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## Book Descriptions:

# caretaker training manual

The Professional Association of Caregivers endorses training provided by Caregiverlist, as a leader in innovating to provide digital caregiver training which has continued to be chosen as the preferred training by leading companies nationwide and internationally. Also, Caregivers can complete the training on their own timeline, as well. Just because they have started training during a session does not mean they have to finish it during that session. Whether you are an agency or an individual, the online training courses provided by Caregiverlist will help you to satisfy your needs to progress in the senior caregiving profession. As the only training program provided and created by successful senior home care professionals, you'll feel at home talking to their team. They have walked in your shoes and can answer any and all questions. Please try again. Please try again. Then you can start reading Kindle books on your smartphone, tablet, or computer no Kindle device required. Register a free business account If you are a seller for this product, would you like to suggest updates through seller support To calculate the overall star rating and percentage breakdown by star, we don't use a simple average. Instead, our system considers things like how recent a review is and if the reviewer bought the item on Amazon. It also analyzes reviews to verify trustworthiness. Please enable scripts and reload this page. Please turn on JavaScript and try again. You Have A Right to Choice How is Hospice Paid For Please turn on JavaScript and try again. You are part of a very large club. There are nearly 40 million people in the United States right now caring for their adult loved one. You are not alone, we are here to help. You may find yourself with tasks you never imagined having to do and that you know nothing

about. <http://xn--80aaxjbirnfk.xn--p1ai/images/artikles/bosch-lbb-1956-installation-manual.xml>

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That is where caregiver training and the Hospice of the Western Reserve At Hospice of the Western Reserve, one of our most important jobs is to help support and train our patient's caregivers. While we are the medical professionals—doctors, nurses, nursing assistants and social workers—you are also absolutely essential to your loved one's care. A team of staff and volunteers has developed this Caregiver Training Guide and a Your team will be there for you in person to explain, and demonstrate, caregiving techniques. The Caregiver Training Guide is not meant to substitute for our services or our professional team members. If you need immediate assistance, please contact your hospice care team directly at 440.942.6699. You Have A Right to Choice How is Hospice Paid For. Topics include the aging process; age-related health conditions and challenges; the need for sensitivity, understanding, and respect for older adults; how to work effectively with a team of family caregivers and professional health care providers; legal and safety issues; and dealing with relationships and the loss of loved ones. It contains several useful tools for trainers, including handouts, exercises, and guidelines for recruiting volunteers and forms for record keeping. The comprehensive training manual was produced for organizations that train volunteer caregivers. It was created by nine nonprofit organizations with expertise in aging, health care, and caregiving. The manual's production was sponsored by Eisai Inc., a research-based pharmaceutical company in Teaneck, NJ. Between 1988 and 1996, the number of U.S. households with caregivers tripled to about 22 million. Organizations that meet the established qualification criteria may request free copies of the training manual by writing on their letterhead to Caring To Help Others, P.O. Box 5376, New York, NY 101855376. The manual also will be available on a Web site later this year. Please tell us

why. <http://www.ceecert.com/e-bussiness/fckimages/bosch-lifestyle-automatic-dishwasher-user-manu>

All elderly people, regardless of current health, should have a long term care plan. [Learn More](#). Click here to learn about the benefits of membership. With that goal in mind, we have created the largest and most comprehensive source of long term care planning material available anywhere. Chapter 10 Choosing a Residential Care Facility Without their initial guide, this might not have turned out as well as it has. Acknowledgement is also given to AARPs pamphlets on Caregiving, and to several books, which have been noted in Appendix B, especially *The Loss of Self*, by Cohen and Eisdorfer, for their invaluable ideas. Special thanks to Mimi Campbell Goodman for the bear graphics. Note from Mike I deeply regret not being able to include the graphics. They are excellent. A very special thanks to Ray Schwartz, my supervisor, editor, and above all encourager who was always close at hand with his red pen and some kind words. We care! CESS, a program under Seniors Counseling and Training Program, Case Management Services, would like your comments regarding our Caregivers Handbook. If we can offer further services or if you have any comments or improvements regarding this manual, write us at Seniors Counseling and Training Program, Case Management, DHS, 1250 Moreno Blvd, San Diego, CA 92110. A husband, daughter, or friend may find that they are now also a caregiver, the person primarily responsible for seeing that a patient's physical, psychological, and social needs are met. Another person now depends on them for basic physical needs. These adjustments are often stressful, as well established patterns must be abandoned, and new adaptations developed. This provides opportunities for personal growth, but also, invariable, causes emotional turmoil and distress. Being a caregiver is rewarding, but also can exhaust a person physically and emotionally, leading to illness and inability to further provide care. This is not a how to book focused on problems of the ill patient.

Rather, it offers practical approaches to common caregiver problems. Staying healthy, avoiding depression, remaining active, making friends, enjoying pleasurable activities are an essential part of any human life, including those of caregivers. Serving as the primary caregiver for an ill loved one should not make life meaningless. Family members who are not primary caregivers should also read this book to become more aware of the problems facing caregivers. Caregivers, other family members, and care receivers will find the resources, tables, and questions useful in improving the quality of life for all concerned. To help make the task easier, it is important to have a game plan in life which helps determine where we are headed and how we are going to get there. This guide will help to serve as a road map which gives optional paths for caregivers. It is also an emphatic reminder that those who care for other people can do a better job of caregiving if time and attention also are given to their own personal needs. It cannot be stated strongly enough; the caregiver is a very important part of the caregiving equation. In other words, if the caregiver becomes ill, who will care for the care receiver. Before you get to that place, please read this handbook. Throughout this handbook, caregiving refers to the person giving care, and care receiver the elderly person receiving the care. They are included as general guidelines to help insure an optimal level of health, safety and comfort for both your care receiver and yourself, the caregiver. As family members or friends care for an impaired elderly person, several questions present themselves. When How How can they be obtained. The questions do not have easy answers and the solution may vary in every situation. The care of an impaired older person can create stress that affects the ability of the caregiver to continue giving necessary levels of care.

General homemaking and housekeeping activities such as cleaning, laundry, shopping, and meal preparation require energy and can be tiring, particularly when added to existing responsibilities in one's own home. Lifting and transferring individuals with limited mobility is not only tiring, but also can result in injury to the caregiver or the impaired person. In some instances there is the additional responsibility of maintenance of equipment such as wheelchairs or hospital beds. For those services that cannot be provided by family members medical, pharmaceutical, therapeutic, etc., decisions will

have to be made as to where service will be secured and how they will be paid. When money is limited, many families assist with the cost of care, causing financial burdens on all family members. If the carereceiver is to remain in the home, some major adjustments in the living arrangements and patterns of daily living will be necessary. What can result is a buildup of anger and resentment toward the very person receiving the care, as the carereceiver is the cause of the lost socialization. Compounding these sources of stress are the difficulties in managing ones time, juggling multiple responsibilities, and feeling the pressure of the increased dependency. Anger, resentment and bitterness about the constant responsibilities, deprivation and isolation can result. This is also a time when many of the unresolved conflicts from parentchild relationships resurface and can intensify, causing anxiety and frustration. There might even be the unspoken desire, at times, to be relieved of the burden through institutionalization or even death of the carereceiver. This desire is frequently and swiftly followed by feelings of guilt. All of these can be felt, then denied because they seem unacceptable. The person giving care needs to be assured that, in fact, these feelings are common even though they may not be expressed. There are resources that can help caregivers.

The remainder of this book will address those resources, such as joining a caregiver support group, using community resources and above all, caring for yourself the caregiver. Assets include available time, skills, space, equipment, the strengths of the person in need care, and most important money. Sit down with all the family members or at least as many as are agreeable and work out a plan for giving help. This involves defining and agreeing upon what tasks will be performed, by whom, on which days, and so forth. For example, Aunt Martha can cook, Uncle Peter can mow the lawn and Mary can check on Mom twice a day. A friend who has similar caregiver responsibilities may care for both impaired individuals one day a week in exchange for your providing the care on another day. A wide range of help may be available. All of it can be purchased. Sometimes the service costs may be based on the income of the carereceiver. Each agency has its own fee structure; you may want to ask about their arrangements before ordering the service. It offers a range of therapeutic, rehabilitative, and support activities, including nursing, rehabilitation, assistance with life activities, social work services, meals, and possible transportation, provided in a protected setting for a portion of the day, one to five days a week, usually during weekdays. Subsidized programs ask for voluntary contributions, while others may require full payment cost for delivery of a hot, well balanced lunch, and sometimes cold evening meal. Homemakers can be of great help in supplementing help provided by family members, or providing relief when family caregivers need a break. Homemakers can be secured through inhome health care agencies, the Area Agency on Aging, the Department of Social Services, and religious groups and organizations.

Some agencies provide bonding and training for their homemakers while others provide only a registry of homemakers names and phone numbers, in which case you must thoroughly check references and draw up a contract for the required services. Consult your Yellow Pages. A noonday meal is provided, containing onethird of the recommended USDA dietary allowance, usually for a voluntary contribution. Additionally, some centers provide recreational and educational activities. It should be provide by a qualified occupational therapist who is referred by your doctor. It should be provide by a qualified physical therapist, usually recommended by your doctor or hospital. The care may be provided in the persons home, at an adult day care center, or other facility. Your doctor must prescribe nursing services. Services may include recreational activities, social work services, a hot meal, transportation, and occasionally, health services. Telephone reassurance can be a lifeline for older people who must be left at home alone during the day. Community agencies and service providers such as DialaRide, Red Cross Wheels, Cancer Society, and Life Line are but a few. Love for your family member and the satisfaction you derive from helping may coexist with feelings of resentment about the loss of your privacy and frustration at believing you have no control over what happens. You may find it hard to accept the decline of the special person for whom you are giving care. Such feelings will depend in part on your prior relationship with your carereceiver, the extent

of your responsibilities as a helper, and daily activities in your life professional, social, and leisure pursuits. Your conflicting emotions may cause guilt and stress. You need to maintain your health and develop ways to cope with your situation. It has been adapted from an article in Coop Networker; Caregiver of Older Persons by Judy Bradley.

It is an excellent effort to provide some guidelines for caregivers and to evaluate your level of care and value which you give your carereceiver and yourself. Number 1 is no feeling, numbers between express stronger feelings with 10 being strongest feeling. Concerned only with physical wellbeing of your carereceiver. Concerned with both emotional and physical wellbeing of carereceiver. The low numbers give little or no value honor to the needs of your carereceiver. The high numbers 8, 9, 10 give little or no value to your own needs as an individual and as a caregiver. The numbers in the middle are where you find a balance between undercare and overcare. Neither of the two extremes is healthy; they represent positions where you are not helping your carereceiver. All feelings are legitimate, even those that may seem disturbing to you including anger, frustration, and sadness. Recognizing and accepting your emotions are the first step toward resolving problems of guilt and stress. Learn to express your feelings to family members, friends, or professionals. Take the following caregiver Stress Test; determine how much stress you are under. I find I can't get enough rest. Some hospitals, Adult Education Centers, the Southern Regional Resource Center and CESS offer courses on caregiving and additional information on resources that you can turn to for help. Help is available! Groups help caregivers feel less isolated and can create strong bonds of mutual help and friendship. Sharing coping strategies in a group setting lets you help others while helping yourself. It may also help you to realize that some problems have no solutions and that accepting the situation is reality. It is important to set realistic goals. Recognize what you can and cannot do, define your priorities, and act accordingly. Turn to other people for help your family, friends, and neighbors. Prepare a list of tasks for anyone who may offer assistance. The list may include It is up to you to do the asking.

Their visits may make you feel less alone and better able to deal with caregiving responsibilities. They can give you a break by spending time with your carereceiver. They may feel the house is not kept clean enough; or they may not like the way your carereceiver is dressed. Recognize that they are responding to what they see at that time and are lacking the benefit of experiencing the whole picture and any gradual changes in your carereceivers condition. Harsh criticism may be a response to their own guilt about not participating more in the care process. However, if you and your carereceiver feel comfortable with the way you are managing the situation, continue to do what meets your needs. Schedule a family meeting from time to time to help other family members understand the situation and to involve them in sharing the responsibilities for caregiving. Consider using inhome services or adult day care. Employ a homemaker to cook and clean, or an aide to help your carereceiver bathe, eat, dress, use the bathroom or get around the house. For example, a companion can stay with your carereceiver for a few hours at a time on a regular basis to give you time off. Or have your carereceiver participate in an adult day care program where he or she can socialize with peers in a supervised setting; this gives your carereceiver a necessary break from staying home all the time. Hospitals, nursing homes, and particularly residential care homes offer families the opportunity to place older relatives in their facilities for short stays. The Residential Bed Availability Hot Line, your doctor, and the Area Agency on Aging can assist with arrangements. Taking care of yourself is important and involves Skipping meals, eating poorly, or drinking lots of caffeine is not good for you. Learn to prepare and eat simple, nutritious, wellbalanced meals. Avoid alcohol above 23 ounces daily. Stretching, walking, jogging, swimming, or bicycling are examples of invigorating exercises.

Consult your doctor before starting an exercise routine. Your doctor can help design a program that fits your individual needs. Having time to yourself to read a book, visit a friend, or watch TV can also

bring enjoyment and relaxation, and break the constant pattern and pressure of caregiving. If your carereceiver is restless at night and disturbs your sleep, consult your doctor and fellow caregivers on possible ways to handle the situation. You may need to have outside help in the evenings to allow you time to sleep. Deep breathing or visualizing pleasant scenes can be helpful. Continued sleep disturbance may be a sign of major depression, which needs medical attention. Close your eyes. Allow your mind to drift a few seconds, go with it wherever it goes. Wiggle your fingers and toes, then hands and feet, ankles and wrists. Loosen tight clothes, belts, ties. Sway your head from side to side, gently, gently. Now you have prepared yourself to relax physically and psychologically. It might be the seashore, or high on a hill, or in a field of grass and flowers. Become totally immersed in the place. Smell the smells you best remember. See the sights it offers. Hear the sounds. Feel it, whether it be water or sand or soil or snow. Fully realize this place or situation you are in if it is on the sandy beach, sift your fingers through the warm sand and smell it, hold the sand to your cheek, smell the salt of the sea, search the skyline for gulls and terns and low clouds in the distance. Your body is totally weightless. You are totally in control of this scene. It is so relaxing and pleasant and beautiful, you are breathing slowly, peacefully. This is YOUR place and no one can take it from you. This relaxation exercise can benefit you all day. Check your local library or book store for books, audio tapes, videotapes or films on relaxing and managing stress.

His hypothesis and the subject of many studies suggests that there are positive effects to be gained from laughter as a great tensionreleaser, pain reducer, breathing improver, and general elevator of moods. It sounds miraculous, is not proven, but studies continue. Groups such as the International Conference on Humor and many hospitals use positive emotion rooms and humor carts. In short, humor therapy is valuable and it helps us through difficult or stressful times. And remember, laughter is the best medicine. Try it, you'll like it! Instead of openly expressing feelings, they overeat, use alcohol, drugs, or cigarettes to mask their difficulties. Such escapes do not solve the problem and are harmful to health. If the strain results in neglecting or abusing the carereceiver, it is a very serious problem. It is also against the law! Turn to family members, friends, clergy members, professional counselors, or a caregiver support group for help and support. Do what you enjoy. Go to a movie, play a musical instrument, or get together with friends for a card game. It may not be easy to schedule these activities, but the rewards for having balance in your life are great. Taking care of yourself benefits you and your carereceiver. Meeting your own needs will satisfy you and give you additional strength and vigor to bring to your caregiving tasks. Below is a Caregivers Bill of Rights. After you read them, post and keep them fresh in your mind. During the course of our daily lives these activities are taken for granted until weakness or a disability makes them difficult to accomplish independently or safely. Providing assistance requires knowledge, patience, skill and physical strength. It is advised that caregivers ask the elderly persons doctor and/or physical therapist for special instructions on how to safely bathe the carereceiver. Individuals who provide this service will often come to the home. Wetting hair with alcohol or cream rinse helps to remove the snarls.

Dry shampoos are available if your family member is bed bound. People who are diabetic or on medication to thin the blood anticoagulants, i.e., Coumadin should use an electric shaver to reduce the risk of cuts. It is much easier and safer to shave another person with an electric razor. When washing, use a mild soap, rinse well, and dry thoroughly. Disposable bed pads can be purchased at a drug store and can keep sheets dry so that the caregiver does not have to change sheets so often. Change the position of older people at least every two hours, particularly for those confined to a bed or wheelchair. Encourage them to shift their weight between position changes to redistribute pressure onto other areas. As a supplement to your family members diet, give a multivitamin every day to ensure proper nutrition. Check with the physician as to the appropriate supplement. This spreads the weight over a larger skin area, decreasing the pressure under the bones. Combing hair and helping with bathing and dressing are good ways for frail people to get exercise and be more

independent. They are heels, feet, behind the knees, hips, buttocks, sacrum, elbows and shoulder blades. A special air mattress may be ordered by the doctor to prevent skin breakdown. They may be especially helpful at night. Be sensitive to the older persons feelings, and mention this to the doctor. Loss of bowel and bladder control is not a part of normal aging and often can be controlled. Specialized programs exist to retrain a bladder and bowel function. Check with your doctor or nurse for a program in your area. If your carereceiver is experiencing this problem the doctor or nurse can suggest a stool softener. Other important factors are Encouraging independent eating saves time for caregivers, and promotes the independence and selfworth of the older person. Try to relax yourself and enjoy the time spent with your carereceiver.

Here are some suggestions for encouraging independence Dentures may not fit correctly and cause the family member pain when chewing. These can be purchased from medical supply houses listed under Hospital Equipment and Supplies in the Yellow Pages. An occupational therapy evaluation can recommend the best for each individual. Using the clock method to locate food may be helpful; for example, Your meat is at 9 oclock, your potato is at 12 oclock and your carrots are at 3 oclock. Disciplining poor eating habits should be avoided. When they lack interest in food, try to learn the reason. For example, ask if they are thirsty or not feeling well, or if the food is not appetizing on this occasion. For every type of disability, there is a specific technique to use. Ask a doctor, therapist or attend caregiver training for specific techniques. In all cases, remember The elderly require less sleep time. It takes longer for them to fall asleep. Also, awakenings during the night increase. Scheduled rest times are important. A few naps during the day can refresh and revitalize the carereceiver. However, if you notice that your carereceiver is sleeping for brief periods during the night, it could indicate a problem. Notify your doctor and discuss your concerns. When older people do all or part of their own personal care, it is a form of exercise that will help maintain strength as well as promote independence. No matter how small the activity holding the soap, combing the front of the hair, etc. it is important that the person be able to participate. Install equipment such as grab rails in the bathroom, wheelchairaccessible sinks and mirrors, bath bench for the shower or tub, and lights with switches that can be easily reached. If the older person cannot perform a certain activity, see if there is a part that can be done. For example, one might be able to independently dress the upper body if sitting, but require help dressing the lower body.

Sometimes, slowing the pace of an activity allows older people to do more for themselves. Your plans for care will change as the care receiver changes. Good nutrition is a balance of proteins, carbohydrates, fats, vitamins, minerals and water in the foods we eat. A healthy diet helps to 1 provide energy; 2 build, repair, and maintain body tissues and s regulate body processes. This encourages good eating habits and promotes good mental health. However, because diets are prescribed to control a specific medical condition, certain foods may have to be eliminated, modified in the preparation, or limited in their intake. It is important that caregivers obtain specific instructions from a registered dietitian or their doctor on which foods are allowed, how much, and how they should be prepared. Plan your diet to include the recommended number of servings from each group. The following suggestions deal with common problems that interfere with good nutrition. They can help make the gradual transition to improved eating habits Addresses listed were local San Diego. For same or counterparts in your locality check your telephone directories or contact United Way American Heart Association; American Diabetes Association; American Cancer Society; Arthritis Foundation; Dietetic Association; United Ostomy Associates. You are valuable in helping the carereceiver talk to their doctors and other medical personnel. You can follow through with their medical treatment at home. If there is any doubt about what you should or should not do, the doctor should be consulted. In medical treatment, it is often tempting to decide what is best for the patient, but it is best to recognize the carereceivers need to choose. We all need control of our lives, and this is especially true for a person who needs the help of others. If there are serious concerns about decisions being made, caregivers should discuss the matter openly with the doctor.

Arrangements can be made through the doctors office to send for previous records that could be helpful in treatment. This may require getting Releases of Medical Information signed by the carereceiver. You also should keep a list of all medications both prescribed and overthecounter being used. The same medications that are helpful in easing pain, stopping infection, controlling heart rate and keeping people healthy can also cause serious problems. If more than one doctor is prescribing medications, it is important to keep each doctor aware of the drugs that are being taken. You can keep them informed by taking all your drugs in a paper sack or a list of all your drugs to each doctor. Having one pharmacist that fills all of your prescriptions is a way to prevent taking drugs that interact and cause problems. Overthecounter or nonprescription drugs also can cause problems. Talk with your pharmacist before using them. For medications taken several times a day, their names will appear several times on your list as in the example below If you are having a difficult time managing your carereceiver at home, or an acute illness occurs, the doctor may assist with related health care concerns. Your carereceiver may have to be hospitalized. The doctor may assist by making a home health care referral. Once hospitalized, the doctor can assist in placement issues or home health care upon discharge.No doctor will be right for all patients. Find a doctor whose skills and style of practice suits your current needs. All patients should have one physician to coordinate their care. Frequently changing doctors is likely to result in poor quality care of chronic or complex problems. Your physician or local Area Agency on Aging may have information on comparable programs in your community.