What to Do When the Veteran You Care For Is Hospitalized

If a Veteran’s condition requires ongoing or intensive medical treatment, it is likely that you and the Veteran have seen, or will see, the inside of a medical center more than the average person. When hospitalization is necessary, there are things that you can do to feel more confident, ease your stress, and be an effective advocate and respected member of the health care team.

1. Have Needed Legal Documents in Place

**Advance Medical Directives** inform physicians and family members what kind of medical treatment and care a Veteran wishes to receive in the event of his/her inability to make those decisions. A Living Will and a Do-Not-Resuscitate (DNR) Order are examples of advance medical directives. A Living Will comes into effect during end-of-life situations. It records the specific kind of treatment and care a Veteran wants at that time. A DNR order, which must be written by a physician, gives permission to the medical team not to begin resuscitative efforts if the Veteran’s heart stops or he or she stops breathing.

**A Durable Power of Attorney for Health Care**, also known as a health care agent or proxy, is the individual appointed to make decisions about medical care if the Veteran can’t. That person may well be you. A health care agent can be assigned as part of the advance directive form. Signed copies of these documents should be given to the Veteran’s doctor, and incorporated into the patient chart each time the Veteran is hospitalized.

**Be Prepared to Provide Information.** You can be proactive, feel more confident in your dealings with medical center personnel and facilitate the Veteran’s transition into the hospital setting by providing the following information immediately upon admission:

- The Veteran’s medical history, in writing including:
  - A list of the Veteran’s allergies;
  - A list of current medications and dosages;
  - A list of all physicians and consultants who are caring for the Veteran, along with phone numbers;
  - A clear and detailed written description of the Veteran’s current physical and mental capabilities.

2. Be a Part of the Health Care Team

Think of yourself as a member of the health care team, which also includes the attending physician, the hospital nurses, and a hospital social worker or case manager. Immediately upon arrival at the medical center:

**Find out the name of the attending physician of record for the Veteran.** This individual is the primary doctor on the case and will coordinate care in the medical center. The attending physician will be in communication with the other consulting physicians and often can summarize the entire treatment plan. Make sure you understand and agree with that plan. Don’t hesitate to continue to ask questions until you feel comfortable with the answers.
Find out the best way to get in touch with the attending physician. Who will initiate the phone contact? At what number can the physician be reached and what times are best to call? Make sure the “face” sheet in the Veteran's hospital chart contains your name and your correct phone numbers.

Get to know the nurses who are caring for your loved one. They can answer your day-to-day questions and are an excellent source of information and support. Don’t be afraid to ask the nurses about any new procedures or changes in the Veteran's course of treatment. The change of shifts is a very busy time for nurses, so try to hold your questions until the nurse coming on duty has received his or her report.

Speak to a hospital social worker or case manager. This individual will help you with discharge planning issues including who will provide home health care, what home health equipment the Veteran might need, and who will be paying for these additional expenses. While it may not be the first thing on your mind, it is very important to start thinking about discharge planning when the Veteran first enters the medical center. It is important that the discharge planner (and the nurses involved) fully understand the Veteran's physical and mental capabilities, so the most appropriate help for you and your loved one can be ordered as part of the discharge plan. Physical and/or occupational therapists can play an important role at this time in providing a professional evaluation of your ability to transfer the Veteran in the home setting during the recovery period and the Veteran’s ability to function independently.

Stand up for yourself as a Caregiver and advocate. When a chronically ill or disabled Veteran is hospitalized, the focus in the hospital may be on palliation (that is, easing the Veteran's discomfort and symptoms) and management rather than curing the condition. Your role as a Caregiver and advocate for yourself and the Veteran you care for is especially important at this time. The other members of the health care team should know that you are speaking not only as a family member or dear friend, but in those additional capacities, as well, and you want to feel comfortable, capable, and confident with what is expected of you before the Veteran leaves the medical center.

Adapted, with permission, from the National Family Caregiver Association resource “When Your Loved One is Hospitalized.”