

VA Caregiver Support Program Caregiver Respite Tool: Veteran's Needs



Why this Respite Tool is Beneficial?

VA recognizes that having someone, other than yourself, care for your Veteran may be difficult or stressful. This tool is intended to provide a successful experience for you, your Veteran, and the temporary caregiver providing respite care. We know that it can be time consuming to complete an exercise like this, so take your time with this tool and be as thorough as possible.

This tool includes information specific to your Veteran's needs. It provides special considerations for caring for your Veteran, hospital/emergency information, and a section for potential longer-term respite needs. This tool will need to be revisited and modified as your Veteran's needs change.

Please consider including your Veteran in the completion of this tool, which will improve the success of your respite visit(s).

Preparation is the key to reducing stress and creating a positive respite experience as you step away from your caregiving duties.

Veteran's Information

Veteran's Full Name: _____

Preferred Name: _____

Address: _____

Caregiver/Your Name: _____

Phone Number: _____

Veteran's Health Care Providers

Primary Care Provider: _____

Phone Number: _____

Home Health/Skilled Care Agency

Name: _____

Phone Number: _____

In Case of Medical Emergency

Preferred Hospital: _____

Address: _____

Does the Veteran have a Do-Not-Resuscitate (DNR) order? YES or NO

Where is the paper copy of the DNR order located? _____

If your Veteran has a DNR order from their medical provider, please be sure the paper copy is in a location that is easy to access and emergency services can see. Typically the recommendation is to place on the front of the refrigerator.

Others Willing to Assist

Are there others who could be contacted to provide care if an alternative caregiver is needed during a respite visit?

Name: _____

Relationship to Veteran: _____

Phone Number: _____

Name: _____

Relationship to Veteran: _____

Phone Number: _____

What is considered an emergency? In what situations would you like to be contacted while respite services are being provided?

Veteran's Allergies

Please list any allergies to medications, foods, latex, or other items

Veteran's Medications

Please keep in mind, not all respite providers are able to administer medications and some friends/family may not feel comfortable completing this task.

Does Veteran need help with managing and taking medications? YES or NO

PLEASE INCLUDE AN ATTACHMENT OF VETERAN'S MEDICATIONS

Are there any special instructions for administering the Veteran's medication? (takes with water, pudding or need the medical crushed)

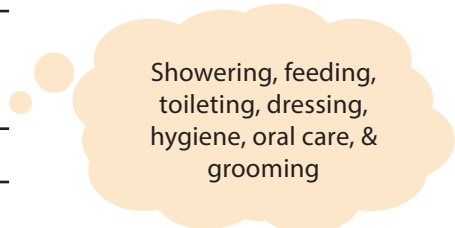
Veteran's Activities of Daily Living (ADL) Needs & Typical Routine

Please specify, for each time frame included below, what your Veteran's typical activities and routine are. Please include what, if any, ADL assistance they may need, including any special devices used.

Wake-Up Time: _____

Breakfast Time: _____

Morning Activities, Routine, & ADL Needs: _____



Lunch Time: _____

Afternoon Activities, Routine, & ADL Needs:

Going for a walk,
watching a specific
television program,
listening to music

Does this include a nap? _____ Time: _____ Preferred location? _____

Recliner/bedroom? _____

Dinner Time: _____

Evening Activities, Routine, & ADL Needs:

Watch the evening
news, sit on the porch,
read or listen to an
audio book

Bedtime: _____

Does the Veteran sleep through the night? YES or NO

Bedtime Activities, Routine, & ADL Needs:

Bedtime snack preferences,
assistance needed with undressing,
oral care, environmental preferences
(i.e. nightlight, blanket/pillows)

Veteran Safety

Does your Veteran have any hearing or visual impairments? YES or NO

If yes, explain what devices they use, if any: or accommodations required?

Is your Veteran at risk for falls? YES or NO

If yes, provide details on any precautions you recommend:

Are there areas of the home to avoid to promote safety for your Veteran? YES or NO

If yes, explain what areas of home that should be avoided, if any:

Does your Veteran have a memory impairment? YES or NO

If yes, provide details and explain ways to best support the Veteran:

Does your Veteran ever become frustrated, confused or aggressive? YES or NO

If yes, please explain and provide tips on how to calm, support and redirect the Veteran:

Does your Veteran wander? YES or NO

If the Veteran gets restless, please provide tips on how to redirect them:

Veteran Preferences

Preferred Activities

It is beneficial for providers to know how they can best serve the Veteran and help engage them in activities they enjoy. This can include but is not limited to: puzzles, favorite television shows, walking, talking about certain topics, etc. Please list any preferred activities your Veteran has here:

Tips & Tricks for a Successful Visit

It is beneficial for providers to know items to avoid while providing care for your Veteran to help promote the most positive experience possible. This may include but is not limited to: food items, television shows, specific conversation topics, etc. Please include details of activities the Veteran may be reluctant to do (i.e. showering, toileting, etc.) and the assistance that may be needed to encourage the Veteran's participation.

Caregiver Requests

List the duties the respite provider could complete during the respite if time and ability allows (ex. basic meal prep, laundry, light household tasks such as vacuuming).

Suggested Task List

The Caregiver Respite Tool: Veteran's Needs form may need to be updated periodically depending on both the Veteran and caregivers needs. Consider reviewing this document at least annually or more often if needed. You are encouraged to contact the Caregiver Support Program Team and assigned agency to discuss when needs or plans change.

