

VOLUNTEER RESPITE FORM

Providence Hospice of Seattle main line: 206-320-4000



Caregiver: This form is intended to help ensure the appropriate care and safety of your loved one while you are away. Please complete this form prior to your departure and discuss any issues with the volunteer.

PATIENT INFORMATION

Patient name: _____

Address where respite is taking place:

Phone number at this address: _____

This information needs to be on hand in case of emergency.

CAREGIVER INFORMATION

Your name: _____

Cell phone/contact phone: _____

Your anticipated return time: _____

Other people to contact if assistance is needed:

ACTIVITIES, TASKS, AND FOOD/LIQUIDS (please specify)

Activities that the volunteer can do with the patient: _____

Household tasks that the volunteer can help with: _____

Food/liquids available for the patient: _____

MEDICATIONS

Are there any medications that the patient might need while you are out? Yes* No

If yes, please list medications and specify time(s) needed: _____

*** Please ensure that medication is pre-dispensed** (put in a cup or tray) if the patient is unable to dispense medication on his/her own. Volunteers cannot dispense medication (pour medication out of a bottle). *See reverse for details.*

MEDICAL EQUIPMENT

Is the patient using any medical equipment (such as oxygen, feeding tube, etc.)? Yes* No

If yes, can he/she adjust/handle this equipment on his/her own? Yes No*

*** Please ensure that all medical equipment is checked and adjusted prior to your departure.** Volunteers cannot handle, adjust, or operate medical equipment (except for hospital beds and wheelchairs). *See reverse for details.*

TRANSFERS AND TOILETING

Does the patient need help with transfers (moving to/from bed, wheelchair, toilet)? Yes* No

Does the patient need assistance with toileting? Yes* No

*** Please ensure that all transfers and/or toileting tasks are performed prior to your departure.** Volunteers can provide standby assistance for patients who are able to move independently, but cannot transfer patients or perform toileting tasks unless the caregiver is present and takes the lead. *See reverse for details.*

OTHER INFORMATION/INSTRUCTIONS

PROVIDENCE HOSPICE OF SEATTLE VOLUNTEER GUIDELINES

To ensure patient safety, Providence Hospice of Seattle volunteers are not allowed to perform certain tasks that involve medication, medical equipment, or moving the patient independently. Please review the information below for details.

MEDICATION. Volunteers cannot dispense medication or vitamins (pour it out of a bottle). They can hand the patient a medication bottle or medication that has been pre-dispensed into a cup or medication tray. The patient must be able to dispense/handle the medication and take it on his/her own. In addition, volunteers cannot feed patients food into which medication has been mixed.

MEDICAL EQUIPMENT. Volunteers cannot handle, adjust, or operate most medical equipment. This includes oxygen, feeding tubes, nebulizers, pain medication delivery equipment, suctioning equipment, and so on. Volunteers can adjust hospital beds and adjust/maneuver wheelchairs as appropriate.

TRANSFERS. Volunteers cannot transfer (move) patients to/from a bed, wheelchair, or toilet/commode, or move a patient in bed, *on their own*. If the volunteer is comfortable doing so, he/she may assist the caregiver in a two-person transfer, but the caregiver must be present, provide instruction, and take the lead in performing the transfer. In addition, volunteers can provide standby assistance for patients who are able to transfer on their own but need another person to provide support for balance.

TOILETING. Volunteers cannot perform toileting tasks (changing adult briefs/Depends) for bed-bound patients *on their own*. If the volunteer is comfortable doing so, he/she may assist the caregiver in performing toileting tasks, but the caregiver must be present, provide instruction, and take the lead in performing toileting tasks.

In addition, volunteers cannot perform the following tasks:

- Drive patient or caregiver's vehicle
- Pick up prescriptions from pharmacy for pt./caregiver
- Administer suppositories
- Perform injections of any kind
- Massage legs, arms, or torso (light touch is okay on hands/forearms)
- Care for patient's contact lenses
- Provide full bed bath or assist with bath/shower
- Shampoo patient's hair
- Cut and/or color hair
- Style hair with heated implements (blow dryer, curling iron, etc.)
- Shave with razor
- Clip and/or file fingernails or toenails
- Assist patient with range-of-motion exercises

WHAT CAN VOLUNTEERS DO?

Providence Hospice of Seattle volunteers can:

- Provide caregiver respite (for up to four hours)
- Provide emotional support and companionship for patient and/or caregiver
- Perform light household tasks (such as laundry, vacuuming, clean kitchen, etc.)
- Help with yardwork (mowing, weeding, light pruning)
- Transport patient and/or caregiver/family in volunteer's vehicle
- Run errands
- Prepare or heat up light meals
- Read to patient
- Write letters for patient
- Play cards or other games
- Play music (live or recorded)
- Wash patient's hands and face
- Assist with dressing
- Comb/brush hair
- Clean eyeglasses
- Shave with electric razor
- Gently rub lotion on hands/forearms
- Polish nails
- Offer a comforting, listening presence

Please call Providence Hospice of Seattle Volunteer Services if you have any questions: 206-320-4000.