help. Hospice staff will teach you how to safely do tasks for your loved one.

### Caring for Yourself

To care well for someone else, you must also care for yourself. Please:

- Take breaks and ask family or friends to step in when needed
- Eat healthy meals, drink water, and try to rest
- Share your feelings with someone you trust
- Stay connected with your hospice team—they are here for emotional support as well as medical guidance

If you ever feel overwhelmed, remember that you are doing the best you can. Give yourself grace.

### Helpful Hints

#### Fatigue

Fatigue is very common near the end of life. These simple steps can help preserve energy and create more comfort each day:

- Plan activities during the times of day when your loved one is most alert.
- Limit the number of activities in one day.
- Change positions often but avoid staying in bed all day if possible.
- Include calming activities such as music,

meditation, or sitting outdoors.

- Use equipment (walker, cane, or wheelchair) to make moving easier and save energy for meaningful moments.
- Allow caregivers and family to help with tasks like meals, laundry, and errands so energy can be saved for personal activities.
- Rest whenever needed and allow uninterrupted sleep at night.
- Eat small, frequent meals and include high-protein foods to maintain strength.

### Keeping Your Loved One Comfortable

- **Safety:** Keep the living space clear of clutter and hazards. Help your loved one change positions often to avoid discomfort or skin problems.
- **Hydration & nutrition:** Offer fluids and small, easy meals as long as your loved one is able and willing.
- **Medication:** Follow the care plan for giving medicines. Ask your hospice nurse if you are ever unsure about a dose or purpose.
- **Behavioral changes:** Sometimes your loved one may seem more restless, withdrawn, or confused. These changes are normal and can be managed with the help of your hospice team.

### We're By Your Side

Your care matters. Your presence matters. You are making a difference in your loved one's journey.





# Medication Management for Comfort at Home

## What You Should Know

- **Addiction is not a concern at the end of life.** It takes a long time to develop addiction, and the focus now is comfort.
- **Pain and discomfort steal energy** and can make quality of life worse. Good symptom control often helps people live longer and feel better.
- Hospice medications are carefully chosen and meant to work together.
- Medicines may be given in different ways: by mouth, under the tongue, or rectally. Your hospice nurse will show you each method.
- **Liquid pain medications are very concentrated**, so only tiny amounts are needed. This means swallowing is not a worry.
- Moisten and clean your loved one's mouth before giving liquid medications.

## How to Give Medications

1. **Follow the schedule:** Give routine (scheduled) medicines at the exact times directed, even if your loved one seems comfortable. This keeps symptoms, like pain or trouble breathing, under control and prevents ups and downs.
2. **Use as-needed (PRN) medicines:** Give medicines for breakthrough symptoms like pain or anxiety right away; treating discomfort early means less medicine may be needed overall.
3. **Track every dose:** Write down the date and time of each PRN medication given.
4. **If your loved one has trouble swallowing pills,** ask your hospice nurse if it's safe to crush them and mix with a small amount of liquid.
5. Always check with your hospice nurse before making any changes to medications.

## Keeping Medications Organized

- Store medicines in one safe location, out of reach of children or pets.

- Hospice can provide a lockbox if needed.
- Use a medication log to record every dose.
- Request refills at least 48 hours before you run out.
- Keep medications at room temperature unless instructed otherwise.

## Safety Do's and Don'ts

### Do:

- Read the medication label each time.
- Give only the amount instructed by hospice.
- Call hospice if you have questions.

### Do Not:

- Share medications with anyone else.
- Skip doses or stop medicines suddenly.
- Double up doses without guidance.

## Common Side Effects

- **Sleepiness:** This is expected and often means pain or anxiety is better controlled.
- **Constipation:** Give stool softeners or laxatives as prescribed and call hospice if no bowel movement for 2 days.
- **Diarrhea:** If diarrhea continues for more than 12 hours, call hospice.

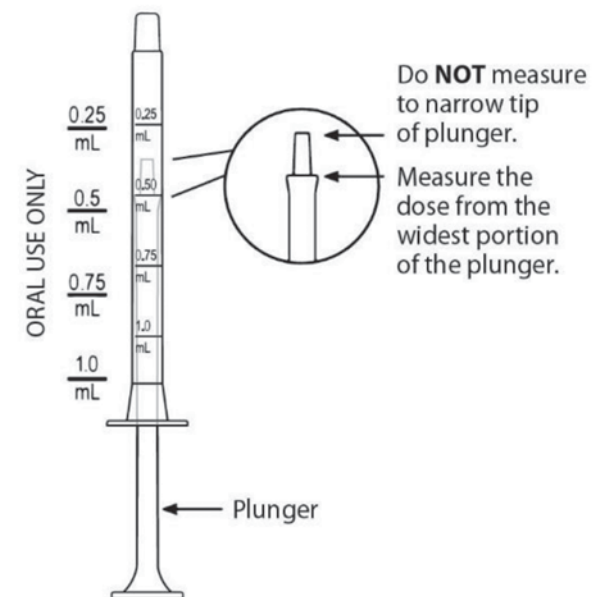
## Important Reminders

- Less medication may be needed when symptoms are treated quickly.
- Routine medications help prevent discomfort before it starts.
- Call hospice if your loved one appears uncomfortable, you miss a dose, or you are unsure what to do.

## Final Reassurance

Giving medication may feel overwhelming at first, but your presence and care mean everything.

# Comfort Kit Medications



## For Pain or Shortness of Breath (Morphine Liquid 20mg/ml)

### Steps for Giving Morphine:

#### 1. Administer the Medication:

- Use the oral syringe provided by the pharmacy.
- Give the prescribed dose (usually 5–10 mg or 0.25 to 0.5 ml) under the tongue or between the cheek and gum.
- If your loved one is taking pills, give the pills with water first and then the morphine for better absorption.

#### 2. Wait and Observe:

- Allow 45 minutes to 1 hour for the medication to take effect.
- If pain or shortness of breath is not relieved, call your hospice nurse or care team immediately.

#### 3. Document the Dose:

Record:

- Date and Time
- Dose Given (e.g., 5 mg = 0.25ml or 10 mg = 0.5ml)
- Pain Rating before medication (out of 10)

- Effect of Medication (Full Relief, Partial, or No Relief)

## For Anxiety or Restlessness (Ativan / Lorazepam 0.5 mg Tablet)

### Steps for Giving Lorazepam:

#### 1. Administer the Tablet:

- Give 1 tablet (0.5 mg) by mouth every 4 hours as needed.
- If swallowing is difficult, your nurse can guide you on crushing and dissolving it in a few drops of warm water to place between the cheek and gum.

#### 2. Wait and Observe:

- Allow 1 hour to see if anxiety or restlessness improves.
- If no improvement, contact your hospice nurse.

#### 3. Document the Dose:

Record:

- Date and Time
- Effect (Full Relief, Partial, or No Relief)

#### 4. Reminder:

Lorazepam can be used with morphine if both anxiety and shortness of breath are present. Document both medications if given together.

## Helpful Notes and Reminders

Always call your hospice nurse before giving these medications for the very first time.

Contact your nurse if:

- Your loved one's condition changes.
- Symptoms are not improving after 45 minutes to 1 hour.
- You have any concerns during or after giving medications.



# Pain and Comfort Care

## Why Pain Management Matters

- Pain takes away energy and prevents rest.
- Good pain control can help your loved one feel calmer and may even help them live longer with better quality of life.
- Pain looks different in everyone, so it's important to observe closely and treat it promptly.

## How to Recognize Pain

Your loved one may not always be able to say they are in pain. Watch for these signs:

- Grimacing, moaning, or calling out
- Guarding or protecting certain body parts
- Clenched fists, curled toes, drawn-up knees
- Irritability, restlessness, or agitation
- Withdrawal or being unusually quiet

**Remember:** Even if your loved one seems "comfortable," pain may still be present.

## Using the Pain Scale

Ask your loved one to rate their pain from 0 (no pain) to 10 (worst pain imaginable).

- 1–3 (Mild): Pain is noticeable but manageable.
- 4–6 (Moderate): Pain interferes with daily activities and sleep.
- 7–10 (Severe): Pain is intense and may prevent talking, sleeping, or moving.

*Please call hospice if pain is moderate to severe, or if it does not improve with medications.*

## Medication for Pain and Comfort

- Give medicines 20–30 minutes before activity, repositioning, or personal care if pain is likely.
- Consider giving an anti-anxiety medicine as prescribed—anxiety can make pain worse.

## When to Call Hospice

- Pain remains moderate or severe after medication.
- Pain or discomfort prevents rest.
- New pain or symptoms appear.
- You are unsure about what dose to give or when.

## Helpful Comfort Measures

- Use warm blankets or ice packs as preferred.
- Gently massage hands, feet, or shoulders.
- Play calming music or read aloud if they enjoy it.
- Keep lights soft and the room quiet.
- Offer mouth care, moist swabs, or lip balm for dryness.

## Please Remember:

Pain and discomfort can almost always be relieved with the right combination of medications and comfort measures.



# Trouble Breathing

## What to Watch For

- Breathing that seems labored or difficult
- Breathing faster than 24 breaths per minute or slower than 12
- Anxiety or distress caused by shortness of breath
- Pauses or irregular breathing patterns
- Restlessness, agitation, or needing to sit upright to breathe

*If you are unsure whether your loved one is breathing normally, call hospice for guidance.*

## What You Can Do

1. **Pause and listen.**
  - Sit quietly and observe your loved one's breathing.
  - If they seem anxious or tired, reassure them with a calm voice.
2. **Encourage rest and less activity.**
  - Stop any unnecessary movement or tasks that may cause them to feel breathless.
  - Allow time to recover after exertion.
3. **Positioning for easier breathing.**
  - Have them sit upright; they may lean slightly forward.
  - Support arms on a pillow or table.
  - If in bed, raise your loved ones head and shoulders with pillows.
  - If too weak to sit fully upright, bend slightly at the waist with pillow support.
4. **Use oxygen safely (if prescribed).**
  - Ensure the oxygen is set at the prescribed amount—do not adjust unless instructed by hospice.
  - Check tubing for kinks.
  - Keep oxygen away from flames, smoking, or candles.
5. **Create a calming environment.**
  - Place a small fan nearby to gently blow air toward their face.
  - Keep the room cool and free from strong odors.

## Medications That May Help

- Give prescribed daily medications that prevent breathing crises (such as inhalers, nebulized medicines, or steroids).
- Use "as needed" medications for sudden shortness of breath, such as:
  - **Nebulized medicines** (Like albuterol)
  - **Morphine** (small doses can help ease the feeling of air hunger)
  - **Lorazepam** (if anxiety is worsening breathlessness)
- Repeated doses of medications or a combination of pain and anxiety medicines may be required to fully relieve breathing distress.
- Always follow hospice instructions and call if you are unsure about timing or dosing.

## When to Call Hospice

- Breathing is faster than 24 or slower than 12 breaths per minute.
- You notice new or worsening breathing difficulties.
- Symptoms do not improve with positioning, rest, or medications.
- Your loved one is anxious, fearful, or struggling to catch their breath.

## Reassurance for Caregivers

Trouble breathing can be distressing to witness, but these changes are common and can be managed. By staying calm, offering reassurance, and using the techniques above, you can help your loved one feel more comfortable and at peace.



## Easing Nausea and Vomiting

### Comforting Steps to Ease Nausea and Vomiting

- **Create a soothing space:** Soft lighting, quiet music, and a calm environment can help ease uneasiness.
- **Keep the body upright:** Sitting or resting with the upper body slightly raised—especially after eating—can support digestion.
- **Let in fresh air:** A gentle breeze from a fan or an open window can feel refreshing.
- **Avoid strong smells:** Cooking odors, perfumes, or smoke may worsen nausea.
- **Offer small sips of cool or room temperature fluids:** Ginger ale, peppermint tea, electrolyte drinks, or flavored ice chips are often easier to tolerate.
- **Try dry, plain foods:** Crackers, toast, or cereal may feel more manageable than heavier options.
- **Encourage rest after meals:** Give the stomach time to settle before moving or engaging in activity.

### Look a Little Deeper

If nausea or vomiting begins, consider:

- Has your loved one had a recent bowel movement?
- Is there any sign of constipation or bloating?
- Were any new foods or medications started?
- Could stress, anxiety, or emotional overwhelm be part of it?

These clues can help guide the next best step.

### Using Medications with Care

- Give anti-nausea medicine as prescribed—some may go under the tongue or be used rectally.
- It's helpful to give medicine early, at the first sign of discomfort.
- Pain medicine is usually okay to continue—check with your hospice nurse if you're unsure.

- If nausea is keeping your loved one from taking other important medications, let your nurse know. They'll help find a solution.

### If Vomiting Happens

- Stay calm. It can feel upsetting to witness.
- Let the vomiting pass without trying to stop it.
- After about 30 minutes with no vomiting, you can offer small sips of clear liquid—about 1 tablespoon at a time. Slowly increase as tolerated.
- Hold off on food until they feel ready.
- Call your hospice nurse if vomiting continues, returns, or you're unsure what to do.

### When to Call Your Hospice Team

You should never hesitate to reach out. Please call if:

- Nausea or vomiting isn't improving with your care or prescribed medications.
- The vomit is red, dark brown, or looks like coffee grounds.
- Your loved one is too tired or weak to safely sip fluids.
- You're unsure, need help, or just want to talk things through.

### What to Avoid

- Heavy, spicy, or greasy meals
- Drinking too much liquid all at once
- Strong smells or fragrances nearby
- Pressuring food or drink when they're not ready
- Giving medicine without checking in first

### Comfort is the goal.

Listen to your loved one's body, trust your instincts, and lean on your hospice team. Even small changes can bring great relief.

## Anxiety and Agitation: Ways to Bring Calm

### What to Keep in Mind

- Feelings of anxiety and agitation are common and natural as a person nears the end of life.
- These emotions can be subtle and may not always be easy to recognize.
- Pain and anxiety often feed into one another, so both may need to be addressed at the same time.
- Confusion, restlessness, and changes in sleep or even occasional hallucinations can occur. These experiences, while normal, can be unsettling for loved ones to witness.
- Your hospice team, including social workers and chaplains, is here to offer comfort, guidance, and emotional or spiritual support.

### Signs of Anxiety

- Repeating the same thoughts or questions
- Appearing tense, with worried facial expressions or a stiff posture
- Difficulty focusing or following conversations
- Withdrawing from others, appearing tearful, or becoming easily upset
- Difficulty sleeping well at night

### Signs of Agitation

- Restlessness or frequent movement; unable to stay comfortable in one position
- Calling out or reaching repeatedly, often trying to get up or pulling at sheets or clothing
- Disturbing dreams or hallucinations
- Wandering, which can sometimes lead to falls

### Ways You Can Help

#### 1. Look for the cause

- Do they need the bathroom or a change of clothing?
- Are they too warm, too cold, or uncomfortable in bed?
- Are they hungry, thirsty, or in pain?
- Could something be worrying them?

#### 2. Offer comfort through presence

- Sit quietly nearby; sometimes just being there can help.
- Listen with patience rather than trying to "fix" everything.
- Reflect back what you hear so they feel understood:
  - "I'm here with you."
  - "I can tell this feels hard right now."
  - "Would you like to talk about what's on your mind?"
- Distraction with something familiar, like folding laundry or looking at photos, may help calm your loved one

#### 3. Consider medication when needed

- If your loved one remains anxious or unsettled, give medications as prescribed by your hospice team.
- Just like with pain, scheduled medications may be needed to keep anxiety well managed.

If your loved one still seems anxious or agitated after trying these steps, please call your hospice nurse.



# Eating, Drinking, and Nutrition at the End of Life

## Why Eating and Drinking Change Near the End of Life

- The body's metabolism slows, so it needs far less energy.
- Digesting food can become exhausting or uncomfortable.
- Taste and smell may diminish, changing how food is experienced.
- Muscles used in chewing and swallowing may weaken, making eating difficult or unsafe.
- Constipation, medication side effects, dry mouth, and fatigue may also reduce interest in food.
- As organs begin to shut down, the desire or ability to eat may fade entirely.

**What to remember:** A lack of eating or drinking is not painful or harmful at this stage. It's a sign that the body is naturally shifting toward rest.

## What You Can Do When Eating and Drinking Are Still Desired

If your loved one is still interested in food or drink, here are ways to support their comfort and safety:

### Positioning:

- Always help them sit upright in a chair or elevate the head of the bed using pillows or bed adjustments.
- Make sure their head is slightly forward, not tilted back, to reduce the risk of choking.

### Food Options:

- Offer small servings, such as one or two bites at a time.
- Choose soft, moist foods that are easy to chew and swallow, including:
  - Pudding, yogurt, applesauce, ice cream
  - Mashed potatoes, scrambled eggs, cream soups

- Smoothies, milkshakes, cottage cheese
- Try offering chilled or room-temperature items, which may be easier to tolerate than hot or aromatic foods.

### Drinking:

- Encourage small, slow sips.
- Try fluids like water, juice, tea, electrolyte drinks, or clear broths.
- Thicken liquids if swallowing is difficult (use commercial thickeners or products recommended by the hospice team).
- Avoid straws unless advised, as they may increase choking risk.

### Swallowing Support:

- Encourage your loved one to take their time.
- Watch their face and body language for signs of discomfort or fatigue.
- Ask them to tuck their chin toward their chest slightly when swallowing.
- You may rub the throat gently to help trigger the swallowing reflex.
- Singing or softly speaking before a sip can activate swallowing muscles for some patients.

## Creating a Supportive Mealtime Experience

- Minimize distractions during meals (e.g., turn off TV or reduce noise).
- Offer food in a calm, unrushed environment.
- Provide mouth care before and after eating to remove residue and improve taste.
- Allow plenty of time to eat—this is no longer about “finishing a meal” but about experiencing comfort.
- Use napkins, towels, or a clothing protector to prevent stress over spills or drooling.

## When to Pause or Avoid Feeding

Stop offering food or drink if you observe any of the following:

- Coughing, choking, or gasping during or after swallowing
- Turning away from food or tightly closing the mouth
- Facial grimacing or signs of discomfort
- Breathing becomes strained when eating
- Long pauses between swallows or food pooling in the mouth

In these cases, continuing to feed may cause distress or aspiration. Call your hospice nurse for guidance.

## Foods to Avoid at This Stage

To reduce choking risk and improve safety:

- Avoid dry, crumbly foods like chips, crackers, taco shells
- Skip foods with tough textures such as steak, hard bread, or raw vegetables
- Don't offer items with seeds, peels, or stringy fibers
- Avoid mixed textures (e.g., chunky soup or cereal with milk) unless blended
- Limit spicy or greasy items which can upset the stomach

## When Eating or Drinking Stops Altogether

Prior to passing, many hospice patients will stop eating and drinking completely. This does not mean they are suffering. Their body has shifted to using its remaining energy to rest and maintain comfort.

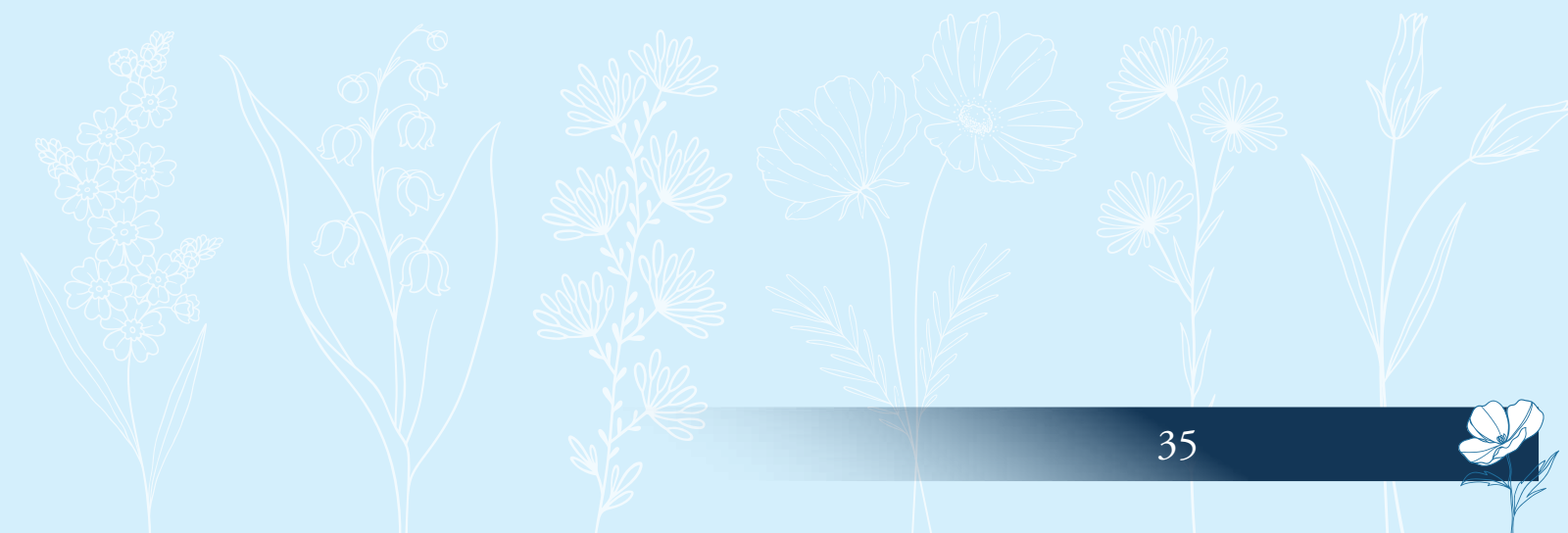
### At this time:

- Avoid offering food or drink unless they specifically ask.
- Provide comfort-focused care like:
  - Moistening the mouth with sponge swabs
  - Applying coconut oil or lip balm to lips
  - Offering small sips of water or ice chips only if requested and safe
- Maintain regular mouth care to prevent dryness or cracking

## When to Contact Your Hospice Team

Please reach out to your hospice team if:

- Your loved one begins choking or coughing when eating or drinking
- You notice sudden changes in swallowing ability
- There is concern about dehydration, constipation, or changes in alertness
- You have questions about what foods or drinks are safe
- You're unsure if you should stop or continue offering nutrition



## Skin and Wound Care

### Understanding Skin Changes

- The skin is our body's largest organ, and it becomes more fragile as we near the end of life.
- Skin may change in appearance—becoming dry, cooler, thinner, or more fragile. These changes are a natural part of the body's journey.
- Skin breakdown can occur when someone stays in one position too long. This happens because of reduced blood flow, especially in bony areas.
- In the final stages of life, skin breakdown may be a sign that the body is transitioning. It doesn't always mean something is wrong.

### How You Can Help: Skin Care Tips

- **Watch closely:** Look for any red spots, scrapes, bruises, dryness, rashes, or unusual smells. Let your hospice nurse know if you notice any of these.
- **Clean and dry:** Gently clean the skin with warm water and soft cloths. Keep it dry unless advised otherwise.
- **Moisturize:** Use oils, lotions, or favorite products to keep the skin soft. Light massage can feel soothing, but be gentle—especially if the skin is fragile.
- **Use soft support:** Roll up pillows, blankets, or towels to support the body and prevent pressure on delicate areas.
- **Change positions frequently:** Reposition every 2–3 hours during the day and at least once at night to prevent pressure sores. Let comfort be the guide and offer medication if moving causes discomfort.
- **Lift covers off the skin:** Use a “bed cradle” (a large pillow or box) to prevent heavy blankets from pressing on sensitive areas.

- **Support the heels:** Place a pillow under the calves so the heels don't touch the bed. This helps prevent heel sores—called “floating the heels.”
- **Adapt to temperature changes:**
  - If the skin feels cool, offer an extra layer.
  - If it feels warm or sweaty, gently wipe with a moist cloth to soothe and cool the skin.
  - A fan on low can help ease warmth if needed.
- **Focus on comfort:** Medications to reduce fever are usually not necessary in the final stages of life. These measures are often enough to bring relief.

### Wound Care Support

If your loved one does develop a skin wound, your hospice team will provide any dressings or supplies needed to offer comfort and containment.

### Please remember

Caring for the skin is one of the many ways to show love. Even small touches—moisturizing, adjusting a pillow, or offering a warm cloth—can provide enormous comfort.

## Bowel Movements in Hospice

### What to Know About Bowel Changes

- The bowels affect the whole body. When they aren't working well, it can add to discomfort.
- Everyone's “normal” is different. Your loved one's bowel routine may shift with illness, medications, or decreased eating.
- Even when not eating much, the body can still produce stool.
- Medications and the body's natural slowing down can lead to constipation. That's very common and manageable.
- Clearing the bowels may take time and a step-by-step approach—it's okay to go slow.
- Incontinence (accidents or leaks) can happen. It's a normal part of the journey.
- You don't need to worry about daily movements during the final days of life unless there is discomfort. Comfort is the priority.

### Helpful Steps for Caregivers

1. **Give prescribed bowel medications** consistently to prevent constipation.
2. **If there's no bowel movement by bedtime on day 2**, follow the next step in your hospice team's bowel program.
3. **If there's no bowel movement by noon on day 3**, reach out to your hospice nurse for guidance. They will help resolve any issues.
4. **When incontinence care is needed**, gather supplies like gloves, wipes, washable or disposable underpads, and briefs (pull-ups for active use; tabbed briefs when more bedbound).
5. **Document dates and times of bowel movements.**

### A Note of Reassurance

Bowel care is an intimate topic, but it's also an important part of supporting quality of life and comfort.





## Urination and Catheter Care

### What to Know

- The ability to urinate is often affected near the end of life. This may be due to medications, illness, or natural changes in the body.
- Incontinence (leaking or not making it to the toilet) is common and nothing to be ashamed of.
- Needing help with urination can be physically and emotionally sensitive
- Catheters may be used when someone is unable to get to the toilet or has a full bladder but can't release urine. Your nurse will help you if this is needed.
- Not everyone needs a catheter, even if they aren't going often. Your hospice nurse will evaluate the situation and offer the best support.

### Steps for Urine and Catheter Care

1. Help with toileting: Encourage using the toilet, bedside commode, or urinal at least 3–4 times a day and as needed.
2. Provide incontinence supplies: Use gloves, wipes, and underpads as needed. Pull-up briefs can be used when someone is walking; tabbed briefs are more helpful when they are mostly in bed.
3. Change wet items often: Check at least every 2–3 hours and after each bowel movement. Wetness can cause discomfort and skin breakdown.
4. Are they drinking enough? A reasonable goal is about 6–8 cups per day if they're still eating and drinking. If not, you can adjust care based on comfort needs.

### If Your Loved One Has a Catheter

- Catheters are soft tubes inserted into the bladder to drain urine when a person cannot go on their own. They can bring great relief when used appropriately.
- The hospice nurse will place the catheter and teach you how to care for it.
- Clean the area gently every day with warm water and mild soap. Always wash your hands before and after.
- Keep tubing and the drainage bag below the level of the bladder to help urine drain naturally.
- Empty the bag daily or as needed. Call your nurse if you need help with this or have questions.
- There is usually no need to reposition or adjust the catheter, unless directed by your nurse. If it looks uncomfortable or urine stops flowing, contact your team.
- Small traces of blood in the tubing can be normal, but if you see clots or bright red urine, please reach out.
- If you see any signs of discomfort, leaking around the catheter, or confusion in someone who normally seems clear-headed, these could be signs of infection. Call your hospice team.

### When to Call Hospice

Please don't hesitate to reach out if:

- Your loved one hasn't urinated in more than 12 hours
- Urine looks dark, red, or cloudy
- The catheter stops draining
- Their skin appears irritated around the catheter
- They show signs of discomfort or distress

## Assisting Your Loved One

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### Providing Mouth Care

**Purpose:** Keep the mouth clean and moist to promote comfort and prevent infections.

1. Gather supplies: soft toothbrush, toothpaste, cup of water, basin, washcloth, gloves, and lip moisturizer (e.g., KY Jelly or olive oil—avoid Vaseline with oxygen use).
2. Position the person upright if they are able, to reduce risk of choking.
3. Use a soft-bristled brush to clean teeth and gums with small circular strokes.
4. Allow the person to rinse and spit into the basin if possible.
5. Examine the mouth for sores, redness, or white patches. Report any findings to the hospice nurse.
6. Clean and rinse dentures after meals and remove them before bedtime.
7. Use lip moisturizers to prevent dryness.
8. Let the hospice team know if the person is having trouble swallowing.

### Positioning a Bedbound Person

**Purpose:** Reduce discomfort and prevent pressure injury

1. Turn every 2–3 hours to prevent sores and improve circulation and relieve pressure.
2. Use lightweight blankets/egg crate cushions to reduce pressure under the patient.
3. Adjust bed height to your hip level to protect your back.
4. If using a hospital bed, raise the side rail on the side the person will turn toward.
5. Lower the bed's head so the person lies flat.
6. If needed, assist the person to roll toward their side.
7. Encourage them to bend their knees and reach for the rail, if they are able.
8. Use pillows to support between knees, behind the back, and under arms.
9. Elevate heels by placing pillows or folded blankets under the calves (never directly under the heels) so that heels are "floating" above the mattress slightly

10. Ensure no bony areas bear weight directly (e.g., shoulders, hips, knees).
11. Slightly raise the head of the bed (about 20°) for added comfort. Avoid raising both the head and feet at the same time – this can cause pressure on the lower back.
12. Keep the skin clean and dry. Use a soft towel to pat damp areas after any cleaning.
13. Use antiperspirant under breasts or in skin folds where moisture can accumulate.

### Pulling a Loved One Up in Bed (Requires Two People)

**Purpose:** Move a person higher up in bed without causing strain or injury to caregivers

1. Lower the side rails and head of the bed.
2. Raise the bed to hip level.
3. Remove any pillows under the head.
4. One caregiver stands at each side of the patient near the shoulders.
5. Ask the patient to bend their knees and push with their feet.
6. Both caregivers grab the draw sheet and lift upward on the count of three.
7. Smooth out any wrinkles in the bedding and replace pillows for positioning.
8. Ensure the patient is positioned comfortably.

### Giving a Bed Bath

**Purpose:** Provide cleanliness, comfort, and preserve skin integrity.

1. Gather supplies: two wash basins (one for soapy, one for rinse water), soap, lotion, clean towels, washcloths, gloves, and fresh clothes.
2. Wash one area at a time to maintain warmth and privacy.



3. Use a minimal amount of soap and rinse thoroughly.
4. Dry skin well and apply moisturizer to dry areas.
5. Clean under the arms, beneath the breasts, around the bottom, and between skin folds.
6. Check for red or irritated areas and notify the hospice nurse if needed.
7. Reposition the person every 2–3 hours.

### Changing Bed Sheets with Patient in Bed

**Purpose:** Keep bedding clean and free from moisture or wrinkles.

1. Raise the bed to hip level; lower the head so the patient lies flat.
2. Have the person roll to one side of the bed.
3. Roll used sheets toward the patient's back.
4. Place clean sheets on the empty side and tuck under the rolled-up used ones.
5. Roll the patient completely back onto the clean sheets.
6. Remove used sheets and smooth clean ones into place.

### Using a Bedpan

**Purpose:** Allow urination or bowel movements when the person cannot leave bed.

1. Put on gloves and explain each step.
2. Roll the person to one side and slide the bedpan under the buttocks. Sprinkle baby powder on the thick part of the plastic rim to keep skin from sticking.
3. Patient should be flat to be placed on bedpan, but should be in a reclined sitting position to use the bedpan.
4. Allow privacy but stay close in case assistance is needed.
5. When finished, stabilize the pan while the patient gently rolls off and to the side.
6. Empty contents into the toilet.
7. Clean the skin as needed and reposition the person.
8. Wash your hands after disposing of the waste and cleaning the bedpan.

### Using a Commode (Bedside or Mobile)

**Purpose:** Provide a safe alternative for toileting.

1. Explain what you're going to do before starting.
2. Assist the person in walking to the commode,

3. ensuring they feel the seat behind their knees.
4. Lower their clothing and help them sit securely.
5. Provide toilet paper and a warm washcloth.
6. Offer privacy if possible.
7. Help them clean up afterward and assist in standing.
8. Sanitize their hands if they are unable to wash.
9. For bedside commodes, add 1 inch of water to the pail to ease cleanup. Empty and disinfect afterward.

### Assisting Out of Bed to a Chair

**Purpose:** Promote mobility and reduce isolation.

1. Help the person move to the edge of the bed.
2. Raise the head of the bed and wait a moment to allow for any dizziness to pass.
3. Bring the person to a sitting position on the side of the bed with feet flat on the floor.
4. Place sturdy footwear or socks with grips on their feet.
5. Stand in front of them with one foot between theirs.
6. Bend your knees and support their waist—not arms or neck. Don't have them hold around your neck.
7. On a count of three, lift as they push with their legs. The patient can push off the side of the bed or hold onto a walker for support.
8. Pivot toward the chair and lower them into it.

### Assisting from Sitting to Standing

**Purpose:** Promote safe mobility

1. Have them scoot to the edge of the chair or bed.
2. Stand close, knees bent, feet shoulder-width apart.
3. Place your arms around their waist or under their arms.
4. Ask them to push with their legs as you support.
5. Do not let go until they are fully stable.

### Ambulating with Your Loved One

**Purpose:** Promote safe mobility.

1. Always walk on the person's weaker side.
2. Place one hand around their waist or use a gait belt if available.
3. Walk slowly and observe for signs of fatigue or imbalance.
4. If they start to fall, guide them to the ground, staying close for safety.
5. Nursing staff will show you how to use a gait belt.

## Understanding the Dying Process

### How the Body May Change

#### Weeks to Months Before Death

- Your loved one may spend more time resting or sleeping.
- They might gradually withdraw from conversations and social visits, choosing quiet time instead.
- Interest in food and drink often fades as the body needs less energy.
- Moments of quiet reflection become more common, and words may be fewer.

#### One to Two Weeks Before Death

- Confusion or disorientation may appear at times.
- You might notice them talking to people who have already passed on—this is a natural and comforting experience for many.
- Picking at sheets, clothing, or the air can happen.
- Hands and feet may swell slightly and feel cooler, and skin color may look more pale or take on a soft bluish tone.
- Blood pressure, pulse, and body temperature can begin to shift as the body conserves energy.

### In the Final Days or Hours

- Breathing may change, becoming slower, irregular, or pausing between breaths.
- There may be long stretches of deep sleep, and waking them may become difficult.
- A brief burst of energy and alertness can happen just before the final decline.
- Hands, feet, and knees often become cool and mottled in color.
- Eyes may become glassy or half-open, and their gaze may be distant.
- In the very last moments, breaths can look shallow or irregular, and the pulse may grow faint before it stops.

Every journey is unique. These changes can come gradually or quickly, and there is no "right" way or timeline.

### Helping Your Loved One Feel Comfortable

While these changes are part of the natural process of dying, some can seem unsettling. There are many ways to ease discomfort:

- Offer soft touch and soothing words; your presence is deeply comforting.
- Medications, oxygen, or simple repositioning may help ease pain, anxiety, or shortness of breath.
- Frequent mouth and skin care can bring comfort when eating and drinking no longer appeal.
- Music, prayer, or quiet moments together can soothe both you and your loved one.

### Please Remember

If you ever feel uncertain or your loved one seems uncomfortable, call your hospice team anytime, day or night. We will guide you through what to do, and will make sure you and your loved one are supported and cared for.



## Support for Secretion Management

### Why This Happens

As the body prepares for the end of life, swallowing slows down or stops altogether.

- Saliva and fluids may collect in the mouth and throat, especially when the person is no longer alert or awake.
- These sounds are common, natural, and expected during the active dying process.
- Dehydration is part of the natural process and can actually help reduce secretions.

### Steps You Can Take to Help

#### 1. Be Proactive with Mouth Care

Keeping the mouth clean and moist helps prevent the buildup of thick secretions.

##### How to prepare:

- Gather: swabs or sponge-tipped applicators, soft toothbrush or mouth care sponges, a small cup of water or mouth rinse, tissues, and lip balm.

##### How to provide oral care:

- Clean the mouth every 2–3 hours (or more often if needed).
- Use swabs or soft sponge sticks dipped in water or a mix of ½ water and ½ mouthwash.
- Gently swab the inside of the cheeks, gums, roof of the mouth, and tongue.
- You can use a toothbrush to clean teeth if your loved one is able.
- Apply lip balm often to keep lips moist and comfortable.

#### 2. Help Move Secretions

- Gently change your loved one's position: Turn their head to one side or reposition them on their side with the head slightly raised. This may help secretions drain and reduce the rattling sound.
- Flatten the upper part of the bed and raise the foot slightly if safe to do so—your nurse can guide you.
- If you're comfortable, you may carefully wipe or scoop out visible secretions with a swab or dry cloth. Never force or reach too far. Do not put fingers in their mouth as they may reflexively bite down.

### Extra Tips for Comfort

- A cool-mist humidifier placed near the bed can help keep the mouth from drying out.
- If sounds become more intense or if you feel overwhelmed, call your hospice nurse.
- Medications to reduce secretions may be recommended in some cases. Your hospice team will guide you if needed.

### Please Remember

What you're hearing may be difficult to hear, but it doesn't usually mean your loved one is uncomfortable. These changes are a natural part of the body's journey at the end of life.

## When Death Happens at Home

### What to Expect

When death occurs, you may notice that your loved one's:

- Chest no longer rises and falls
- Breathing and heartbeat have stopped
- Eyes are still and may be open or closed
- Jaw has relaxed
- Mouth may fall open slightly
- Skin becomes cool, pale, and waxy-looking
- Facial features become calm and peaceful

These are all expected signs of death. Trust your instincts—you will know when the time has come.

### What to Do Next

**You do not need to call 911.** It is important to try to stay calm and complete the following instructions. The hospice team will take care of the immediate details.

1. **Call Circle of Life right away at 479-750-6632.** A nurse will perform the next steps including pronouncing the death, notifying the coroner if needed, destroying medications, and coordinating with the funeral home of your choice. We will also handle the legal reporting of the death, so there is no need to call 911.
2. You may also choose to call close family members or your spiritual advisor to be with you. Your hospice chaplain is also available to you for support.
3. Take your time. There is no need to rush. Spend time with your loved one—sit quietly, share stories, say goodbye, or simply be present. You may choose to light a candle or play music that honors their life.
4. When you feel ready the funeral home can be contacted.

### What You Might Feel

Grief can come in many forms—emotional, spiritual, physical—and no two people will grieve the same way. You may feel sadness, anxiety, peace, numbness, or even relief. These are all normal.

It's okay to cry.

It's also okay if you don't.

There is no right or wrong way to feel. Grief often begins even before death, and it continues long after. Be gentle with yourself and your loved ones during this time.

### Finding Your Own Way to Honor the Moment

Some ways families choose to honor their loved one include:

- Bathing the body gently and using essential oils or perfume
- Dressing them in clothing that they would have chosen
- Sitting quietly in the room, sharing stories or playing their favorite music
- Creating rituals of remembrance that feel meaningful

Every culture, every person, every family has its own way of navigating this time. However you choose to say goodbye, know that it is enough – and that your needs are supported.

**When death occurs, Call Circle of Life  
479-750-6632.**



# What To Do After a Loved One Dies

## What To Do In the First Days

### 1. Notify close family and friends.

Let immediate family members and close friends know that your loved one has died. You do not need to do this all at once—ask someone to help you make calls if needed.

### 2. Secure important legal and personal information.

Locate your loved one's will, advance directives, power of attorney documents, and any written funeral instructions. If you do not find these right away, that is okay. You can proceed with funeral planning while continuing to search.

### 3. Inform the person's employer (if applicable).

If your loved one was still employed, contact their workplace to notify them of the death and ask about any outstanding paychecks, benefits, or life insurance.

## What To Do Before Meeting with the Funeral Home

### 1. Gather personal and funeral-related documents.

Look for any pre-paid funeral contracts, pre-planned burial, or cremation instructions. You will also need information such as your loved one's Social Security number, date of birth, place of birth, parents' names, military service history, and marital status for the obituary and death certificate.

### 2. If your loved one was a veteran, explore military benefits.

The U.S. Department of Veterans Affairs may provide burial benefits, military honors, or cemetery arrangements. Contact them at 800-827-1000 or visit [www.benefits.va.gov](http://www.benefits.va.gov). Hospice social workers can also help you with this process.

### 3. Start writing the obituary.

You may choose to write the obituary yourself or have the funeral home assist you. Be sure to include the full name, birth and death dates, surviving family, predeceased family, meaningful life accomplishments, and funeral service details. Ask someone you trust to review it before submission.

## What To Do Before the Funeral

### 1. Care for your loved one's home (if applicable).

If your loved one lived alone or their home will be unoccupied, consider asking someone to:

- Water plants
- Dispose of perishables
- Collect mail
- Ensure all doors and windows are secured

This task is often helpful to delegate to a friend or neighbor.

### 2. Plan funeral roles and responsibilities.

Enlist family and friends to serve as:

- Pallbearers
- Greeters
- Ushers
- Food providers for a post-service gathering

Give people clear roles and responsibilities to lighten your own burden.

### 3. Share the funeral arrangements.

Once the funeral date, time, and location are confirmed, notify family, friends, and any faith or community leaders. Ask others to help spread the word. You may also consider placing a notice in the local newspaper or on social media, if appropriate.

## What To Do After the Funeral

### 1. Order multiple copies of the death certificate.

You will need official copies to complete most legal and financial tasks. The funeral director can help you order the number needed—many families find that 8 to 12 copies are sufficient.

### 2. Notify the following agencies and companies using the death certificate:

#### • Social Security Administration

Call 800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov) to stop benefits and inquire about any survivor benefits.

#### • Veterans Affairs

Call 800-827-1000 or visit [www.va.gov](http://www.va.gov) if your loved one was a veteran.

#### • Insurance providers

Contact life, health, homeowners, and auto insurance companies to stop or transfer policies.

#### • Utility companies

Cancel or transfer services like electricity, gas, internet, and phone.

#### • Employers or pension administrators

Submit claims for retirement benefits or employment-related payouts.

#### • Banking institutions

Speak with the bank about accounts in your loved one's name. You may need to open an estate account to manage financial matters moving forward.

#### • Investment firms or financial advisors

Notify them to review any IRAs, annuities, or investment accounts.

#### • State Department of Motor Vehicles

Cancel the driver's license and vehicle registrations.

#### • Post office

Submit a mail-forwarding request and update delivery instructions for any bills, statements, or subscriptions.

### 3. Consult with professionals as needed.

#### • Estate Planning Attorney or Probate attorney

They can help with the legal process of settling the estate, including the distribution of property and resolution of debts.

#### • Tax preparer or accountant

Determine whether a final income tax return or estate tax return is needed.

## Additional Support

- Allow yourself space and time to grieve. There is no single "right" way to experience loss.
- Don't hesitate to ask friends or family for help with calls, paperwork, or errands.
- Consider speaking with your social worker regarding grief support provided free of charge.







# Grief, Loss & Finding Support

## Understanding Grief and Loss

When someone we love passes away, the experience of grief is deeply personal and often overwhelming. Grief is a natural, healthy response to loss. It touches every part of who we are—our thoughts, emotions, body, spirit, and relationships. There is no right or wrong way to grieve, and no specific timeline for how long it “should” take.

Everyone mourns differently. Some people may cry often, others may feel numb or withdraw from others. Some may find comfort in memories or in routines, while others may feel lost or unsure of how to move forward. All of these responses are normal.

Recognizing and understanding these emotions can help both caregivers and family members support one another and begin healing. Being aware of what grief can look like helps to normalize the experience and offer reassurance during an uncertain time.

### Please Remember

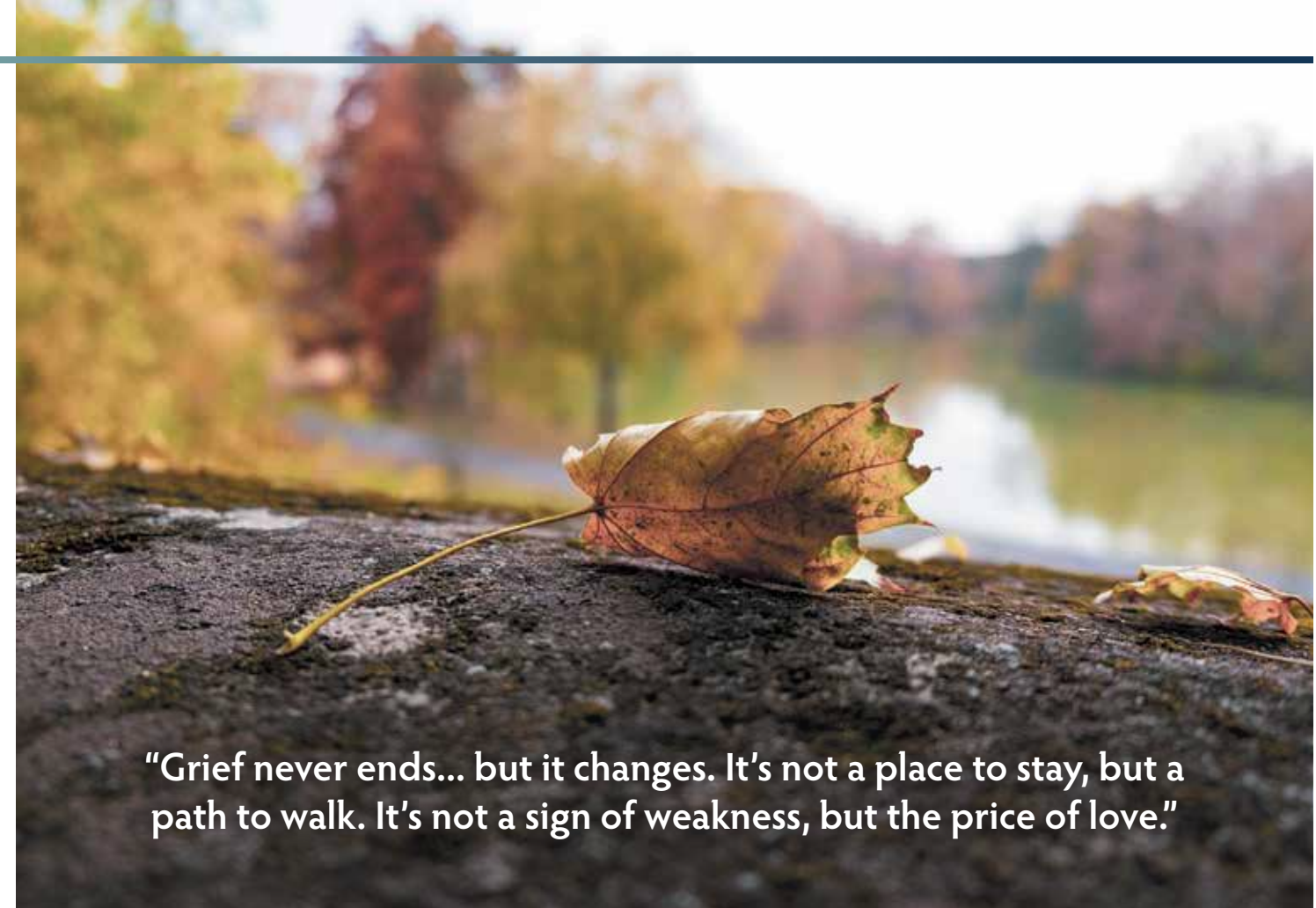
- There is no “normal” way to grieve. Your process is your own.
- Support is here when you need it—there is no wrong time to reach out.
- Healing doesn't mean forgetting; it means learning to live with love and loss side by side.

## Common Responses

You or your family may notice the following reactions after a loss:

- Feeling overwhelmed or unsure about what to do
- Difficulty concentrating or making decisions
- Trouble sleeping or eating
- Feeling anxious, angry, or numb
- A sense of loneliness or being misunderstood
- Physical symptoms like fatigue or restlessness
- Crying unexpectedly or more often than usual
- Being easily triggered by reminders (sounds, places, photos)

These are all common and valid ways the body and heart respond to loss.



**“Grief never ends... but it changes. It’s not a place to stay, but a path to walk. It’s not a sign of weakness, but the price of love.”**

## You’re Not Alone: Bereavement and Grief Support

At Circle of Life, support continues even after the passing of your loved one. Our bereavement team includes caring professionals who are specially trained to walk with families through the grief journey. Whether you’re struggling with day-to-day emotions, seeking understanding, or simply want someone to listen—we are here.

We offer:

- Grief support groups
- Workshops and educational classes
- Resources for children, teens, and families
- Individual consultations
- Monthly digital bereavement newsletters
- Special events

These services provide opportunities to share your experience with others who understand. Talking with others who are grieving can ease the sense of isolation and help build coping skills.

To learn more about grief support, visit  
**[www.circleoflifecare.org](http://www.circleoflifecare.org)**  
or scan the QR code.





# Honoring Your Loved One's Memory

## Giving Back

Many families ask how they can express thanks for the care and comfort they received from Circle of Life. Giving back can be a gentle and meaningful way to honor your loved one and share the impact this care has had on your life. Whether through a simple gesture or a lasting tribute, each expression of gratitude helps extend compassion to others.



## How to Get Involved

Gifts may be mailed to:  
Circle of Life  
901 Jones Road  
Springdale, AR 72762  
Or donate to:  
[www.giftstocircle.org](http://www.giftstocircle.org)



## A Lasting Tribute

### Memorial Gifts

You may wish to include a note in an obituary or service program inviting others to make a gift in memory of your loved one. Here is one way to share that information:

"Memorial gifts may be made to Circle of Life in memory of (name) to support patient care and family services at Circle of Life, 901 Jones Road, Springdale, AR 72762 or [www.giftstocircle.org](http://www.giftstocircle.org)."

Circle of Life can provide your family with a list of those who gave in your loved ones memory.



## A Lasting Tribute in Their Honor

Some families find peace in creating a lasting remembrance—like a **Tree of Life leaf** or an **engraved brick**—placed at one of our hospice homes. These beautiful markers are a quiet way to honor someone special and can offer a place of reflection and connection for years to come. Other tribute options, such as naming a garden bench or patient room, are also available for those who wish to make a deeper impact.



However you choose to give back, whether by sharing a kind word, honoring a memory, or supporting future care, please know that your gesture makes a difference. It helps bring comfort to others walking a similar path, and it honors the love and connection that lives on.

## Giving Through Your Legacy

If Circle of Life has become a part of your story, you might consider extending that kindness forward through **estate giving**. Whether it's including Circle of Life in your will, naming us in a life insurance policy, or making a gift from your retirement account, your support can ensure others receive the same care and comfort you experienced.

If you choose to include Circle of Life in your plans, we would be honored to know, so we may express our appreciation.

## Becoming an Angel: Helping Others Through Giving

Our **Angels Paying It Forward** is a passionate group of people who support Circle of Life care through advocacy, volunteerism and philanthropy. Angels help fulfill special wishes and needs such as a favorite meal, celebrating a birthday, or offering a special experience.

To learn more or to join this heartfelt mission, visit [www.AngelsPayingItForward.org](http://www.AngelsPayingItForward.org). Annual membership is \$25.





# Non-Discrimination Statements

Discrimination is against the law. Circle of Life complies with applicable federal and state civil rights laws, including Section 1557 of the ACA, and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, pregnancy status, sex, gender identity and expression, and sexual preference or orientation.

We provide free aids and services, in a timely matter, to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats and other formats) and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Circle of Life's Chief Clinical Officer at 479-750-6632.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, pregnancy status, sex, gender identity and expression, and sexual preference or orientation, you can file a grievance with: Circle of Life Administrator, 901 Jones Rd., Springdale, AR 72762, Phone number: 479-750-6632, Fax number: 479-872-3379, Email: [info@nwacircleoflife.org](mailto:info@nwacircleoflife.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Circle of Life's Administrator 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, 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 Phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint>

**Language assistance services, free of charge, are available to you. Call 479-750-6632**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-479-750-6632

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-479-750-6632

**Marshalllese:** LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jērbal in jipañ ilo kajin ñe aṃ ejjelōk wōñāñ. Kaalōk 1-479-750-6632

**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 1-479-750-6632

**Laotian:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-479-750-6632

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-479-750-6632

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-479-750-6632

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (ATS: 1-479-750-6632)

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-479-750-6632

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-479-750-6632 번으로 전화해 주십시오.

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-479-750-6632

**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。1-479-750-6632 まで、お電話にてご連絡ください。

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-479-750-6632

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોનકરો 1-479-750-6632

# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.**

**EFFECTIVE DATE:** This Notice is effective April 14, 2003; updated June 3, 2013, September 11, 2013

**USE AND DISCLOSURE OF HEALTH INFORMATION**

HIPAA privacy rules permits the use and disclosure of PHI for the purposes of Treatment, Payment and Health Care Operations without obtaining a specific written permission from you, known as "authorization". Circle of Life may use your health information, without your written authorization, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES AND PURPOSES THAT YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT A SPECIFIC WRITTEN "AUTHORIZATION":**

**To Provide Treatment:** Circle of Life may use your health information to coordinate care within Circle of Life and with others involved in your care, such as your attending physician, members of Circle of Life interdisciplinary team and other health care professionals who have agreed to assist Circle of Life in coordinating care. Circle of Life also may disclose your health care information to individuals outside of Circle of Life involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals that Circle of Life uses in order to coordinate your care.

**To Obtain Payment:** Circle of Life may include your health information in invoices to collect payment from third parties for the care you may receive from Circle of Life. For example, Circle of Life may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Circle of Life. Circle of Life may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

**To Conduct Health Care Operations:** Circle of Life may use and disclose health care information for its own operations in order to facilitate the function of Circle of Life and as necessary to provide quality care to all of Circle of Life's patients. Except in team meetings or scheduling of care, **YOUR NAME WILL NOT BE USED**. Health care operations include such activities as:

1. Quality assessment and improvement activities.
2. Professional review and performance evaluation.
3. Training programs including those in which students, trainees or practitioners in health care learn under supervision.
4. Accreditation, certification, licensing or credentialing activities.
5. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
6. Business planning and development including cost management and planning related analyses and formulary development.

**FEDERAL PRIVACY RULES ALLOW CIRCLE OF LIFE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION FOR THE FOLLOWING REASONS:**

**When Legally Required.** Circle of Life 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.** Circle of Life may disclose your health information for public activities and purposes in order to:

1. 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.
2. To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
3. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
4. To an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence:** Circle of Life is allowed to notify government authorities if Circle of Life believes a patient is the victim of abuse, neglect, exploitation or domestic violence. Circle of Life 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:** Circle of Life may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Circle of Life,



however, 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 health care or public benefits.

**In Connection with Judicial and Administrative Proceedings:** Circle of Life may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or in response to a subpoena, discovery request or other lawful process, but only when Circle of Life makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes:** Circle of Life may disclose your health information to a law enforcement official for law enforcement purposes as follows:

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

**To Coroners And Medical Examiners:** Circle of Life may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as required.

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

**For Organ, Eye Or Tissue Donation.** Circle of Life may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue IF IT IS YOUR WISH TO BE AN ORGAN DONOR.

**For Research Purposes:** Circle of Life may, under very select circumstances, use your health information for research. Before Circle of Life discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. *Circle of Life will ask your permission if any researcher will be granted access to your individually identifiable health information.*

**In the Event of A Serious Threat To Health Or Safety.** Circle of Life may, consistent with applicable law and ethical standards of conduct, disclose your health information if Circle of Life, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions:** In certain circumstances, the Federal regulations authorize Circle of Life 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 and law enforcement custody.

**For Worker's Compensation:** Circle of Life may release your health information for worker's compensation or similar programs.

## AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Circle of Life will not disclose your health information other than with your written authorization. If you or your representative authorizes Circle of Life 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

**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 Circle of Life's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Circle of Life is not required to agree to your request. If you wish to make a request for restrictions, please contact the Compliance Officer.

**Right to Restrict Certain Disclosures to Health Plans:** Circle of Life honors requests by you to restrict disclosures to health plans for purposes of carrying out payment or healthcare operations if the disclosure is not otherwise required by law and the PHI relates solely to a health care item or service for which you, a family member, another person or other health plan has paid the covered entity out of pocket, in full. Circle of Life is not obligated to notify downstream providers of your request for a restriction. You need to separately exercise this right with other providers. It is important to note that you may not exercise this right when Circle of Life is required by State or other law to submit a claim to a health plan for services provided to you and such law does not include an exception for individuals paying out-of-pocket.

**Right to receive confidential communications:** You have the right to request that Circle of Life communicate with you in a certain way. For example, you may ask that Circle of Life only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Compliance Officer. Circle of Life 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. A request to inspect and copy records containing your health information may be made to the Compliance Officer. If you request a copy of your health information, Circle of Life may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to designate an individual to receive your PHI:** You have the right to request that Circle of Life provide a copy of your PHI directly to a designated individual. This right applies to both paper and electronic information. Any such request must be in writing, signed by you, and must clearly identify the designated recipient and where the information should be sent. Circle Of life will provide reasonable verification procedures to verify the identity and authority of the requesting individual prior to disclosing any information.

**Electronic Access:** You have the right to obtain an electronic copy of your PHI. If the requested format is not available, then a mutually agreed upon format (e.g., Microsoft Word or Excel, text-based PDF) will be provided. Circle of Life is not required to provide you with unlimited choices in terms of the available electronic forms. If requested by you, Circle of Life may provide the electronic copy of PHI through unencrypted e-mail after Circle of Life has advised you of the risk of doing so. In such a case, Circle of Life would not be responsible for any unauthorized access of PHI while in transmission or for safeguarding PHI once delivered to you. Circle of Life may charge a reasonable fee for copying and assembling costs associated with your request. Circle of Life will provide access to all paper and electronic PHI within 30 days of your request, with the option of a one-time 30-day extension if needed.

**Right to amend health care information:** If you or your representative believes that your health information records are incorrect or incomplete, you may request that Circle of Life amend the records. A request for an amendment of records must be made in writing to the Circle of Life Compliance Officer. Circle of Life may deny the request if it is not in writing, does not include a reason for the amendment, if your health information records were not created by Circle of Life, if the records you are requesting are not part of Circle of Life'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 Circle of Life, 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 Circle of Life for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the Circle of Life Compliance Officer. Accounting requests may not be made for periods of time in excess of six years. Circle of Life 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 a paper copy of this notice:** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously.

**Right to complain if your privacy is violated:** You or your personal representative has the right to express complaints to Circle of Life and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Circle of Life should be made in writing to the Circle of Life Compliance Officer. Circle of Life 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.

**Right of privacy regarding Fundraising:** Patients have the right of privacy regarding PHI for Fundraising and the ability to opt out of fundraising communications and use of PHI specifically genetic information. To opt out you may call the Circle of Life Director of Development at 479-750-6632.

### Duties of Circle of Life:

Circle of Life 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. Circle of Life is required to abide by terms of this Notice as may be amended from time to time. Circle of Life reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Circle of Life changes its Notice, Circle of Life will provide a copy of the revised Notice to you or your appointed representative.

**Contact Person** Circle of Life's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is: **QAPI/Compliance Coordinator, 901 Jones Road, Springdale, AR 72762**





# Medication Information Policy

Part of your Hospice MEDICARE, MEDICAID, or PRIVATE INSURANCE. Benefit covers the cost of prescription medications related to your hospice diagnosis. This benefit ONLY covers those medications prescribed by your doctor (or on-call doctor) AND approved by the HOSPICE TEAM while you are a Circle of Life Hospice patient.

If your doctor orders new medications, please call your Hospice Nurse or the Circle of Life Hospice office (479-750-6632 or 800-495-5511) to find out if the medications will be covered by hospice. Call BEFORE getting the medications filled at your pharmacy.

The medications that Circle of Life Hospice will cover are identified on your medication sheet kept in your home. This sheet is also sent to your pharmacy.

The goal of hospice care is to provide comfort to patients, so hospice only pays for medications or treatments ordered by your doctor to treat a specific problem you have or would have without taking the medication.

If there is more than one option for treating your discomfort, the simplest effective treatment may be approved by the Hospice Team before treatments generally used to cure disease, restore health, or prolong life indefinitely.

Hospice care is not designed to cure disease, but rather to provide symptom control and comfort in dealing with your illness. Any health care related to your primary illness must be aimed at comfort only.

Treatments considered curative, restorative or life-prolonging include, but are not limited to:

- Lab or X-ray testing
- Visits to medical specialists
- Radiation or Chemotherapy
- Some antibiotics
- Blood transfusions
- IV protein & vitamins
- Rigorous physical therapy
- Injections to build the blood
- Surgery
- IV drugs for heart or lung disease
- Dialysis
- Experimental protocols

Even though these measures are generally considered curative, if your symptoms cannot be controlled using standard palliation, non-traditional curative-type treatments or testing may be ordered by the Hospice Physician in order to make you comfortable.

Your nurse or doctor may explain which treatments fall into this category for your problem. Cost is not usually a consideration when determining whether a treatment or medication is necessary for comfort.

Circle of Life Hospice must pay for treatments or medications that are necessary to keep you comfortable and approved by the Hospice Team. If you (or your healthcare proxy) wish to have a treatment related to your hospice diagnosis but not approved by the Hospice Team, you may pay for it and continue hospice care OR, if you have Medicare or Medicaid, you may revoke the Hospice benefit and be eligible for the non-covered care. Be aware that Medicare or Medicaid may not pay for the treatment or medication either.

The Circle of Life Hospice Interdisciplinary Team is primarily responsible for deciding what hospice care is covered. Any medical care given to a patient that is not ordered by the Hospice Team may be charged to the patient if it is for treatment of the hospice diagnosis. Notify the Hospice Nurse for any medical care ordered to a hospice patient.

# Oxygen Safety

1. Always use the exact level of oxygen prescribed for each activity – increasing the amount can be harmful.
2. Oxygen in tanks is stored under pressure. Tanks must be handled very carefully. Do not drop them or allow them to roll around.
3. Always turn the oxygen off when it is not in use. If you are going to be away from the concentrator for more than 20 minutes, please turn it off.
4. Keep the oxygen unit at least 5 feet away from televisions, radios, and other appliances and from space heaters, steam pipes, furnaces, and radiators. Do not use oxygen while cooking with a gas stove.
5. Keep matches, cigarettes, candles, and other sources of flame at least 10 feet away from any place where you use or store an oxygen unit. Do not smoke, and do not allow other people to smoke in your home.
6. Do not use vapor rubs or petroleum jelly when using oxygen. They are flammable. Do not oil the unit or use it with oily or greasy hands.
7. Do not use aerosol sprays such as air fresheners or hairspray near the oxygen unit. Aerosols are very flammable.
8. If there is a storm with lightning, unplug the concentrator from the electrical power and use a portable oxygen unit.
9. Always be sure the concentrator is pulled away from the wall. Concentrators must have access to the air around the unit.

# Equipment Acknowledgement

- Circle of Life’s DME Technicians will deliver, set up, and instruct the patient/caregiver on the safe use, care, and cleaning of the equipment.
- The nurse will train the patient/caregiver on the proper use of the various equipment. We will certify that all equipment is clean, safe, and in good working order at the time of delivery.
- You will be trained and agree to notify Circle of Life of any concerns, malfunctions, or problems immediately at (479) 750-6632.
- By accepting this equipment, you agree to take responsibility. You understand that Circle of Life owns this equipment, and you will notify them when it is no longer needed.

# Patient-Provider Choices

- Circle of Life is not able to pay for services provided by a non-contract provider. Circle of Life maintains contracts with many long-term care nursing facilities and hospitals in the region. Your care team can provide you with the most up-to-date list upon request.
- Circle of Life will provide equipment and supplies as needed.
- **PHARMACIES:** Circle of Life will provide medications related to your hospice diagnosis through one of our partnering pharmacies. You may continue to use your current pharmacy for medications not covered by hospice.
- If you are transferred to a Circle of Life inpatient unit, our Inpatient Unit will provide all medications. Circle of Life nurses may use other pharmacies to ensure the timely delivery of your medications.
- You confirm that you have been informed of the available providers of services as indicated above.



# Financial Disclaimer and Agreement

Circle of Life provides Hospice Services at the location the patient calls home or in one of our hospice homes, and services are billed at a daily rate. For services rendered, rates will be calculated at the level of care provided. The levels of care provided at Circle of Life include:

- Routine Home Care
- Respite Care (Hospice Home)
- General Inpatient Care
- Continuous Home Care

Circle of Life also provides Room and Board services in the Hospice Home that are non-inclusive of any General Inpatient or Respite Care stay. Room and Board services, also known as Routine Hospice Care in the Hospice Home, are not billable to any insurance, e.g., Private Insurance, Medicare, or Medicaid. Room and Board services must be paid out of pocket, and I understand these services will be billed directly to me and not my insurance.

If I elect Medicare as my hospice payer, I understand that hospice services are only billable and reimbursable to my hospice provider under the Medicare Part A benefit. If I am underinsured or uninsured, I understand that a Financial Needs Assessment form can be provided to me, as I may qualify for financial assistance.

Private Insurance, Medicare, or Medicaid may pay for General Inpatient Care as long as management and monitoring of uncontrolled symptoms is required; however, at some point, the patient may no longer qualify for the General Inpatient Care benefit; at which time other arrangements for care will be necessary. Which may include:

- Transferring home; or
- Transferring to another facility; or
- Staying at Circle of Life Hospice Home on Routine Home Care\*\*. *If the PATIENT stays in the Hospice Home under the Routine Home Care benefit, PATIENT and GUARANTOR agree to PRE-PAY for Room and Board. This service is not covered under the PATIENT'S insurance.*

*\*\*Please note: In the event that other critical patients are in need of your bed space, other accommodations may need to be pursued.*

I may request an estimate for the cost of the services rendered to me at any time. If Private Insurance, Medicare, or Medicaid does not cover the cost of any services provided by Circle of Life, I understand that I am responsible for those costs and will be expected to pay as determined by my assessed ability according to the Circle of Life Sliding Scale. **I understand that a Financial Needs Assessment Form will need to be completed for review.**

The PATIENT and GUARANTOR will be informed orally and in writing of any charges that Private Insurance, Medicare, or Medicaid may not cover and for which the patient would be responsible.

# Patients Rights and Responsibilities

**POLICY STATEMENT:** Circle of Life is committed to recognizing, promoting, and protecting rights inherently belonging to patients and their families/caregivers.

**Procedure:**

1. **All employees, volunteers, and contracted individuals** are educated regarding patient rights and responsibilities upon hire, and annually.
2. **All patients and their families/caregivers** are provided with a verbal and written statement of their rights and hospice responsibilities upon admission to the hospice program, in a language that the patient and family/caregiver can understand. Confirmation of this statement shall be confirmed with patient/representative signature. This statement also contains information regarding how to contact Circle of Life or appropriate state agencies to discuss concerns or submit formal complaints regarding their rights.
3. **The patient's family, representative, or guardian** may exercise the patient's rights in accordance with and to the extent allowed by state law.
4. **Staff** shall document in the record that the patients and/or their representatives have received and understood the written notice of rights and responsibilities.
5. **Patient rights include:**
  - a. The right to receive a listing of available services, charges, billing processes, and services that may be covered by private payment, private insurance, or state or federal medical care payment programs, including Medicaid or Medicare;
  - b. The right to receive advance notice of any change in fees or billing as soon as possible but no later than 30 calendar days before the effective date of the change;
  - c. The right to receive information explaining the Medicare, Medicaid, and insurance benefits which are no longer available to the patient while the patient receives hospice care;
  - d. The right to participate in the planning of care, the right to be advised in advance of any changes in the plan of care, the disciplines that shall furnish care, the proposed frequency of care, the title of the person supervising the patient's care and the manner in which that person may be contacted;
  - e. The right to obtain complete and current information concerning services provided, diagnosis, treatment, advance directives, and prognosis in terms they can be reasonably expected to understand;
  - f. The right to receive information necessary to give informed consent prior to the start of any procedure or treatment;
  - g. The right to information concerning medical alternatives when such information is requested;
  - h. The right to be informed of the findings of assessments;
  - i. The right to proper identification of team members and to receive adequate information about the persons responsible for the delivery of their care;
  - j. The right to revoke the hospice benefit without coercion from the hospice;
  - k. The right to transfer from one hospice to another if the patient so desires;
  - l. The right to expect that the hospice shall enter no further into family life and affairs than is required to meet the goals of the hospice plan of care;
  - m. The right to be notified of a grievance procedure that includes the right to register a grievance with





- the hospice regarding treatment or care received or lack of treatment or care without reprisal or discrimination from the hospice. The patient and family may report any problems or concerns to the hospice CEO at 479-750-6632 without fear of loss of service or benefits;
- n. The right to file a complaint with the appropriate State Department of Health at its current phone number or mailing address;
  - o. The right to have their property and person treated with respect and dignity;
  - p. The right to voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice;
  - q. The right to not be subject to discrimination or reprisal for exercising their rights;
  - r. The right to receive effective pain and symptom management for conditions related to the terminal illness;
  - s. The right to refuse care or treatment;
  - t. The right to choose their attending physician;
  - u. The right to have a confidential health record;
  - v. The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;
  - w. The right to receive information about the services covered under the hospice benefit;
  - x. The right to receive information about the scope of services that the hospice will provide and specific limitations on those services.
  - y. If a patient has been adjudged incompetent under state law by proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient or in accordance with state law may exercise the patient's rights to the extent allowed by state law.

#### 6. Patient responsibilities include:

- a. Treating the hospice care team with respect;
- b. Making good faith efforts to be present for scheduled appointments or notifying the team of the need to cancel or reschedule;
- c. Following the hospice plan of care, especially as it pertains to medications and equipment;
- d. Participating in the development of the plan of care in conjunction with the hospice team, and in the management of care that may involve personal care, treatments, and medication administration;
- e. Attempting to resolve care issues through the hospice primary nurse. The clinical manager may be contacted for further assistance;
- f. Calling the hospice team rather than 911 with any questions, change of conditions or symptoms, or need for immediate assistance;
- g. Being responsible for any and all financial costs incurred during the course of hospice care, potentially including:
  - i. Costs associated with care that has not been approved by Circle of Life and is not in compliance with the agreed upon plan of care;
  - ii. Deductibles and co-payments mandated by insurance policy;
  - iii. Care and treatment provided which insurance might not cover;
  - iv. Care and treatment not related to the terminal illness;
  - v. Room and board fees not covered by the third-party payer;
  - vi. Any cost incurred for treatment with a physician and/or facility not contracted with Circle of Life

#### 7. Hospice responsibilities include:

- a. Ensuring that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator for investigation and follow-up;
- b. Immediately investigating all alleged violations involving anyone furnishing services on behalf of the hospice and immediately taking action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations shall be conducted in accordance with established procedures;
- c. Taking appropriate corrective action in accordance with state law of the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the state survey agency or local law enforcement agency;
- d. Ensuring that verified violations are reported to state and local bodies having jurisdiction within 5 working days of becoming aware of the violation;
- e. Accepting patients for service only if they meet hospice admission criteria and have been determined to be terminally ill by a licensed physician;
- f. Providing services regardless of payment
- g. Providing services if the patient is a nursing facility resident and indicating that care shall be provided according to the hospice plan of care and that the nursing facility shall be provide with the plan of care and all subsequent updates to ensure care is coordinated;
- h. Informing the patient representative or family of the patient's condition and what future changes may occur in the patient's condition and encouraging the patient or patient representative to express feelings and emotions with fear of reprisal;
- i. Providing caregivers who are non-judgmental and conduct themselves in a professional manner;
- j. Making and accepting referrals solely in the best interest of the patient;
- k. Ensuring that hospice owners, employees, and contractors shall not knowingly initiate contact with a patient currently treated by another hospice for the purpose of attempting to persuade the patient to change hospice providers, and ensuring that a hospice which has knowledge of such contacts shall take reasonable and necessary steps to cease such contacts;
- l. Respecting and being sensitive to the ethnic, cultural, socioeconomic, religious, and lifestyle diversity of the patients and their families/caregivers;
- m. Ascertaining and honoring the wishes, concerns, priorities, and values of the patient and the patient's family/caregivers including refusal of routine care and treatment consistent with the organization's values as stated by hospice policy;
- n. Complying with the patient's advance directive, informing the patient of the right to revoke the advance directive at anytime, and discussing the procedures required to revoke;
- o. Providing qualified personnel to meet the patient's needs;
- p. Supporting, affirming, and empowering families as caregivers while acknowledging and responding with sensitivity to the interruption of privacy that is necessitated by hospice care in the patient's residence;
- q. Ensuring that contracted providers and volunteers are qualified and properly trained and provide care consistent with the values and philosophy of hospice;
- r. Ensuring hospice care is established to meet the patient's needs and not to supplement facility staffing if the patient resides in an inpatient facility or nursing facility.



# Medication Tracking and Disposing of Controlled Drugs at Home

## Education

- 1 The hospice interdisciplinary group and RN case manager provides education to the patient/caregiver regarding the proper use and disposal of controlled substances.
- 2 Patient/caregiver education regarding controlled substances may be in the form of written information provided during the initial assessment and/or discussion with the patient/caregiver regarding specific medications prescribed for the patient.
- 3 All education/information provided to the patient/caregiver related to controlled substances is documented in the patient's clinical record.
- 4 A hospice employee is not authorized to dispose of pharmaceutical controlled substances on behalf of a person who resides or has resided at a Long Term Care Facility (LTCF). However, LTCF employees may do so on behalf of ultimate users who reside, or have resided, at the LTCF.

## Tracking

- 1 The RN or designee documents in the Clinical Record the date, medication name and strength, administration frequency and quantity dispensed of all controlled drugs ordered for and received by the patient.
- 2 During visits to the patient's home, the RN designee regularly conducts a count of the amount or quantity of medication remaining and notes any discrepancies between amount of medication administered to the patient and the amount of medication remaining.
- 3 The nurse or designee identifies and documents any misuse of controlled substances and notifies the team Clinical Care Coordinator.
- 4 A Variance Report is completed for suspected or actual diversion of controlled substances and the interdisciplinary group, in consultation with the hospice Medical Director, the patient's attending physician and the pharmacist determines the appropriate course of action, including reporting the diversion to appropriate authorities.

## Disposal

- 1 The Disposal Act provides that "if a person dies while lawfully in possession of a controlled substance for personal use, any person lawfully entitled to dispose of the decedent's property may deliver the controlled substance to another person for the purpose of disposal under the same conditions as provided" for ultimate users: 21 U.S.C. 822(g) (4). **Otherwise, hospice personnel are not authorized to receive pharmaceutical controlled substances from ultimate users for the purpose of disposal.**
- 2 Controlled drugs no longer needed by the patient are disposed of in compliance with State and Federal regulations and disposal instructions and activities are documented.

## Definitions:

- 3 Ultimate User includes "a person who has lawfully obtained, and possesses, a controlled substance for his own use or for the use of a member of his household": 21 U.S.C. 802(27). A member of the hospice patient's household may dispose of the patient's pharmaceutical controlled substances, but the home hospice or homecare provider cannot do so unless otherwise authorized by law (for example, under state law) to dispose of the decedent's personal property.
- 4 It is unlawful for ultimate users to transfer pharmaceutical controlled substances to unauthorized persons, and it is unlawful for unauthorized persons to receive such substances. It is also unlawful for any person to possess a controlled substance unless authorized to do so under the CSA (i.e., an ultimate user, an entity registered with the DEA, or an entity exempt from registration with the DEA): 21 U.S.C. 844(a).
- 5 Long Term Care Facility (LTCF): LTCF is defined at § 1300.01(b) and "means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients."
- 6 The owner of the medication or family member of the deceased patient to whom the controlled substance was dispensed, accompanied by a hospice nurse to witness, shall decide how to dispose of the patient's in home drugs according to Federal Guidelines.  
Choice of disposal may include:
  - Drug take-back days
  - Mail back programs

- Collection receptacles for drug disposal
  - Immediate disposable in-home of patient drugs
- 7 Prescription drugs will be disposed of following the current Federal Guidelines.
  - 8 Should the Ultimate User decide on immediate disposal of in-home patient drugs to ensure that prescription drugs are not diverted, the following measures may be taken in the presence of the hospice nurse:
    - Mix with an undesirable substance
      - Used coffee grounds
      - Kitty litter
    - Place in impermeable, non-descript containers
      - Empty cans
      - Sealable Bags
    - Dispose of in the trash
  - 9 At the time of in-home medication destruction, the following information is documented in the patient's clinical record:
    - name and dose of the medication
    - amount or quantity of the medication remaining and destroyed
    - Date of destruction and signature of the nurse and witness
  - 10 In the event the patient/caregiver refuses to allow the medication to be destroyed or chooses to utilize one of the alternate Voluntary Safe Drug Disposal Programs, the refusal or other voluntary Safe Drug Disposal programs is documented in the patient's clinical record with the name and strength of the medication and the amount remaining. Included with the documentation is the patient/caregiver's signature attesting to the refusal or alternate Voluntary Option for safe drug disposal, and the date the patient's attending physician was notified of the refusal or chosen alternate Safe Drug Disposal Programs.
  - 11 Three voluntary options for safe drug disposal are suggested for ultimate user disposal: the DEA does not require ultimate users to utilize these options.
    - Drug take-back events: check with local law enforcement for scheduled drug take-back days.
    - Mail-back programs: The rule designates certain DEA registrants as "collectors" who are authorized to conduct a mail-back program. They include:
      - Manufacturers
      - Distributors
      - Reverse distributors
      - Narcotic treatment programs (NTPs)
      - Hospitals/clinics with an on-site pharmacy
      - Retail pharmacies
      - All collectors who establish a mail-back program must provide specific mail-back packages to the public, either at no cost or for a fee. These collectors must also have and use an on-site method of destruction to destroy returned packages of controlled substances.
  - 12 Collection receptacles for drug disposal
    - Authorized DEA collectors also may maintain a collection receptacle at their registered location. This could include: law enforcement, hospitals and clinics with an onsite pharmacy, and retail pharmacies.
  - 13 Ultimate users (the patient, family member or authorized representative) will be able to carry their unwanted pharmaceutical controlled substances to an authorized retail pharmacy or other authorized collector location and deposits those controlled substances in a secure container for disposal.
  - 14 The public may find authorized collectors in their communities by calling the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539
  - 15 Drug disposal guidelines: Patients and families may also use the guidelines for the disposal of pharmaceutical controlled substances listed by the Food and Drug Administration on their website.





# Infection Control at Home

## General Infection Control

- Avoid sharing the bed with the patient.
- Each family member should use their own toothbrush.
- Cover your mouth and nose when you cough or sneeze to prevent the spread of germs. Turn your head and cough or sneeze into a tissue to avoid spreading droplets.
- Refrigerate milk and other perishable foods. Drink water from an approved source.
- Do not share food from the same plate or share utensils.
- Keep your vaccinations current.

## Hand Hygiene:

- Patients and family members should wash their hands before and after handling food or using the restroom.
- Family members should wash their hands before and after caring for the patient.
- Use liquid soap for the bath. Cover the water outlet and faucets with a piece of paper before touching them

## Wearing Gloves:

- If there is a possibility of contact with open areas on the skin, blood, wound drainage, excrement, urine, or other body fluids.

## Daily Cleaning:

- Items such as toys, books, and games should be wiped clean with a disinfectant cloth.
- Wash trash bins with soap and water; use disinfectant spray.
- Wash floors and furniture with a commercial disinfectant.
- Follow the manufacturer's instructions for cleaning medical equipment. Usually, soap and water are sufficient.
- When possible, open windows and allow air to pass through the room.

## Cleaning Spills:

- Clean up blood and urine spills with a 10% chlorine solution. Stir 1 part chlorine to 10 parts water. Throw away unused chlorine solution.

## Waste Disposal:

- Separate the family's and the patient's trash in a separate bag in a spill-resistant bag.
- Double-bag items such as dirty bandages, diapers, or disposable items.
- Keep animals or pets removed from their trash.
- Put needles, syringes, lancets, and other sharp items in a hard plastic or metal container with a secure cap. An empty laundry detergent or bleach bottle is recommended. Before disposal, secure the cap with duct tape and write "DO NOT RECYCLE" on the bottle in permanent marker. The bottle can be disposed in the trash.
- Do not use glass containers. If you use a container such as a coffee can, be sure to reinforce the plastic lid with duct tape.
- Keep containers with sharp objects out of the reach of children.

**Report any of the following to your nurse or doctor:** frequent cough, diarrhea, vomiting, increased drainage, size, or redness of a wound, elevated temperature, sweating at night. Sore throat, burning or pain with urinating, or a stiff neck.

# Controlled Substances Agreement

The purpose of this agreement is to protect you and your caregiver's responsibility in managing controlled substances prescribed to you while under the care of Circle of Life Hospice. These medications are being provided with the intent to reduce pain, manage symptoms, and improve quality of life. These drugs have the potential for abuse or diversion; therefore, strict accountability is necessary when use is prolonged. By signing below, you and your caregiver agree to the following policies as consideration for, and a condition of, the initial and/or continued prescription of controlled substances by the hospice physician to treat your acute/chronic pain.

1. I will obtain prescriptions for narcotics and other controlled medications only from a Circle of Life physician. I am not allowed to receive the same type of medication from another physician without the express consent or consultation with my hospice physician.
2. I agree to inform Circle of Life (479-750-6632) of any new medications or medical conditions, and of any adverse side effects I experience from any of the medications I take.
3. I will take all medications following the dosing schedule and route prescribed to me. I will consult the hospice physician prior to stopping any controlled substances.
4. I will have prescriptions filled at only one pharmacy and will tell my hospice physician the name, address, and phone number of the pharmacy. I give Circle of Life and my hospice physician permission to discuss all diagnostic and treatment details with the dispensing pharmacists or other professionals who provide my health care for purposes of maintaining accountability.
5. I understand that these medications have the potential for abuse and use by someone else. I understand that they may be hazardous or deadly to a person who is not tolerant to their effects, especially children. I will keep my Controlled Substance medications in a safe, lock box or other secured device or area. Circle of Life will provide a lockbox should it be determined this is an appropriate safety measure for you.
6. I understand that misusing or abusing my medication, or forging, altering, or falsifying a prescription is a serious issue that may result in reporting to appropriate regulatory authorities, and commencement of criminal proceedings as required by law. It may also result in dismissal from Circle of Life.
7. I will not share, sell, trade, or otherwise permit others to have access to these medications.
8. I will not drive or operate heavy machinery of any kind while taking or under the influence of any controlled substances.
9. I understand that if I drive (car, ATV, motorcycle, bus, etc.) or operate machinery, weapons, etc. of any kind that severe injury to myself or others may occur. I understand that I am solely legally responsible for any event that may occur while I am utilizing the medications prescribed by the hospice physician, and that criminal or civil charges may result based upon such potential events. I understand Circle of Life is not liable for any circumstances that arise due to my actions or decisions.
10. I understand that it is my responsibility to take care of my medications and that damaged, lost, misplaced or stolen medications will not be replaced. If my medications are stolen, I will promptly file a police report and deliver a copy of this report to my physician.
11. I will not consume alcohol or any recreational or illicit substance in conjunction with my prescribed medications as the combination may be unpredictable or deadly.
12. Early refills are determined on a case-by-case basis and will be refilled early only for a legitimate medical purpose, as determined by my hospice physician.



- 13. I understand that failure to adhere to these policies may result in cessation of medication therapy with controlled substances prescribed by my hospice physician. If requested by my physician, in cases where I do not have the full capacity to comply with this agreement or treatment plan myself, I agree to have another individual keep control of the medication and dispense it to me.
- 14. Lack of compliance with other prescribed treatments (i.e. other medication therapy) may lead to tapering and discontinuation of medications, as medically necessary.
- 15. I understand that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit. I understand that my medication may be promptly tapered or discontinued, as determined to be medically necessary by the hospice physician.
- 16. The Circle of Life RN will provide guidance to me regarding disposal of any unused medications, and I agree to abide by such guidance.

## Telehealth Services

### Introduction

Telehealth involves the use of electronic communications to enable Circle of Life team members to evaluate and manage your health care, spiritual, and social needs. Circle of Life team members include physicians, nurse practitioners, nurses, social workers, and chaplains. Electronic systems used will include safeguards to protect the confidentiality of protected health information.

### Expected Benefit:

Telehealth is provided by Circle of Life to improve access to hospice team members when needs arise.

### Possible Risks:

There are potential risks associated with the use of Telehealth. These risks include, but may not be limited to:

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

### I understand the following:

- I understand that the laws protecting privacy and the confidentiality of medical information also apply to Telehealth and that no information obtained in the use of Telehealth that identifies me will be disclosed to other entities without my consent.
- I understand that I have the right to withhold or withdraw my consent to the use of Telehealth in the course of my care at any time, without affecting my right to future care or treatment.
- I understand that Telehealth may involve electronic communication of my personal medical information to hospice team members.

## Viewing This Book Online



“We would like to take this opportunity to thank our sponsors, who have placed their trust in us; without their commitment, this publication would not be possible.

We firmly believe in the ethos of community spirit and forging firm links with our local community; as you read the information in this publication, please feel free to reach out to the sponsors to use their services.”

V13





# REAL ESTATE

WITH COMPASSION,  
EXCELLENCE, AND  
LOCAL STRENGTH

Meet **Tyrone & Andrea Parmelee**  
— experienced, licensed,  
REALTORS® backed by NW  
Arkansas's **most trusted real  
estate brokerage**. They bring a  
professional, heartfelt, & client-  
first approach to real estate.



## PREPARING YOUR LOVED ONE'S HOME FOR SALE

If a home will need to be sold—now or later—early planning brings peace of mind. Use this guide to help organize your thoughts and start the conversation with your loved one.

Address: \_\_\_\_\_

Have you discussed selling the home with your loved one?

☐ Yes ☐ No Their wishes: \_\_\_\_\_

What timeline or goals do you have for the property?

☐ Immediate Sale ☐ Hold off for a bit ☐ Not Sure

Do you know who the legal owner of the home is?

☐ Yes ☐ No Name(s): \_\_\_\_\_

Is the home in a trust, a will, or an estate plan?

☐ Yes ☐ No If yes, where is paperwork kept? \_\_\_\_\_

Is there a mortgage or reverse mortgage on the home?

☐ Yes ☐ No If yes, approximate balance: \$ \_\_\_\_\_

What will you need help with?

<input type="checkbox"/> Sorting or donating belongings	<input type="checkbox"/> Other Trusted Professionals
<input type="checkbox"/> Home repairs or updates	<input type="checkbox"/> Vacation or 2 <sup>nd</sup> Home
<input type="checkbox"/> Comparative Market Analysis	<input type="checkbox"/> _____
<input type="checkbox"/> Lawn care and House Cleaning	<input type="checkbox"/> _____
<input type="checkbox"/> Pre-sale Home Inspection	<input type="checkbox"/> _____

Who will be the main contact for handling the sale?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Would speaking to an experienced, compassionate real estate team bring clarity right now? Call or text Tyrone & Andrea to set up a consultation!



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Lauren Adcock  
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