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Hospice Basics

Understanding
Hospice
Care

*A Loving Choice
for People
Faced with a
Terminal Illness*

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What is Hospice

Hospice is a philosophy of care aimed at providing comfort (palliation) to patients in their end-of-life stages. The goals of palliation are comfort, dignity and quality of life. The difference between this and other treatments designed to cure or control a disease is that palliative care focuses on the person living with the disease rather than on the disease itself. People may choose palliation before “all else has failed” if, in their experience, the burdens of continued curative treatment outweigh its



benefits. While the Hospice Interdisciplinary Team members have expertise in hospice and palliative care, they are not the experts about any individual situation. The only experts are the patient and family. They are in charge of determining how their care is planned.

Palliative care does not automatically include or exclude any specific treatment or approach. Hospice looks at each difficult symptom - from physical pain to anxiety and isolation - and outlines options for addressing that symptom. Multiple choices are always available. Benefits and burdens of each option are considered, and the patient and family selects the option that feels most comfortable.

Every effort is made by the hospice team to provide maximum physical comfort for the patient. Hospice then focuses on the heads and hearts of those experiencing the disease process - preparing emotionally and spiritually for death. Namaste Hospice considers it just as important to provide these services to family members as we do to our patients. This is one reason why we provide bereavement counseling for all those grieving the loss of a loved one.

Namaste Hospice was created by seasoned hospice professionals who are committed to providing care that exceeds all expectations. We do this without prejudice in an environment that supports the integrity and dignity of all people, 24 hours a day, seven days a week.

The Hospice Services

PHYSICIAN SERVICES

All hospice care is provided under the guidance of the patient's primary doctor and the Hospice's medical director. The medical director oversees physician services within our organization. He/she will act as a medical resource to IDT members and is available to supplement primary physician services. He/she is present at IDT meetings, routinely directing and approving the Plan of Care. If the IDT identifies the need for physical, occupational or speech therapy, these services are recorded in the Plan of Care and ordered by a physician.

NURSING SERVICES

Each Hospice nurse is a licensed and skilled professional with expertise in end-of-life care. He/she is there to minimize any distressing symptoms and serve as a teacher and supporter. The nurse maintains ongoing communication with the patient, his/her family, caregivers and other members of the IDT. Each patient's primary nurse is notified of any contact that patient has with other nurses (for example, during on call hours).



CERTIFIED NURSE'S ASSISTANT (CNA) SERVICES

Our CNAs have training and expertise in end-of-life care giving and provide personal care in a manner that meets each patient's specific needs. CNAs assist patients with activities of daily living such as bathing, shaving, shampooing and changing bed linens. They also provide support and teach a patient's caregivers about Hospice and safety. The CNA often becomes a source of emotional support to the patient and family.

SOCIAL WORK SERVICES

Hospice social workers are skilled professionals who have training and expertise in end-of-life planning as well as individual and family counseling. They connect patients and families with helpful community resources. A patient or family member may rely on his/her social worker as a companion or confidante. The social worker is there to support, validate and advocate for the emotional well being of the patient and family.

The Interdisciplinary Hospice Team



The Interdisciplinary Team (IDT) is composed of individuals who provide the complete spectrum of care to the patient and his/her loved ones. The team is a community of care providers with the patient and family at its center. The Hospice team members contribute expertise in managing physical, emotional and spiritual symptoms - but

the patient and family are the experts when it comes to determining how their care is planned. Each patient's IDT members include the patient's primary care physician, the Hospice medical director, the hospice nurse, Certified Nurse's Assistant, social worker and chaplain, and sometimes a volunteer. With the patient and family's goals and our knowledge, we will collaboratively develop a Plan of Care that is individualized and carried out by hospice professionals and volunteers. IDT members are in constant contact with one another regarding each patient and family. Every two weeks, the IDT and the medical director will meet to review and update each patient's Plan of Care. The patient and family's participation in the Plan of Care helps us meet their needs, thus achieving comfort, dignity and quality of life. Hospice services are intermittent and provided in the place the patient calls home on a scheduled basis or as needed 24 hours a day.

SPIRITUAL CARE SERVICES

Hospice must recognize and respect all faith traditions. All of the chaplains must have an interfaith perspective and be there to support the spiritual and religious beliefs of the patient and family. Soon after a patient and family's admission to Hospice, a chaplain will meet with them to discuss and assess their spiritual needs. Namaste recognizes dying as not only a physical event, but also an emotional and spiritual journey that requires special attention. Spiritual care may be provided by one of our hospice chaplains, or we can coordinate with another community clergy member.



VOLUNTEER SERVICES

Volunteers are valued members of the Hospice team. All volunteers receive extensive training and are supervised and supported by the Volunteer Coordinator. Namaste Hospice volunteers can provide support, companionship, respite for caregivers and other practical non-medical



services. Our volunteers also provide therapies to compliment your hospice treatment, which may include massage, pet therapy, and other healing arts. To request a volunteer, contact member of your team and her/she will arrange it for you.

BEREAVEMENT SERVICES

Namaste Hospice is committed to providing support to loved ones for a minimum of 13 months after a death. Contact is maintained by the staff members and volunteers who practice through our bereavement program. We are here to support people through their healing journey and help honor those who have lived fully and died well.

MEDICATIONS

Hospice provides medications that address symptoms related to the terminal diagnosis. All medications are prescribed by the patient's attending physician, or the hospice medical director and delivered by a courier service to the patient's home. Medications are available to the patient 24 hours a day. The hospice nurse is responsible for ordering medications and will arrange for delivery at a time convenient to the patient/family. Let a member of your team know if you are running low on any medication.

MEDICAL EQUIPMENT

Medical supplies, walkers, wheelchairs, hospital beds, oxygen and other medical equipment that would make you comfortable can be delivered to the patient's home. Namaste orders this equipment, which is delivered by our supplier. Equipment that is no longer needed will be retrieved by the equipment company at the request of the patient, family or an IDT member.

The Medicare Hospice Benefit

You can get Medicare hospice benefits when you meet all of the following conditions:

- You're eligible for Medicare Part A (Hospital Insurance).
- Your doctor and the hospice medical director certify that you're terminally ill and have 6 months or less to live if your illness runs its normal course.
- You sign a statement choosing hospice care instead of other Medicare covered benefits to treat your terminal illness.*

* You get care from a Medicare-approved hospice program.

Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.

WHAT MEDICARE COVERS

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options and management of pain and symptoms. You don't need to choose hospice care to take advantage of this consultation service.

Medicare will cover the hospice care you get for your terminal illness, but it must be from a Medicare-approved hospice program.

Important: Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness. Medicare covers the following hospice services for your terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (such as wheelchairs or walkers)
- Medical supplies (such as bandages and catheters)
- Drugs for symptom control or pain relief (may need to pay a small co-payment)
- Hospice aide and homemaker services
- Physical and occupational therapy



- Speech-language pathology services
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care (may need to pay a small copayment)
- Any other Medicare-covered services needed to manage your pain and other symptoms, as recommended by your hospice team

WHAT MEDICARE WON'T COVER

When you choose hospice care, Medicare won't cover any of the following:

- Treatment intended to cure your terminal illness.** You should talk with your doctor if you're thinking about getting treatment to cure your illness. As a hospice patient, you always have the right to stop hospice care at any time.
- Prescription drugs to cure your illness** rather than for symptom control or pain relief
- Care from any hospice provider that wasn't set up by the hospice medical team.** You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness must be given by or arranged by the hospice medical team. You can't get the same type of hospice care from a different provider, unless you change your hospice provider.
- Room and board.** Medicare doesn't cover room and board if you get hospice care in your home or if you live in a nursing home or a hospice residential facility. However, if the hospice medical team determines that you need short-term inpatient or respite care services that they arrange, your stay in the facility is covered. You may have to pay a small copayment for the respite stay.
- Care in an emergency room, inpatient facility care, or ambulance transportation, unless it's either arranged by your hospice medical team or is unrelated to your terminal illness.**

Note: Contact your medical hospice team before you get any of these services, or you might have to pay the entire cost. More detail information is available fat <http://www.medicare.gov/publications/pubs/pdf/02154.pdf>

Information about Medigap (Medicare Supplement Insurance)

Policies If you have Original Medicare, you might have a Medigap policy. Your Medigap policy still helps cover health care costs for problems that aren't related to your terminal illness. Call your Medigap insurance company for more information. To get more information about Medigap policies, visit www.medicare.gov/Publications/Pubs/pdf/02110.pdf to view or print the booklet "Choosing a Medigap Policy: A Guide to health Insurance for People With Medicare." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The following levels of care are available under the Medicare Benefit:

ROUTINE CARE

This is the most frequently used level of care. Under a routine level of care, the hospice team is available on a scheduled basis and is available for consultation or to make a visit 24 hours a day. Visit frequency is determined by the IDT in response to your needs and is documented in the Plan of Care. Routine care can take place in a home, a Skilled Nursing Facility, Assisted Living Facility, or any place a patient calls home.

GENERAL INPATIENT CARE

Short-term inpatient care may be used during times when a patient and/or family has an immediate and apparent need. This level of care is most often needed for pain control or acute symptom management and can only be provided in a skilled nursing facility or hospital that Namaste Hospice has a contract with. Once symptoms are well-managed, the patient will be returned to the routine level of care, in the current setting, or at home.

INPATIENT RESPITE CARE

Inpatient respite care is available to home patients in order to give the caregiver relief and is limited to five consecutive days. This level of care is provided in a skilled nursing facility by Namaste and the Nursing Facility.

CONTINUOUS CARE

Continuous care is provided when symptoms need acute management in order to prevent hospitalization. Under the continuous care benefit, a minimum period of eight hours of care is provided during a 24-hour day. Nursing care by either a registered nurse or licensed practical nurse must be provided for more than half of this period of care. Continuous care can take place in a home, a Skilled Nursing Facility, Assisted Living Facility, or any place a patient calls home.

ROOM AND BOARD (MEDICAID ONLY)

Patients utilizing the Medicaid Hospice Benefit are eligible to have room and board paid for while receiving hospice care. This level of care applies to those living in nursing facilities and, at times, assisted living communities.



Hospice in a Nursing Facility

Hospice care in a skilled nursing facility is quite similar to home hospice care. Hospice manages all care related to the patient's terminal diagnosis. In many cases, the staff of the nursing facility acts as the primary caregiver (a role that must be filled by family, friends or in-home staff when hospice is given at home - see our section on The Caregiver's



Role). Namaste Hospice collaborates with each facility in which our patients reside to develop a coordinated Plan of Care, which ensures that all caretakers are working together to meet the patient and family's needs, wishes and goals. A special committee of the Colorado Department of Public Health and Environment determined that the partnership of nursing facilities and hospice has enhanced the quality of care being provided to hospice patients. Hospice provides services such as:

- The care by our Interdisciplinary Team members
- Medication and medical supplies related to the terminal illness
- Durable medical equipment
- Inpatient level of care during elevated times of need
- Expertise in areas specific to hospice, which supplements the facility staff's own expertise (such as symptom control, psychosocial and spiritual care, bereavement and family support)

Room and board in the nursing facility is paid for by the patient, Medicaid or hospice (only when the patient is under the inpatient level of care). Room and board services include:

- Personal care services
- Assistance with activities of daily living
- Administering medication
- Socializing activities
- Housekeeping

Rights of Hospice Patients Families

- We have the right to all desired information about the disease process, treatment and care options, and the possible outcomes.
- We have the right to make our own decisions based upon principles of informed consent and without undue pressure or influence.
- We have the right to a team of well-trained, caring persons who can provide a complete spectrum of services to the total family.
- We have the right to expect reasonable continuity of care, regardless of the locale.
- We have the right to such care regardless of religion, race, nationality, gender, sexual preference or economic status.
- We have the right to maximum relief possible from physical, emotional and spiritual pain.
- We have the right to discuss death and make preparations for it when and as we choose; we also have the right to maintain hopefulness and conserve health until the end comes.
- We have the right to express honest feelings and receive honest responses.
- We have the right to try to ensure fullness of living for each family member, attempt to set realistic goals, and plan family events that we can anticipate happily according to our own lifestyle and philosophy.
- We have the right to the comfort of the faith of our choice.
- We have the right to explore difficult issues, discover different options, and change our minds.
- We have the right to respect and sensitivity from our caregivers.
- We have the right to every consideration of privacy concerning our care program. Case discussion, consultation, examinations and treatment are confidential and will be conducted discreetly. Records will be maintained in a confidential manner.
- We have the right to request restriction on protected health information.
- We have the right to receive confidential communications.
- We have the right to inspect and copy protected health information.
- We have the right to amend protected health information.
- We have the right to an accounting of protected health information.
- We have the right to a paper copy of the Notice of Privacy Practices.

Responsibilities of Hospice Patients and their Families

The patient and family and/or primary caregiver is considered a part of the hospice team in providing necessary care to the patient and, as such, assuming appropriate responsibilities.

- ❑ We have the responsibility to undertake the role of primary caregiver, assisting with the care of the patient. We understand that the role of the hospice team is to perform professional skills and to provide training and support to the patient and family/caregiver.
- ❑ We have the responsibility to allow time to meet with team members in the home and/or other appropriately designated place to receive and share information regarding the patient's Plan of Care and request information as needed.
- ❑ We have the responsibility to cooperate with team members in carrying out the patient's Plan of Care and maintain a flexible visit schedule for team members.
- ❑ We have the responsibility to report to the hospice team any changes in the patient's physical symptoms, psychosocial concerns, complaints regarding care, or the patient's desire to refuse care.



The Caregiver's Role

You may not think of yourself as a caregiver, but anyone who helps someone else because that person is no longer able to manage some or all of the activities of daily life is considered a caregiver. Whether the caregiver is a relative, spouse, friend, neighbor, volunteer, or medical professional, it is important to identify the caregiver role.



Your journey in the care giving role may include a wide variety of experiences. While there are often many intrinsic benefits to care giving - spending time with a cherished loved one, feeling needed, the opportunity to serve - there may also be challenges and special considerations you must take.

Your role as caregiver is very important as another individual depends on you. If your well-being suffers, you may become unable to care for another. So, if you've accepted the caregiver role, you also have a special responsibility to take care of yourself. That means assessing and taking care of your own physical, emotional, mental, spiritual, interpersonal and financial needs. When you have attended to your own needs, you will have so much more to give to the person you're caring for.

PHYSICAL HEALTH

Physical health is a key caregiver concern. This begins with adequate rest every night. If this is not always possible, then try to fit in naps or break periods during the day. A regular bedtime and a light snack or warm milk may help you fall asleep. Beyond daily rest, you may need periodic breaks from care giving, and you can plan for a period of respite, such as a long weekend. Discuss this option with a member of your hospice team.

Physical exercise is also important. Regular exercise, for instance, will strengthen you for the rigors of caring for another who needs assistance with their own movement. Generally, physical exercise will help you rest better. It is recommended that you aim for a minimum of 20 minutes of exercise four times a week. Fresh air and sunshine can also lift your spirits, and nature is a great healer. Good nutrition will facilitate your own health and vigor and support a healthy immune system. If you receive offers of help from others during this time, request a nutritious meal - it is a simple way for others to support you.

Any physical illness or healthcare needs should be attended to promptly in order to protect your loved one and your own health and shorten your recovery time.

EMOTIONAL NEEDS

Emotional health is closely related to overall health, but may be overlooked. Caregivers experience the full range of human emotions - including anger, guilt, impatience, depression, helplessness, love, loneliness and isolation - sometimes *all* at the same time.

At times you may tell yourself that some of these feelings are "good" and others "bad." Rather than label them, it is important to know that all these feelings are normal. Acknowledge your feelings. Accept them. Realize that your situation is not unique and many other caregivers share these feelings.

It may help to have a close friend or confidant you can call daily. It helps to talk to another person so you don't become overwhelmed. You might choose to create a list of people you can call. Remember, your Namaste team is also available to listen and act as a resource for emotional support - we are here not only for the patient, but for family and caregivers as well.

Due to the amount of tasks that need to be completed, stress is almost inevitable in care giving, and it is often compounded by inadequate rest. While there is often little to be done to change the circumstances creating stress, there are many ways to cope with it. The following are some suggestions to help alleviate some of your stress:

- Keep a journal or diary. Writing about your feelings can reduce stress.

- Read a book or listen to music. These activities provide a pleasurable diversion
- Take a long, relaxing bath with bath salts or aromatic oils.
- Consider getting a therapeutic massage; even a backrub from a friend can help.
- Listen to relaxation tapes - you can find them at any library.
- Exercise. Physical activity naturally produces chemicals in the body that help reduce tension, anxiety and depression.
- Stay focused in the present moment. Don't fret about work when you are care giving or worry about your loved one when you are away.
- Take a few moments in nature to lift your spirits.
- Stroke or brush a pet - this is a therapeutic activity for you and the patient.
- Laughter is healing - watch a funny movie or read a humorous book.
- Pursue a creative outlet or enjoy a hobby, such as playing a musical instrument, singing, sketching or painting, or writing a short poem. These activities can do much to relieve stress and express emotions.
- Perform spiritual practices such as prayer, meditation or inspirational reading.
- Join a support group.
- When offered time off, take it without guilt or worry. The break will refresh you and help you be a better caregiver.
- Talk with your hospice team about options for respite.

role and can help you through any challenges you may encounter during this journey. Don't hesitate to use them as your own resource.

SPIRITUAL NEEDS

Spirituality is highly personal, widely defined, and important to many individuals. Some find their time as a caregiver reinforces and strengthens their spirituality. Others may be challenged to find the time to participate in their previous spiritual or religious practices while busy with the demands of care giving. If your personal spirituality is important to you, you may need to temporarily adjust your care giving. You might add a regular quiet

time to your day for prayer, contemplation or meditation. Time spent in nature can be rejuvenating. Inspirational reading or music may help you stay connected to your spiritual source. Your Namaste chaplain is available to talk to you and direct you toward helpful resources.

MAKING IT HAPPEN

Who has time for all of this? Keep in mind that one activity may help to achieve balance in your life. For example, a walk with a friend provides physical exercise and social interaction and is emotionally and spiritually uplifting. Hobby groups may relieve stress and allow you to discuss current events. Singing in a choir provides a change of scenery, a creative outlet, and social contact.

The most important thing is to begin. It may be difficult to make many changes all at once, so select at least one or two areas to work on right away. Set a realistic goal for yourself to maintain your own well-being and regain a sense of control and balance. Namaste Hospice team members know all about the caregiver

Signs and Symptoms of the End Approaching



When diagnosed with a life-threatening illness, a person begins a new journey in life. Each journey is unique, and we all handle death in our own way. As time progresses toward a person's death, that person will undergo some changes. The person will prepare physically, emotionally, mentally, and spiritually. Few things about death and dying are predictable - nobody knows

when it will happen, how it will happen, who will be present or what feelings it will bring up. A patient and family must be prepared to work through this process as it unfolds, discovering the patient's own unique journey. The wishes of the patient should be followed whenever possible.

Physical symptoms

On the physical level, the body begins the final process of shutting down. Usually these are orderly and unromantic progressive series of physical changes, which are not medical emergencies. These physical changes are normal and may occur quickly or over a period of time.

COOLNESS AND MOTTLING (BLOTCHES OF BLUE DISCOLORATION OF THE SKIN)

The person's hands, arms, feet then legs may be increasingly cool to the touch, and the color of the skin may change. The underside of the body may become darker, and the skin becomes mottled. This is a normal indication that the circulation of blood is decreasing to the body's extremities and being reserved for the most vital organs. Keep the person warm with a blanket, but do not use an electric blanket or heating pad.

SLEEPING

The person may spend an increasing amount of time sleeping, appear to be uncommunicative or unresponsive, and, at times,

changes in the metabolism of the body. Sit with your loved one; hold his/her hand. Speak softly and naturally. Speak to him/her directly as you normally would, even though there may be no response. Never assume the person cannot hear; hearing is the last sense to be lost.

DISORIENTATION

The person may seem to be confused about the time, place and identity of people surrounding him/her, including close and familiar people. This is also due in part to metabolic and oxygen supply changes. Identify yourself by name before you speak. Speak softly, clearly and truthfully when you need to communicate something important to the patient's comfort, such as, "It is time to take your medication," and explain the reason for the communication, such as, "So you won't begin to hurt."

INCONTINENCE

The person may lose control of bladder and/or bowels as the muscles in that area begin to relax. Discuss with your hospice nurse what can be done to protect the bed and keep your loved one clean and comfortable.

CONGESTION

You may hear gurgling sounds coming from the person's throat or chest as though marbles were rolling around inside. These sounds may become very loud. This normal change is due to the decrease of fluid intake and an inability to cough up normal secretions. Suctioning usually only increases the secretions and causes sharp discomfort. Gently turn the person's head to the side and allow gravity to drain secretions. You may also gently wipe the mouth with a moist cloth. The sound of the congestion does not indicate the onset of severe or new pain.

RESTLESSNESS

The person may make restless and repetitive motions such as pulling at the bed linen or clothing. This often happens and is due, in part, to the decrease in oxygen circulation to the brain and to metabolism changes. Do not interfere with or try to restrain such motions. Talk to your Namaste Hospice team about methods to assist in relaxing the person.

URINE DECREASE

The person's urine output normally decreases and may become tea-colored, referred to as concentrated urine. This is due to the decreased fluid intake as well as decrease in circulation through the kidneys. Consult with your hospice nurse to determine whether there is a need to insert a new catheter or irrigate an existing one.

FLUID AND FOOD DECREASE

The person may have a decrease in appetite and thirst, wanting little or no food or fluid. The body will naturally begin to conserve energy for other functions that would otherwise be used in digestion. Swallowing and normal reflexes can become sluggish and nourishment by mouth can carry the risk of choking. Do not try to force food or drink into the person. Doing this only makes the person much more uncomfortable. Although it can be difficult to disassociate food with love, refusal of offered nourishment is a choice that needs to be honored. Small chips of ice, frozen Gatorade or juice may be refreshing in the mouth. If the person is able to swallow, fluids may be given in small amounts by syringe (ask the hospice nurse for guidance). You can try raising the head of the bed to make swallowing easier. Namaste Hospice can provide glycerin swabs to help keep the mouth and lips moist and comfortable.

BREATHING PATTERN CHANGE

The person's breathing pattern may change becoming more labored, irregular, or noisy. The person may breathe deeply and then pause for a long time - 10 seconds to a minute - before breathing resumes. This is called apnea and causes the person no discomfort. These patterns are very common and indicate decrease in circulation in the internal organs. You may want to elevate the head or turn the person on his/her side.

Emotional/spiritual/mental symptoms

In addition to physical/medical symptoms, the process of dying includes the spirit beginning the final process of release from the body, its immediate environment and all emotional attachments. This release tends to follow its own priorities, including the resolution of unfinished business, reconciliation, affirmation of close

relationships, and accepting permission from family members to let go. Support and encourage this transition.

WITHDRAWAL

The person may seem unresponsive, withdrawn, or in a comatose-like state. This indicates preparation for release, a detaching from surroundings and relationships, and a beginning of letting go. Since hearing remains until the end, speak to your loved one in your normal tone of voice, identifying yourself by name when you speak, hold his/her hand, and say whatever you need to say that will help the person "let go."

VISION-LIKE EXPERIENCES

The person may speak to or claim to have spoken to persons who have already died. He/she may see or have seen places or things not presently accessible or visible to you. This doesn't indicate a hallucination or drug reaction. This person is beginning to detach from this life and is being prepared for the transition. You may hear the hospice team refer to this process as "celestializing." Affirm his or her experiences -just because you cannot see or hear these things does not mean they are not real to your loved one. If they frighten your loved one, explain to him/her that these visions are normal and common.

RESTLESSNESS

The person may perform repetitive and restless tasks. This may in part indicate that something is still unresolved or unfinished that is disturbing and preventing him/her from letting go. Your hospice team members will help you find ways to help the person find release from the tension or fear. To help calm the person, talk about a favorite place he/she enjoyed, recall a favorite experience, read something comforting, play music, and give reassurance that it is okay to let go.

DECREASED SOCIALIZATION

Your loved one may want to be alone or with only a few people. This is a sign of preparation for release and an affirmation of whom the support is most needed from in order to make the appropriate transition. If you are not part of this "inner circle" at the end, it does not mean you are not loved or important. It means

you have already fulfilled your task with him/her, and it is time for you to say good-bye. If you are part of the final “inner circle” of support, the person needs your affirmation.

A NEED FOR PERMISSION

Giving permission to your loved one to let go without making him/her feel guilty for leaving or trying to keep him/her with you to meet your own needs can be difficult. Despite prolonged discomfort, a dying person may hold on to be sure that those who are going to be left behind will be all right. Therefore, your ability to release the dying person from this concern assure him/her that it is all right to let go whenever he/she is ready is one of the greatest gifts you have to give your loved one at this time.

SAYING GOODBYE

When the person is ready to die, then it is time to say goodbye. Saying goodbye is your final gift of love to your loved one, for it achieves closure and makes the final release possible. It may be helpful to lie in bed with the person and hold him/her, or to take his/her hand and say everything you need to say. It may be as simple as saying “I love you.” It may include recounting favorite memories, places and activities you shared. It may include saying, “I’m sorry for whatever I contributed to any tensions or difficulties in our relationship.” It may also include saying “Thank you for...” Tears are a normal and natural part of saying goodbye. Tears do not need to be hidden from your loved one or apologized for. Tears express your love and may help *you* let go.

Namaste Hospice social workers and chaplains can be available to provide additional support during this time. It may also be helpful to seek a spiritual advisor with whom your loved one has a relationship to come and provide reassurance and support during the last days. In addition, some of our volunteers specialize in what is called “11th hour support,” and are there to serve whatever needs you and your loved ones may have throughout the dying process.

HOW WILL YOU KNOW WHEN DEATH HAS OCCURRED

Signs of death include no breathing, no heart beat, release of bowel and bladder matter, no movement of arms and legs, fixed

eyes, no blinking, relaxed jaw and slightly open mouth. The death of a hospice patient is not an emergency. Nothing must be done immediately. The body does not have to be moved until you are ready. You may wish to assist in preparing the body by bathing or dressing.

If you are with your loved one at the time of death, the experience will probably change your perspective and your feelings about your relationship with that individual forever. None of us are fully prepared for that moment. Each of us will experience it differently.

IF YOUR LOVED ONE DIES AT HOME

- Follow any religious observances that were requested by the patient.
- Call Namaste Hospice - there is no need to call the coroner or police.
- Turn off any electrical equipment attached to your loved one's body, but leave any tubes or attachment devices in place.
- Call any friends or family members who may wish to spend some private time with your loved one before the body is taken by the mortuary.
- When you are ready, the nurse will call the mortuary.

About Namaste Hospice

Who We Are

We are a Medicare and Medicaid certified Hospice provider. Since our founding twelve years ago, our focus has been and remains to be that of serving the Denver metro area community.

All our staff have received advanced certification, extensive training and are experts in hospice and end of life care. The word Namaste is a Sanskrit spiritual salutation that reflects and expresses mutual respect. When one greets someone using the word Namaste, they are essentially saying, ***“The divine in me bows to the divine in you”***.

What We Do

We provide high quality hospice care with a passion and focus on:

- Personalized custom care designed to meet the needs and wishes of each individual patient
- Providing comfort, retaining dignity and improving the quality of life on our patient’s own terms

At **Namaste** through a variety of programs, we support, educate and advocate for people with potentially life limiting or terminal illness. We empower them to define what quality of life means to them and help them realize it.

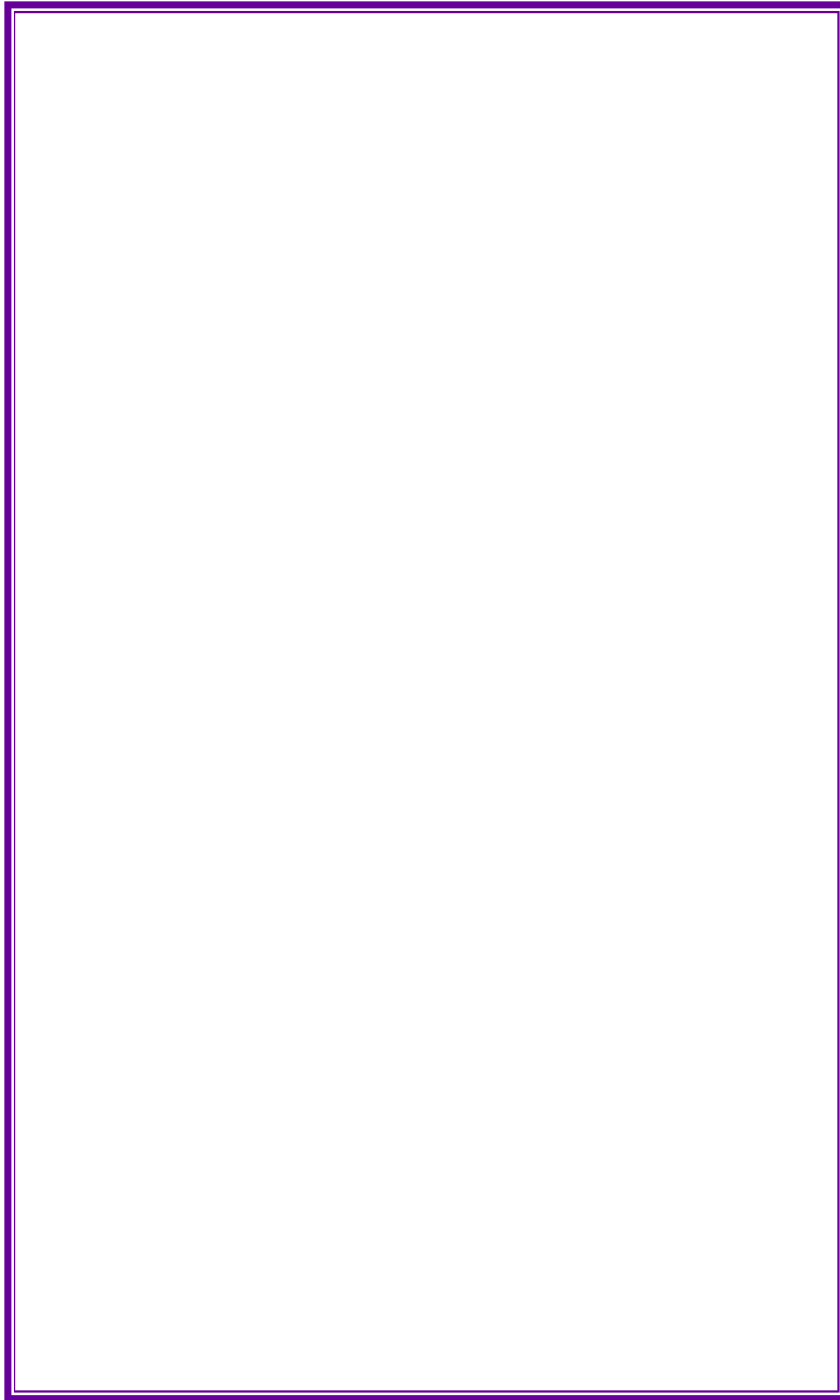
How We Do It

We recognize the patient and his or her family, as the experts. We then bring the right team with the expertise to help them realize the patient’s needs and wants.

Why Namaste

Namaste was founded in Denver over twelve years ago, with the goal of providing compassionate care to people in the Denver Community facing life limiting illnesses. To ensure the highest quality care we:

- Maintain the lowest ratio of patients to staff
- Make it our business to know our patients and their families
- Have bias toward YES
- Empower Patients to live and die on their terms
- Are Denver founded, for Denver and exclusively focused on the Denver Community
- Are part of a Denver Founded group of entities helping the Denver community in many ways
- Namaste Comfort Fund - Working Small Miracles in difficult times (Non-Profit)
- Comfort Café - An on-going feast of body and spirit (Non-Profit)





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