

# Caregiver

THE NEWSLETTER OF DRAKE MEDOX COMMUNITY HEALTH WORKERS

Volume 5, Issue 3

July 2008

## QUESTIONNAIRE SURVEY:

I would like to THANK EVERYONE who took the time to fill out the form and send it back to me. **I really appreciate it.**

Without your input, you don't get choices, and **everyone should be given choices.** It takes a lot of time and effort to arrange classes, and it is impossible to please everyone.

The results of the survey show:

- The majority of you would prefer to have evening classes, 6-8pm.
- Wednesday was the day of choice, with Tuesday next.
- Topics of choice in order included:
  1. Anxiety Disorders/ Mood Disorders.
  2. Managing Difficult Behaviors
  3. Promoting Successful Living in the Elderly
  4. Arthritis

In the future I will try and accommodate your requests. Classes will be advertized in the Caregiver, so please read them. If you want to **request a specific class to be done**, please call me at the office.

Dementia and Palliative Care Courses are a requirement by Vancouver Coastal health, so you have to complete them both.

There is also an Advanced Palliative Care Course for those who are really interested, and have that special ability to care for those who are at the end of their lives.

Trudy RN CHN  
Clinical Nurse Specialist

## Sun, Sea, Sand – and Sunscreen

*Being safe this summer*

**Ah, summertime is here again! Like many Canadians, you must be looking forward to the bright and glorious warm weather that makes the outdoors irresistible. But while summer may be the best time to be carefree, it is also a high time to be careful—especially if you'll be spending most of it outdoors.**

### The myth of a healthy tan

Some people associate the golden glow of tan with vitality and good health. But contrary to this popular belief, a tan is actually an evidence of UV damage to the skin. An increased production of a brown pigment called melanin is the skin's natural response to UV exposure. Think of it as the skin's heroic effort to control the damage already done to it by UV rays.

While melanin provides a natural shield against the sun, it can only do so much. Over time, the skin cells will break down if left unprotected, causing skin cancer. And remember UV damage is cumulative and irreversible. The damage will never heal – it will only add up!

So, to debunk the myth: Tan is not healthy. If you really want a 'deep golden glow' look, opt for sunless tanning lotions instead. Unlike UV rays from the sun and tanning lamps, the active ingredients in sunless tanning lotions do not break down the DNA in your skin cells.

### Sunscreen: An absolute must!

Use sunscreen labeled 'broad spectrum,' and which contains at least SPF 30. Look for the Canadian Dermatology Association (CDA) logo on the bottle; this means the brand has been approved by the association. Apply generously to exposed skin areas 20 minutes before going outside. Reapply every two hours, or more often if you've been swimming or perspiring.

Don't forget your lips! Ensure your lip balm also has SPF 30.

### Avoid sun at its peak

Limit sun exposure between 10am to 4pm, because that is when the sun's rays are the strongest.

## Sun Safety – Continued Page 1

A good indicator of the sun's intensity is your shadow. The shorter your shadow is, the stronger the sun's rays are. And remember to **seek shade whenever possible!**

### Wear sun-smart clothing

Sure, the hot weather is a good excuse to go with less cover. But clothing is your first line of defence against UV rays. Choose garments that are loose-fitting, long-sleeved light-coloured and tightly woven.

Needless to say, apply sunscreen on all exposed areas of the skin. If you must wear loose-knit clothing, apply sunscreen even on the covered areas.

### Don't forget the hat and the sunglasses

Wear wide-brimmed hats to protect your face, head, ears and neck from UV radiation. Not only that, hats will generally keep 50 percent of UV rays from reaching your eyes.

UV radiation from the sun damages tissues of the eye and increases the risk of developing cataracts. Our eyes have very little natural protection against UV rays, so invest in a good pair of sunglasses that block *at least* 90 percent of UVA and UVB radiation. This information should be disclosed in the labels of most sunglasses in the market today.

### Drink plenty of liquid

At some point you may have felt nauseous and fatigued in the middle of a hot day. You may have been experiencing heat exhaustion.

A more serious form of heat exhaustion is heat stroke, which happens when the body loses large amounts of body fluid through sweat, to the point where sweat could no longer be produced due to severe dehydration. At this point, the body's ability to control its core temperature breaks down. When the body fails to sweat, its temperature shoots up, causing damage to the internal organs such as the brain and heart.

### Ways to prevent heat exhaustion and heat stroke:

- Drink plenty of liquid in summer, especially if you're planning on doing physical activities outdoors.
- Avoid heavy outdoor activities, especially during the hottest times of the day.
- Wear loose-fitting, light - coloured clothes.
- Stay cool in the shade as much as possible.
- Avoid coffee and alcohol when the weather is very hot, as these drinks cause body fluid loss.

Sun safety goes a long way in shielding you from the cumulative and irreversible damages of the sun's UV rays. Think of all the long-term risks you will be sparing yourself: skin cancers, eye diseases, premature aging and wrinkling of the skin, and suppression of your immune system. Best of all, by practicing sun safety, you're allowing yourself to enjoy as many summers as a healthy lifetime can afford.

## Client Centered Care:

Remember to always treat your client with respect and dignity.

Client's can direct their own care, however **you must follow the care plan** developed by the HCS, so if the client requests something that is not on the service plan, please notify the scheduler immediately. For client's who cannot direct their own care, it is very important to follow the service plan and notify the scheduler if the client's status changes so we can contact the HCN'S immediately,

**The service plan should be kept on the fridge at all times, and you are responsible to always read and follow them.**

**Any changes have to be made by the client, and or family and the HCN.**

**ON CALL : IS FOR EMERGENCIES ONLY, DO NOT CALL ON THE WEEKENDS TO GET YOUR SCHEDULES.**

**PLEASE CALL THE OFFICE TO GET YOUR SCHEDULES BEFORE 5PM, ESPECIALLY ON FRIDAYS.**

**REMEMBER TO HAVE A GREAT SUMMER AND STAY SAFE.**

## **MEDICATION NOTICE:**

As Home Support Workers you are responsible for the care given to the client's, and sometimes this includes their Medications.

The Doctor orders the medications and client is to take them as ordered. It is important that you pay attention and be very careful when dealing with the client's medications.

### Task 2:

- If it is your **first visit** to the client you **must call** the on call Field Supervisor to complete a Task 2 for medications with her.
- When the scheduler gives you a **new client**, ask them **who is on call for that day, because the Field Supervisor's schedule changes daily.**
- If the Field Supervisor does not answer, Please leave her a message that you have **meds to do now** and you need her to call you back.
- If you do not hear back from the FS after 20 -30 minutes, and you are in the client's house and need to give the meds immediately, call the office, and ask if there is another FS on call, as some days there are 2 FS available.

There have been numerous omissions when it comes to recording the client's medications.

### **As a HSW you are:**

- **Completely responsible to sign the monthly flow sheet every time you give and see your client take their medications.**

### **You must notify scheduler immediately:**

- If the medications are not taken, ex. You reminded the client, but the client forgets.
- If the client spits them out.
- If the client refuses to take their meds.
- If you find medications on the floor.

### **Liquid medications:**

You are **not allowed to pour** the medication into a cup or any container.

The client, family or Home Care Nurse can pour it, and then you can give it to the client, or remind the client to take it while you are there.

**YOU MUST ALWAYS SIGN  
THE MONTHLY FLOW  
SHEET IN THE BLUE  
COMMUNICATION BOOK  
WHEN YOU GIVE ANY  
MEDICATIONS.**

### **Blue Communication Book**

Every client must have a Blue Communication Book in their house.

Please keep it on top of the fridge, so that all HSW'S, Field Supervisors, Home Care Nurses and Case managers will find it. They will read it to help them assess the client, and sometimes the Family will read it.

The book is to communicate and record information about the client. If you gave the client a sponge bath, then you would write client given a sponge bath.

If you do not write this, it is **not assumed** that you gave the client a sponge bath. It means that you did not bath the client at all.

If the client refuses to have a bath for 5 days, how would anyone know this, if it is not written in the book.

Recording the client's status and complaints of pain helps the HCN'S and DR'S.

It is very important to document **OBJECTIVE** : write exactly what you see. Ex. Client still in pyjamas, **SUBJECTIVE**: Client said" I don't feel well today and don't want to eat".

If you have any problems while you are in the client's home, please call the office and speak with the scheduler.

The schedulers are knowledgeable and will refer the call as needed.

If you think you are telling on another HSW, you are not.

It is your job to report everything, in fact if you do not report, then you are not doing your job correctly.

**Remember to be very careful when giving meds to your client's.**

**It is better to be safe and prevent complications.**

**If you have any concerns or questions, please call me at the office.**

**Trudy RN CNS**

**REMEMBER NEW OFFICE HOURS :**

**8:30 – 5:00 PM**