



## Hypothermia: A Risk For Older Adults During the Colder Winter Months *by Diane Walker, RN, MS*

This is the time of year when older adults and individuals with compromised immune systems need to be very careful about getting physically cold. This condition, called hypothermia, occurs when the body temperature drops and remains below normal for a period of time. A temperature below 96 degrees is considered life threatening and requires immediate medical care. It is projected that the number of hypothermia cases may rise significantly this year because so many people have been negatively affected by the financial market. People who cannot afford to pay their heating bills turn down the heat to save money so they can buy food and medicines.

Older adults lose body heat much more quickly than younger adults and cannot endure sub-normal body temperatures without health consequences. Common risk factors include dementia; chronic diseases such as diabetes, stroke, severe arthritis, and spinal cord injury; lack of exercise; dehydration, and certain medications that can diminish the body's response to even small drops in temperature. An older adult may not even realize that s/he is hypothermic because of the confusion it causes.

Hypothermia usually occurs gradually over time. Because older adults don't like to complain, you may have to watch for "the 'umbles' - stumbles, mumbles, fumbles and grumbles."<sup>1</sup> Other signs to watch for include confusion or sleepiness, slow and/or slurred

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**Difficult Transitions From Hospital To Home** *by Diane Walker, RN, MS*

**Our National Treasure: The Value of Family Caregiving**

Calls by experts for an overhaul of the healthcare system may actually get some serious attention by the new Administration. Nowhere is the breakdown more evident than the transitions people make from acute care hospitals to rehabilitation or home. And it isn't just the "patient" that has to make this hazardous trip—family caregivers who will be assigned responsibility for the person's care often must *intuit* what they need to know and get prepared without the guidance they require.

Once the role of nurses, preparing the family for their new care responsibilities has been moved down the list of priorities because of staffing shortages or reassigned to a "team" that includes social workers, discharge planners, and physicians who often function independently of one another. Many times the expectations of the healthcare providers cannot be fulfilled by family members alone because of employment and childcare responsibilities.

The major initiative identified so far by the new Administration—computerized healthcare records—will not adequately address this chasm. For family members who can access the internet, a new website may provide

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AARP estimates the economic value of family caregivers to be \$375 billion, up from \$350 billion in 2006.<sup>1</sup> The federal government and health care systems rely on caregivers for help with ADLs and complex health related interventions they are often not trained to provide. Patients with a family caregiver have shorter hospital stays and can delay or completely avoid nursing home placement. The typical caregiver is a "46 year old woman who is employed outside the home and spends 20 hours a week providing care to a parent." Out of pocket costs average \$5,531 a year. 37% quit their jobs entirely.<sup>2</sup>

<sup>12</sup> Valuing The Invaluable: The Economic Value of Family Caregiving, 2008 Update. Retrieved January 21, 2009 from [http://www.aarp.org/research/housing-mobility/caregiving/i13\\_caregiving.html](http://www.aarp.org/research/housing-mobility/caregiving/i13_caregiving.html).

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## Difficult Transitions From Hospital To Home *continued...*

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some needed assistance. Launched by the United Hospital Fund, “The Next Step In Care” website provides family members (and providers) with FREE tools and information to make the transition easier. (<http://www.nextstepincare.org/>)

In particular, family members will find the following guides helpful:

- ◆ The Next Step in Care: What Do I Need as a Family Caregiver?
- ◆ Hospital-to-home Discharge Guide
- ◆ Going Home: What You Need to Know
- ◆ A Guide to the ER
- ◆ When the Next Step is Home Care: A Family Caregiver’s Guide
- ◆ When the Next Step is Rehab: A Family Caregiver’s Guide<sup>1</sup>

What the guides lack is information about how to best select a non-medical home care agency when a loved one’s needs are no longer skilled and/or medical insurance will not pay for the necessary assistance with activities of daily living (ADLs). Many individuals do not realize that Medicare, Medicaid<sup>2</sup>, and private health insurance will not pay for services involving bathing, dressing, meal preparation, companionship, and transportation. Here are some important points to consider in selecting a home care agency if a family member needs assistance with these tasks:<sup>3</sup>

- ◆ Does the agency have a consumer-driven approach—are the dates and times of service at *your* convenience, can you request that a caregiver be removed, do they have a large pool of workers, and is the agency responsive to after-hour requests?
- ◆ Are the fees affordable—make comparisons between agencies, find out what percentage of the fee goes to the professional Caregiver vs. the “office fee,” and watch for hidden fees (upfront deposits, evening and weekend differentials, a guaranteed minimum period of care)
- ◆ Are fees discounted for 24 hour and overnight care?
- ◆ What is the agencies screening process—do they conduct in-person interviews, how many/what kind of references (vs. dates of hire) do they require, do they do federal and/or state Criminal Background Checks, do they refer individuals with a record, and do they require health clearances?
- ◆ Does the agency make regular visits to the home—do they come to your home to ensure the services are appropriate?
- ◆ Does the agency regularly ensure that you are satisfied with the services they are providing—what if you aren’t satisfied?

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## Feds Rank Home Health Care Providers On Quality of Care

In the last edition of *CaringTimes*© we reported on the new Federal Department of Health and Human Services rating system for nursing homes. DHHS has now posted a rating system for home health care companies providing skilled nursing care.

According to the website, “if your doctor decides you need skilled home care, you have the freedom to choose among a list of participating Medicare-certified skilled home health agencies that serve your geographic area. The list should also identify any of the home health agencies in which the hospital has a financial interest. Although your choice should be honored, it may be limited by agency availability, or by your health insurance plan and/or coverage.” You should also review your long-term care insurance policy, if you have one, to see if it will cover the cost of your non-medical needs.

The DHHS system utilizes 12 quality measures and reports how each agency performs on that measure in comparison to the national average, and other agencies in the same geographic area. Individuals can select all or specific measures that are related to their care needs to make comparisons. To learn more about the rating system, visit [http://www.medicare.gov/HHCompare/Home.asp?version=default&\\_browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True](http://www.medicare.gov/HHCompare/Home.asp?version=default&_browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True)

## National Recall of Peanut Butter Products

A salmonella outbreak from contaminated peanut butter products has sickened more than 470 people in 43 states and is responsible for six deaths. According to the Associated Press, this strain of salmonella is not unusually dangerous but the elderly and those with a weakened immune system are at risk. Five of the deaths have been older adults.

The FDA has advised people not to consume cookies, crackers, cakes, ice cream, and food made with peanut butter. Many companies that manufacture these food items are voluntarily recalling products. Peanut butter sold in jars is considered safe at this time.

The FDA has created a website listing all recalled foods at <http://www.accessdata.fda.gov/scripts/peanutbutterrecall/index.cfm>. For information on safe food handling, visit [www.CaringTimes.org](http://www.CaringTimes.org). Retrieved from <http://www.msnbc.msn.com/id/28749159/print/1/displaymode/1098/>

# Health Watch



The Food and Drug Administration has approved the world's first clinical trial using human embryonic stem cells for the treatment of severe spinal cord injuries. The trial, being conducted by Geron, a biotechnology company, involves injecting stem cells into the spinal cords of a small sample of adults to determine if the cells will repair the myelin surrounding nerve cells safely. Retrieved from [www.nytimes.com/2009/01/23/business/23stem.html](http://www.nytimes.com/2009/01/23/business/23stem.html).

According to nutritionist J. Bowden, Ph.D. here are 11 foods you should be eating a lot more of to improve your health: beets and beet greens, cabbage, swiss chard, cinnamon, pomegranate juice, dried plums, pumpkin seeds, sardines, turmeric, frozen blueberries, and canned pumpkin. Retrieved from <http://well.blogs.nytimes.com/2008/06/30/the-11-best-foods-you-arent-eating/?scp=1&sq=The%2011%20best%20foods%20you%20aren't%20eating&st=cse>

Colon cancer is the second leading cause of cancer deaths in the US with 154,000 cases diagnosed annually. The diagnostic test performed to detect cancer of the colon is a colonoscopy. New studies among male veterans have shown that flat and indented lesions, previously thought to be less common and less dangerous, are the most likely to become malignant and are commonly missed during the procedure. The findings indicate that the preparation for the procedure is critical for accurate detection of these lesions. Retrieved from <http://www.nytimes.com/2008/03/05/health/research/05cancer.html>.

The 2009 Consumer Electronics Show held annually in Las Vegas held a first-time, special day-long program focused on the new technologies that will keep boomers connected and healthy. The equipment featured can monitor health behaviors and detect warning signs that can be directed to selected individuals such as family members and healthcare professionals. Retrieved from <http://newoldage.blogs.nytimes.com/2009/01/13/gadgets-for-growing-old-at-home/?scp=1&sq=gadgets%20for%20growing%20old%20at%20home&st=cse>.

The findings from a very large medical study, funded by the federal government released in 2002, showed that the use of diuretics worked better to control high blood pressure than more expensive, newer drugs on the market. Seven years later, according to experts, the use of diuretics is still not as prevalent as it should be. Retrieved from <http://www.nytimes.com/2008/11/28/business/28bovtest.html>.

Adults over 50 years of age with chronic hypertension experience an inability to think clearly when their blood pressure becomes elevated due to stress. According to Dr. J. Allaire, co-author of the study, the results further emphasize the need to manage the condition effectively and avoid stress. Retrieved from <http://www.webmd.com/brain/news/2008/12/15/bp-spikes-may-cloud-elders-minds>.

\* Clock face courtesy of StylesofStow.co.uk

## Overmedication Common In Adults 65 And Older

by Diane Walker, RN, MS

How many medications is your parent taking? If they are like most older adults over the age of 65, they take an average of 4-5 prescribed pills and 2 or more over the counter medications. The number is probably higher if your parent has one or more chronic diseases and sees more than 1-2 physicians.

Polypharmacy, the use of multiple medications, is considered an epidemic in the US and frequently results in adverse drug events. Why? New drugs become available; previously prescribed drugs can now be obtained over the counter; older adults usually have more than one medical condition that is treated independently by specialists using medications that interact with each other; aging causes drugs to effect older adults differently; drug side effects are treated as new medical problems with more drugs, and many older adults don't take their medications as prescribed.

What can you do? Get a brown bag and fill it with every "drug" your parent is taking. Record the prescription and how your parent actually takes the medication. Consult a clinical pharmacist *and* his/her primary care provider for a complete review of the necessity and efficacy of each medication. You may have to be assertive to get the review! Use of only one pharmacy.

## Hypothermia *continued...*

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speech, shivering, a weak pulse, and a cold environment.

If you believe someone may be hypothermic, take his/her temperature and seek medical attention immediately. Other steps you can take are to move the person to a warm location or shield them from the cold as best you can; remove any wet clothing; provide warmth in the form of blankets or lie close to the person to use your body heat, and offer a warm beverage other than alcohol if the person is alert. Do *not* try to massage the arms and legs or apply heat directly to the skin, especially to the extremities. Instead, apply warm compresses to the neck, groin, and chest wall.

<sup>1</sup> Mayo Clinic. (2009) Retrieved January 22, 2009 from <http://mayoclinic.com/health/hypothermia/DS00333>

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**Difficult Transitions** *continued...*



- ◆ Does the agency have a known reputation in the community– do you know anyone who used their services, check with the Area Office on Aging , do they offer references? For more information, visit [www.CaringTimes.org](http://www.CaringTimes.org).

<sup>1</sup> United Hospital Fund. (2009) Retrieved January 21, 2009 from <http://www.nextstepincare.org/>  
<sup>2</sup> Some states have consumer-directed home and community based services programs that will pay for ADLs.  
<sup>3</sup> Middleton, F. (2005) "The Important Issues in Homecare—12 Tips to Help." Available at [www.CaringTimes.org](http://www.CaringTimes.org).

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information. Here are some of the features that are currently posted:

- ◆ A brochure to prevent falls at home
- ◆ Welcoming A Caregiver Into Your Home
- ◆ Preventing Caregiver Burnout
- ◆ Tax Related Issues
- ◆ Legal Documents: POA and Living Wills
- ◆ Dementia: The Disease and New Hope for Treatment, Parts I and II
- ◆ Home and Community Based Care: What Consumers Want And Need

The **CARINGTIMES©** newsletter and its companion website are a service **GRISWOLD SPECIAL CARE** offers to Clients, family caregivers, and professionals who care for older adults and individuals living with a disability. Experts keep you current with helpful articles, legislative updates, tips on caregiving, news about advocacy organizations and more.

**Free On-line Subscription**

**On-line Caregiving Resources**

Our website ([www.CaringTimes.org](http://www.CaringTimes.org)) includes a resource center that is designed to help make it easier for you to care for your loved ones in the home. You will have access to **articles** about elder care and disability issues, direct access to **experts** who you can talk with about your personal issues and concerns, and **links** to national organizations that offer support to family Caregivers, and past newsletters. Check the website regularly for the latest

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