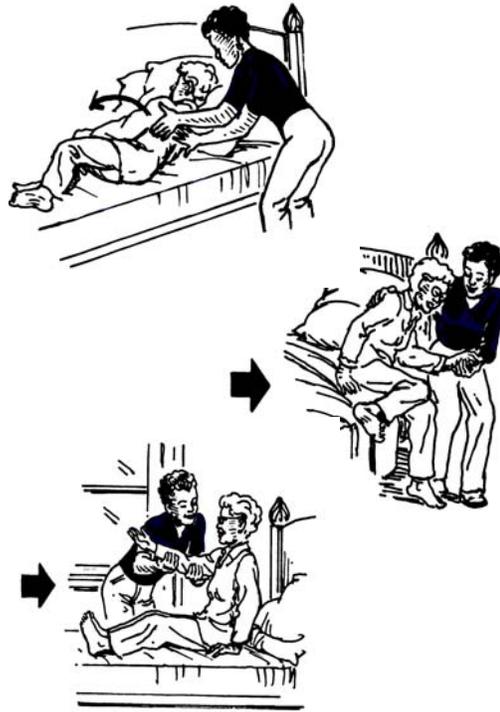


Helping with Recovery from Illness or Surgery



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This handout is based on a chapter from *Eldercare at Home*, a publication of The AGS Foundation for Health in Aging (FHA). Visit www.healthinaging.org for more information on the workbook and presentation kits, as well as access the full text of *Eldercare at Home* (without illustrations).

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There are five parts to this booklet

Understanding the problem

Defines the problem, who is likely to have it, and what kinds of things can be done to deal with it.

When to call for professional help

Explains when to call for help immediately or during office hours as well as lists of information you should have before you call.

What you can do to help

What you can do to help with the problem and to prevent it.

Carrying out your plan

How to deal with problems in carrying out your plan, how to check on progress, and what to do if your plan isn't working.

Booklet summary

Summarizes what you can do to manage this problem. You can use this section to get a quick overview of what you can do.

Each action you can take is in bold and has a picture illustrating the action.

Understanding the Problem



Paul is reading to learn about how he can help his aunt recover from her illness.

Taking care of a family member who is recovering from surgery or an illness can be very demanding for both the caregiver and the person who receives care. This chapter will give you guidance in how to make the older person feel comfortable and at ease while he or she gets stronger with your help and support. At the end of this chapter is a section on setting up a sickroom and administering care with practical suggestions for giving care to a person who is ill.

You may need to purchase or rent medical equipment and assistive devices. If so, check the yellow pages in your phone book for local medical equipment companies. Hospital staff (nurses, therapists, and social workers) can tell you what equipment you will need and will make suggestions about how to obtain it. The doctor can arrange for visiting nurses and therapists to visit the home to assess your equipment needs and to show you how to use it.

Your number one goal is to provide support, encouragement, and assistance to the older person. Tender loving care is the best way to boost the person's spirits. Keep in mind that he or she was once independent and now needs to depend on you for encouragement and assistance.

Give the older person as much control as possible. You should involve him or her in the decision-making process. Ask questions such as, "What clothes would you like to wear today?" and "When would you like to take a walk?"

As the older person becomes stronger, do not rush him or her into new activities. It takes time to gain strength. The older person may not want to do new exercises saying, "I can't," but really meaning, "I'm scared." Introduce new activities slowly and explain them in detail.

It is a myth that bed rest is good for a person recuperating from illness or surgery. Sitting or lying in bed can cause many problems to the body such as bedsores, kidney failure, chest infections, muscles shrinking away, reflexes becoming inactive, and blood pressure increasing. In addition to these problems, a person who remains in bed for several days and then gets up may experience dizziness, fainting, stiff joints, weakness, and problems with muscle malfunction (muscles that don't communicate with the brain). **You should encourage the person to get out of bed as soon as the doctor orders it.**

Your goals are to

- Prepare a room where the older person can be cared for
- Make sure the older person is comfortable
- Be encouraging about progress
- Prevent the complications of bed rest

When To Get Professional Help Immediately



Laura is calling the doctor's office right away-any time during the day or night.

Any new symptoms

New symptoms mean a change in the older person's condition and should be reported to the doctor. Report any symptom that suddenly becomes more severe or difficult to manage. This usually means a change in the patient's condition that the doctor should know about.



Maria calls the doctor if her mother has new symptoms or if her symptoms get worse.

When to get help immediately

If you have questions about medicines

Call the doctor when you are confused about what time to give medicines or whether or not to give them with food. Call the primary care doctor if another doctor has prescribed medicine and you are not sure the new medicine should be given along with the old medicines. You can also call a pharmacist and ask if certain medicines can be or should not be given together.



Pedro has questions about the medicines his father takes so he calls the doctor.

If you need to learn nursing skills

Ask the doctor for a referral to a home health agency if you need to learn basic nursing skills such as how to make a bed with someone in it or how to help an older person to stand up. Home health nurse to visit the home, do a physical assessment, and teach home care skills to the family. This can often be done in just two visits and may qualify for Medicare reimbursement.



Sally asks the visiting nurse to show her how to give a shot (injection) and to teach her other skills she needs to give care at home.

Know the following facts before calling the doctor:



Arthur is calling the doctor's office. He has a list of facts ready to answer the doctor or nurse's questions.

Where is the symptom located?

What is the symptom like, including its severity?

When is the symptom better or worse?

What medicine is the older person taking? Include prescription, non-prescription, and any herbal or alternative therapies.

Here is an example of what you might say when calling for help

“This is Sandy Johnson. I'm calling for my dad, Joe Johnson. He has been feeling really dizzy every time he gets out of bed since his hip surgery. The doctor did not mention that dizzy spells would be a problem. The only medicine he is taking is Vicodin occasionally for pain.”

What You Can Do To Help



Fred wants to help his grandfather recover from his illness

Get information from the doctor and nurse on how to manage the older person's care at home. You need to ask the doctor or nurse what the older person can and cannot do. Ask about the following: recovery time, diet, exercises, how to take care of a surgical wound, how to give medicines, and, if a special treatment needs to be given, how to do it. The doctor may refer you to a home health agency that can send a nurse to your home to instruct you in how to give the care that is needed.



Emanuel asks the doctor about the kind of care he needs to give his uncle.

What you can do to help

Know how to get in touch with the doctor. You need to be able to get through to the doctor in an emergency. Find out how to do this. Ask the doctor if he or she wants daily reports on the older person's care. Different doctors work differently. Know your doctor's particular system.



Marie asks the doctor how to call in an emergency and also what she should tell about her mother's condition.

Prepare the bedroom. The bedroom should be clean and neat. Put supplies and equipment in a section of the room so the older person can have the rest of the room for personal belongings and furniture. A person who is recovering from illness does not want to look at reminders of the illness all over the room.

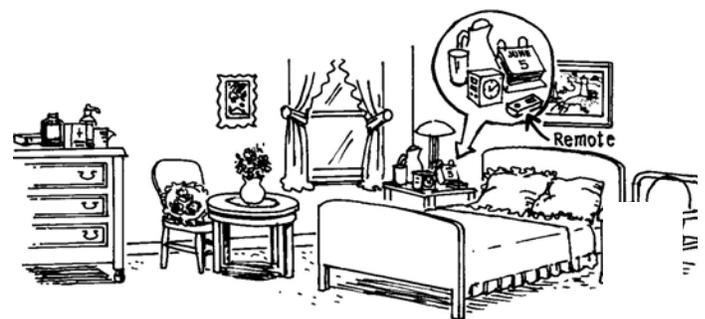
Keep a pitcher of water and a drinking glass by the bed.

Liven up the room with fresh flowers.

Put a calendar and clock by the bed, so the older person can keep track of the days and time.

Consider having a remote control switch to turn lights on and off from the bed.

Consider putting a portable commode next to the bed if the older person can get out of bed but will have difficulty walking to the bathroom



The bedroom of person recovering from an illness should be cheerful. Medical things can be put together in one part of the room. Things the person needs can be put on the table beside the bed.

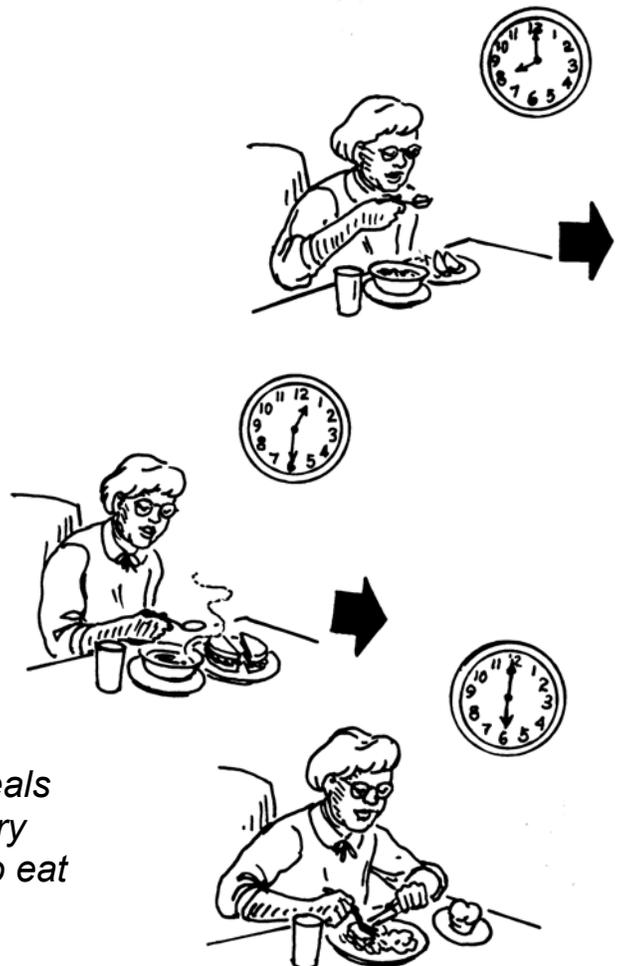
What you can do to help

Ask the doctor if a special diet is needed.



Matt asks the doctor what foods his grandfather can eat.

Keep a routine for mealtimes, but be flexible if the older person wants to eat little and often. This sometimes works better than three regular meals a day.

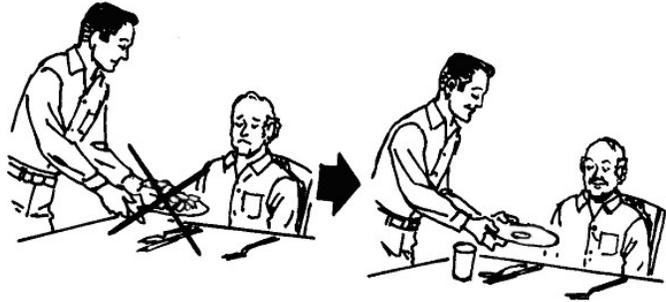


Margarite has her meals at the same time every day. But she can also eat between meals.

What you can do to help

Serve small portions at first.

Large portions can be too overwhelming for someone who is slowly getting his or her appetite back.



Fred starts giving his uncle small servings until he is feeling more hungry.

Present food in a pleasant and appetizing way. Use colorful napkins and garnishes.

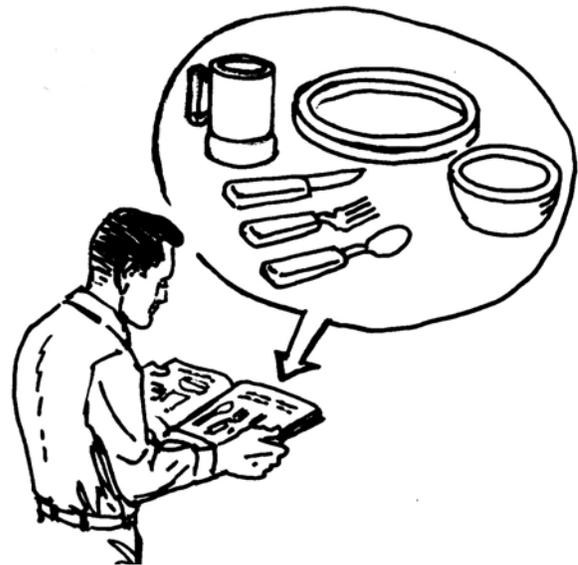


Linda serves good food that is nice to look at.

What you can do to help

Consider assistive eating devices.

These can be helpful if the older person has trouble eating. They include weighted mugs for those who have trouble holding cups, long-handled utensils for people who have weakness in the shoulders or elbows, plate guards which keep food from spilling off the plate, and special easy grip spoons and forks. These can be obtained from medical equipment and supply companies—either locally or from national distributors.



Alex is buying dishes, mugs, knives, spoons and forks that will make it easier for his grandfather to eat his food.

Serve finger foods if the older person is having difficulty using utensils. A platter of nutritious finger foods can be attractive and encourage eating.



It is hard for Del to use a knife and fork. So his daughter serves him foods that he can eat with his fingers.

What you can do to help

If there is a problem of low appetite, serve meals when the person is most hungry. You should be able to tell when the older person's appetite is at its best. If it is in the morning, make breakfast the big meal of the day. Keep in mind that medicines the older person is taking may affect appetite. If so, serve meals when the effects of the medicine are smallest.



Margaret is watching her mother to see when she eats the most. Then she serves the largest meal when her mother is most hungry.

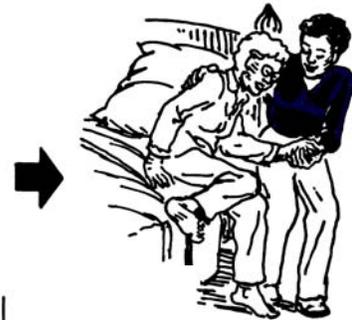
Prevent boredom. The older person needs activities or visitors to prevent boredom. Television and radio are good sources of entertainment. Invite grandchildren and friends to come over and play games or read to the older person. Install a telephone next to the bed. You could give a foot massage or back rub. These feel good and increase circulation. A favorite pet can be therapeutic and give great love and comfort to a recovering older person.



Manuel plans things for his grandfather to do (such as having a massage,, listening to the radio, having visitors, and calling friends.) This way his grandfather will not be bored.

What you can do to help

Shift position. Lungs take in oxygen best when a person is standing and moving. When a person lies down, the lungs are compressed and they take in less oxygen. Have the older person turn over in bed often and shift position several times a day. If possible, help him or her to get out of bed and move to a chair or the bathroom. Ask your doctor about exercises that can be done in bed. It is often important to do coughing and deep-breathing exercises every two to four hours.



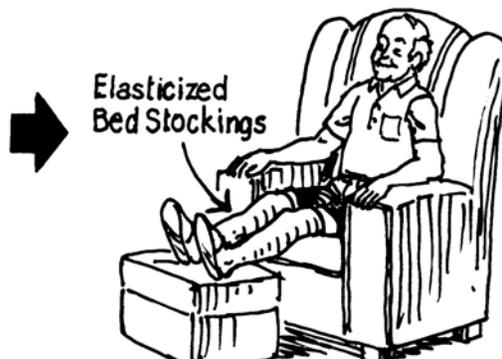
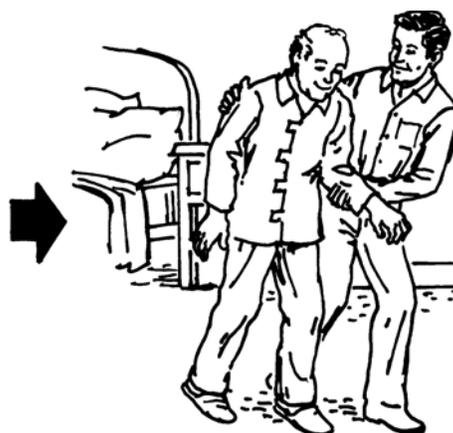
Jenny helps her grandmother's breathing by moving her in bed, helping her get up and sit in a chair or go to the bathroom and getting her to do exercises.

What you can do to help

Prevent circulatory problems.

Bed rest can cause thickening of the blood and an increased stress on the heart. Blood clots (thrombophlebitis) can form in inflamed veins of the legs when a person does not move around very much. This is a serious condition as the blood clots may travel to the heart or lungs, causing a life-threatening emergency.

The best prevention is to get out of bed. Take walks around the room and move to the chair or bathroom every two to four hours. Wear loose clothing and avoid tight elastic waistbands, sleeves, socks, and stockings. When in bed, wiggle toes, and move the feet in addition to changing position frequently. When the older person is sitting in a chair, elevate the legs on a stool every now and then. Ask the doctor if you should purchase anti-embolism elasticized bed stockings to improve leg circulation and get blood flowing towards the heart.



Max is helping his father prevent blood clots by keeping moving, wearing loose clothes, putting his leg up, and wearing a bed stocking.

What you can do to help

Prevent constipation. Bed rest causes constipation because the body is not getting the muscular activity or vigorous circulation it needs to help the bowel churn and move food through the system. (See the “Constipation” chapter.) It is important to drink enough fluids and to eat a diet high in fiber (fruits, vegetables, whole grain cereals, and breads).



See what medicines the older person is taking that have constipation as a side effect. Remember to check non-prescription medicines also. Laxatives, if used too often, can cause problems. Contact your doctor if constipation persists. He or she may recommend over-the-counter laxatives such as Metamucil™ or Senocot™. If the problem is very severe, a suppository, enema, or laxative administered by you may be in order, but check with your doctor first.



Charlotte is helping her grandmother eat foods and take medicines that will help prevent constipation.

What you can do to help

Prevent bedsores. Older skin is thin and fragile. If an older person remains in a wheelchair or chair for a long period of time without moving, there is a high risk of skin ulcers. (See the “Skin Problems” chapter for more information on bedsores and other skin problems.) Bedsores happen at pressure points of the body—elbows, heels, toes, hips, and fingers. Skin breakdown also can be caused by the body rubbing against sheets and clothing.

Bedsores can be prevented by following these strategies:

Reposition the older person every two hours during the day and every four hours at night. If the older person is able to move himself or herself in bed, he or she might be able to do it independently and not need someone else to help reposition so often.

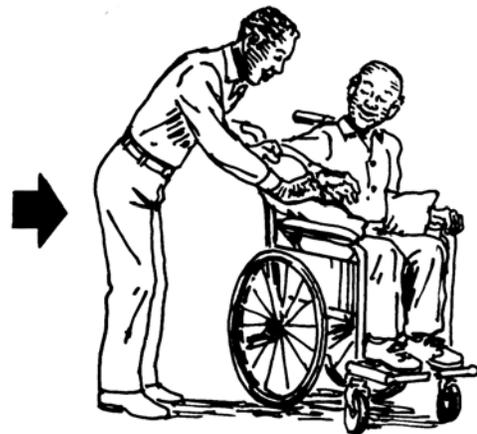
Shift body position from back to side and side to side and move arms and legs.



Matthew moves his father every two hours during the day and every four hours at night to prevent bed sores.

What you can do to help

Use pillows between legs and under ankles. Also, cushion the person's back and buttocks with a pillow. If the older person is in a wheelchair and cannot move his or her legs often, pad the footrests. Pillows can be used to prevent sliding when moving someone to a sitting-up position.



Rita and Carlos use pillows so that their parents' skin does not rub and get sore.

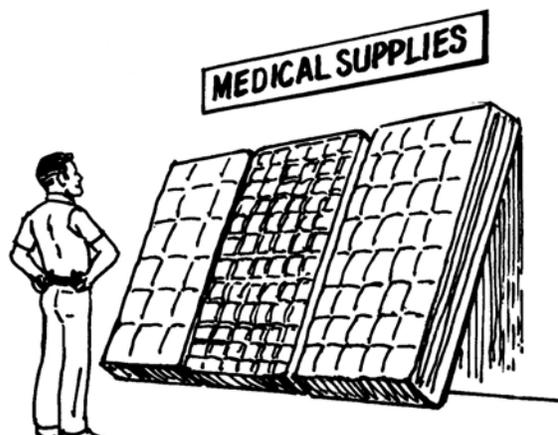
For sitting, use a donut-shaped cushion. This keeps pressure off the spine where skin breakdown is common.



Luigi uses a special cushion on his chair to make it easier for him to sit so his clothes won't pull tight against him and cause sores.

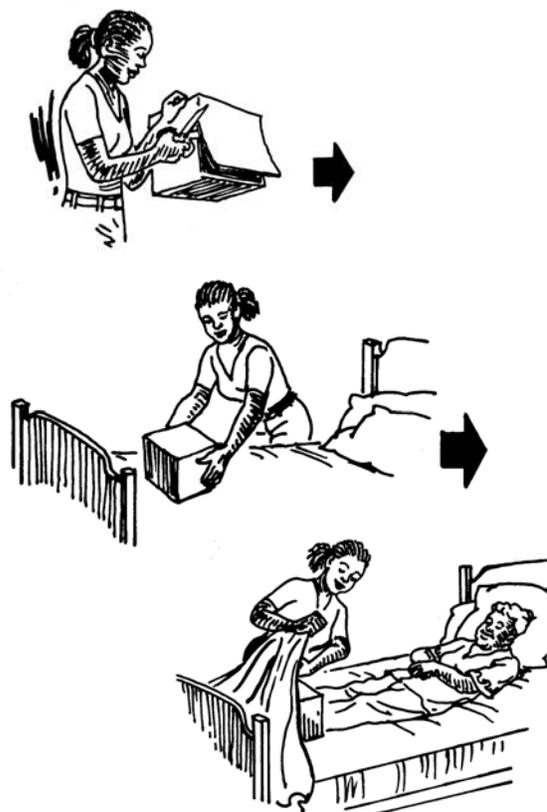
What you can do to help

Use **egg crate mattresses** or mattress cases that are made from synthetic sheepskin or an air mattress to cushion the bed. These can be purchased at a medical supply store. While these help, you must still reposition the older person regularly to prevent bedsores.



Jim gets a special mattress for his grandmother. It might be an “egg crate” shaped mattress, or an air mattress, or a sheepskin cover. This will help prevent bed sores.

Raise bedcovers. Bed covers can feel heavy on someone who has to lie flat for days, especially on the feet. Cut out one side of a box and put it under the covers with the person's feet inside. This will hold the bed covers away from the feet.



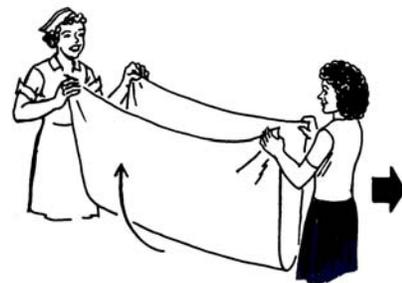
Bell cuts a box and puts it in her grandfather's bed to keep the covers off his feet.

What you can do to help

Move the older person slowly and gently, being careful not to drag him or her off the bed. Dragging the person can tear skin and may cause bedsores.



Jake takes care to move his grandfather slowly and gently.



Use a draw sheet. If you cannot move the older person by yourself, have a nurse or social worker show you how to use a draw sheet which is a folded sheet used to lift the person up in bed (shifting him or her towards the head of the bed).

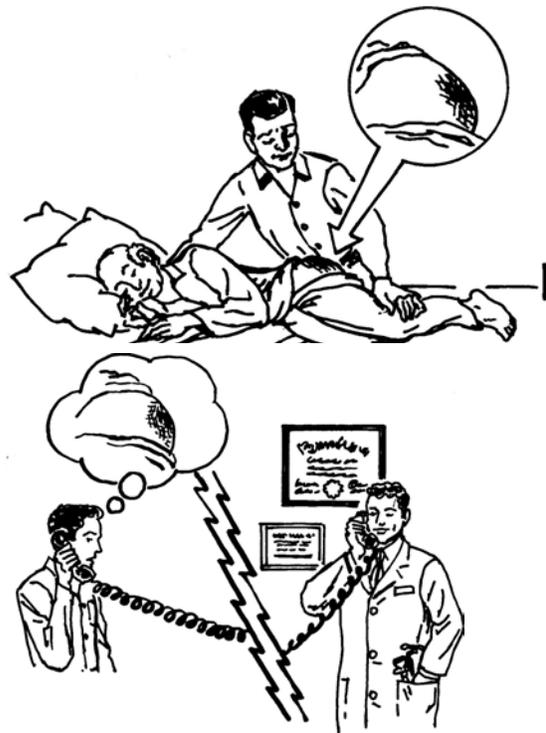


Maria cannot move her grandmother. So she asks a nurse to show her how to make a draw sheet which makes it easier to move her grandmother.

What you can do to help

Treat bedsores immediately.

If you spot a bedsore beginning (redness on the skin), call the doctor to have it treated immediately. Keep pressure off the area that is red.



Franco sees the beginning of a bed sore on his grandfather. So he calls the doctor to ask how to treat it..

Wash your hands after giving care for bedsores. This will reduce the chances of spreading infection to other parts of the person's body or to your own.



After Franco takes care of his grandfather's bedsore he always washes his hands.

Carrying out your plan



Mary and her mother are working together to carry out their plans.

Response: Body waste is a sensitive issue for everyone. Going to the bathroom is a very personal act. Try to look at helping as an act of love. Tell the older person you don't mind helping him or her. Be understanding and explain that privacy will be provided. If odor is an issue, open windows and create a cross draft (without making the room cold). You can plug in a fan, open a box of baking soda, or burn a scented candle. Keeping an inch of water in the bed pan, even when it is empty, will help reduce urine smells.

Problem:

“My dad is bigger than me and I can't move him.”

Response: A nurse can instruct you on the best way to move a person alone without hurting your back. It is recommended that you get a partner, someone else in the house, or a neighbor to assist you. A mechanical lifting device might help—one of these can be borrowed or rented until the older person becomes more mobile.

Think of Other Problems You Might Have Carrying Out Your Plan

What other problems could get in the way of doing the things suggested in this chapter? For example, will the older person cooperate? Will other people help? How will you explain your needs to other people? Do you have the time and energy to carry out this plan?

You need to make plans for solving these problems

Checking on Progress

Everyone would like a smooth recuperation with a minimum of crises. But this is not always possible. As each new problem arises, step back and develop a new plan. Your goal is to have a plan for each problem.

What to Do If Your Plan Isn't Working

If care-giving problems are getting out of hand and you are feeling overwhelmed, call the doctor's office or your local office on aging and explain your needs. (See the "Getting Help from Community Agencies and Volunteer Groups" chapter.)

Setting Up a Room for Administering Care

Home health nurses as well as physical and occupational therapists can help you plan your “sick room” including what equipment you will need. They can also show you how to use the equipment and teach you caregiving skills you may need. The doctor can arrange for them to visit.

Renting a Hospital Bed

If the older person will be spending a lot of time in bed over a long-term period of time, rent a hospital bed with electric controls and side rails. The hospital bed allows you and the older person to position the body with little effort. Serving meals and giving bed baths are also easier to carry out with a hospital bed. A hospital tray-table can also be helpful and can often be rented at minimal cost.

Protecting the Mattress

Use waterproof liners under the fitted sheet. You can find these at medical supply stores. Or place a plastic shower curtain/liner inside a folded sheet and lay it across the middle of the bed. Never put plastic directly against skin as it can cause irritation and skin breakdown. Waterproof pads to place on top of the mattress can be purchased at drug stores.

Making an Unoccupied Bed

The best time to make the bed is after breakfast. Use cotton for bed sheets and cotton or soft wool for blankets. These natural fibers let the skin breathe and allow air to circulate. When you wash the sheets, rinse them well (you may want to run the rinse cycle twice). Don't use fabric softeners, since they can be irritating to skin.

Making an Occupied Bed

1. If there are no side rails on the bed, two people must be present—one to make the bed
and the other to hold onto the patient. You may find it helpful to use a draw sheet (a sheet folded in half and stretched across the middle of the bed which can be used in moving the person up in bed or turning on his or her side.) Two people—one on either side—are needed to use a draw sheet in this way.
2. Loosen the tucked-in bedding on each side of the bed.

3. Explain to the older person what you are doing. Ask him or her to roll toward your partner or the side rail.
4. Pull all the sheets out from under the mattress and tuck them under the person as far as possible.
5. Ask the person to roll toward you over the hump of linens. Now reach over and pull the sheets off the bed or have your partner do it.
6. Have the person roll back toward your partner. Now make your side of the bed with clean sheets. Pull the unmade lengths of sheet toward the person and tuck them under him or her.
7. The person must now roll toward your side over the hump of clean sheets while your partner makes the other side of the bed.
8. Now make the person comfortable at the center of the bed.

Moving a Frail Person in Bed

Consider getting a back support for yourself. You can strap the support on yourself before lifting and it can protect your back and abdominal muscles from strain.

Lying to Sitting Position

(For your own protection remember to bend at the knees and keep a wide base of support by spreading legs about twelve inches apart.)

1. The older person should be turned onto one side with legs bent and facing you.
2. Swing the legs over the side of the bed.
3. Put your hand under the older person's shoulders and gently pull him or her upright. Do not pull very hard on the shoulders to avoid injury to the person. (If you have a hospital bed, raise the top of the bed to get the person upright.)

A Move from Bed to Chair

(The key to any transfer is to move the person within a 90 degree angle.)

1. Test for strength. You have to find out which side of the older person's body is stronger. Have him or her squeeze your hands or extend both legs up as you push them down.
2. If the person's left side is stronger, place a chair by his or her left side (where the person can best support himself or herself). You should help with the weaker side.
3. The person should be sitting on the edge of the bed facing you, while you move close to him or her. The chair should be nearby. Brace your knees against the person's knees. Have the person put his or her arms around your neck, as this makes the transfer safer and easy.
4. Hug the person's upper body.
5. You and the person stand up together. Hold this position for a minute to make sure he or she is not dizzy and has balance. Also, never lose contact with the older person's knees for they may give way and the person could fall.
6. Turn and ease the person into the chair.

Toileting in Bed

1. If the older person is weak, try this method: Have him or her roll over to one side. Place the top of the bedpan to top of the buttocks, below the tailbone. Now, have the person roll onto the bedpan into the middle of it.
2. If the person can move with ease try this method: Have him or her lift the hips onto the bedpan. Apply a little bit of cornstarch or talcum powder; this will assist the bedpan to slide easier.
3. When finished with the bedpan, ask the person to lift his or her hips to prevent spilling. Put a towel over the bedpan and place to the side.
4. Clean thoroughly between the legs; do not leave any urine or feces on the skin. Make sure all soap residue is washed off the skin.

Toileting in the Bathroom

If the older person can move to the bathroom, he or she may still find it difficult to move on or off the toilet. If so, consider having a raised toilet seat and grab bars available. They can be purchased or rented from medical supply stores.

The Bed Bath

(Bed baths are used primarily for people with a serious debilitating illness.)

1. Give a bed bath only if the older person cannot get out of bed.
2. You must be organized and have everything within reach. You will need the following items:
 - basin or bucket filled with warm water
 - three towels
 - two washcloths
 - fresh linens for bed change
 - bath blanket (lightweight cotton blanket or sheet)
 - soap (glycerin-based or moisturizing)
 - lotion
 - razor and shaving cream
 - hairbrush and comb
3. Start the bath by washing from the face to neck, arm to hand, chest to abdomen, leg to foot and ending with the genital area.
4. Keep all areas covered with a bath blanket or a sheet except the area you are about to wash (to keep the person warm and for modesty).
5. Get a clean basin of water when cleaning between the legs and genital area.

The Sponge Bath

1. If the older person is too weak to use a tub bath but strong enough to get out of bed, give a sponge bath at the sink. Always encourage getting out of bed as much as possible.

The Tub Bath

1. More accidents happen in the bathroom than anywhere else in the house. When handling someone in the tub, focus on what you are doing. Any distraction or wrong move can lead to an accident or fall. Have all your bathing equipment within reach before you transfer the older person into the tub.
2. Place a waterproof chair in the tub. It is recommended to have a non-slip mat in the tub to prevent sliding.
3. Make sure the water is 98° to 101° F. You can test this with a thermometer or on your wrist.
4. To get the older person into the tub have him or her step into the tub using the stronger side. With your arm around the person's chest, hold his or her weaker side. Provide support by raising the weaker leg into the bathtub. Have him or her grasp the grab bar. (Some tubs have them installed. You may want to purchase one at a medical supply store if your tub does not have one.) No more than 20 minutes should be spent in the tub.
5. To get the older person out of the tub let all the water run out of the tub before removing the person. This will help prevent accidents or falls. Put a towel on his or her upper body so he or she is not slippery when moving. The person should be sitting at the edge of the chair. Have him or her grasp the grab bars and rise with your help. The person should step out with the stronger leg. You will provide support on the weaker side of his or her body.
6. Have a chair nearby after the bath is over, so the person can rest.

In the Shower

A warm shower can be very refreshing for a frail older person and a shower stall is easier to step into than a tub. A non-slip mat or shower floor, as well as grab bars, are essentials. The person can sit in a plastic chair with non-slip legs, soap himself or herself, and rinse off well. You can help with the difficult-to-reach parts of the body. A toweling bathrobe can be put on after the shower, or a bath towel used, and the body gently blotted dry and lotion applied.

HELPING WITH RECOVERY FROM ILLNESS OR SURGERY SUMMARY



When to call the doctor immediately



Any new symptoms

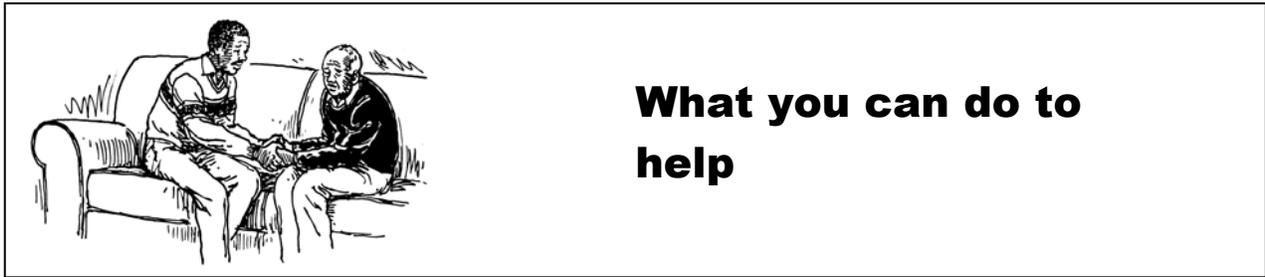


If you have questions about medicines



If you need to learn nursing skills

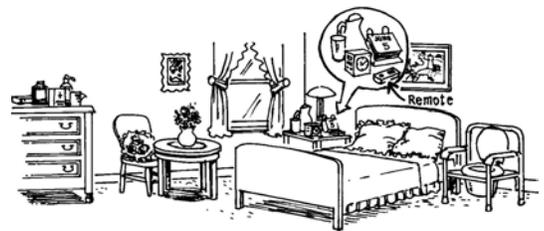
HELPING WITH RECOVERY FROM ILLNESS OR SURGERY SUMMARY



Get information from the doctor and nurse on how to manage the older person's care at home.



Know how to get in touch with the doctor.



Make the bedroom clean, neat, and cheerful.



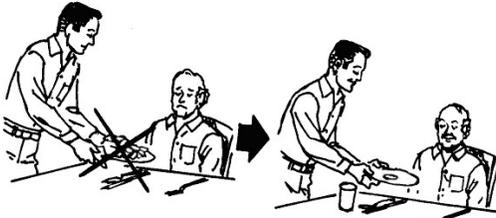
Ask the doctor if a special diet is needed.



Keep a routine for mealtimes

HELPING WITH RECOVERY FROM ILLNESS OR SURGERY SUMMARY

How you can help



Serve small portions at first.



Present food in a pleasant and appetizing way.



Consider assistive eating devices.



Serve finger foods if the older person is having difficulty using utensils.



If there is a problem of low appetite, serve meals when the person is most hungry.



Prevent boredom by planning different activities.



Help breathing by turning in bed, move to a chair or bathroom, and practice coughing and breathing exercises.

HELPING WITH RECOVERY FROM ILLNESS OR SURGERY SUMMARY

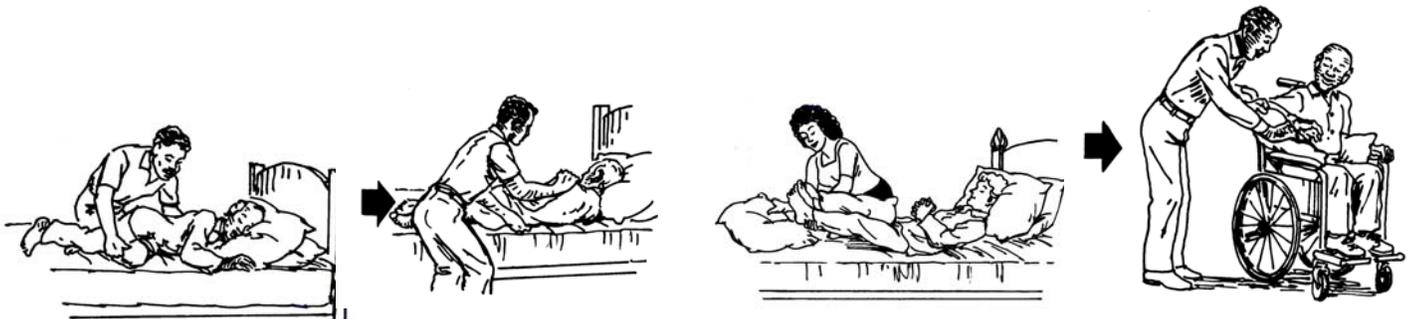
How you can help



Prevent circulatory problems by moving every 2 to 4 hours and using elasticized bed stockings.



Prevent constipation by serving the right foods and by using medicines.



Prevent bedsores by shifting position every two hours during the day and every 4 hours at night.

Use pillows between legs and under ankles.

HELPING WITH RECOVERY FROM ILLNESS OR SURGERY SUMMARY

How you can help



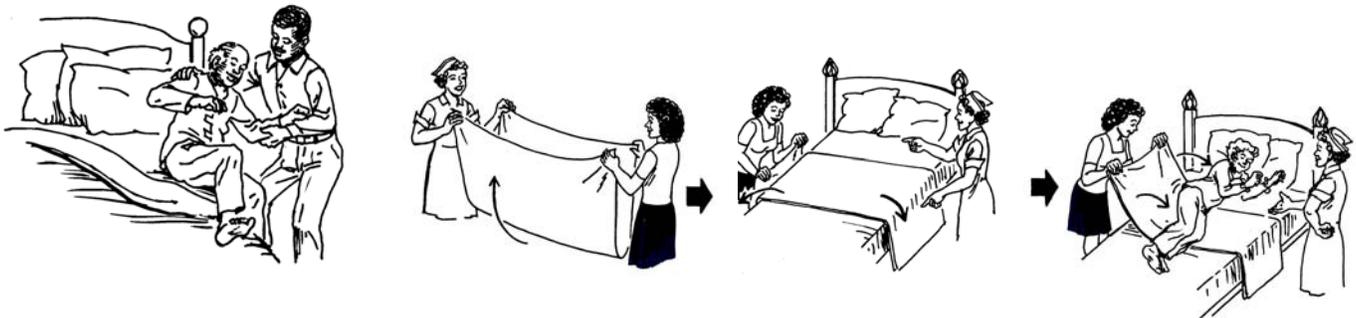
Use a donut-shaped cushion for sitting.



Use egg crate mattresses or air mattresses, or a sheepskin cover.



Raise bedcovers so they don't press on feet.

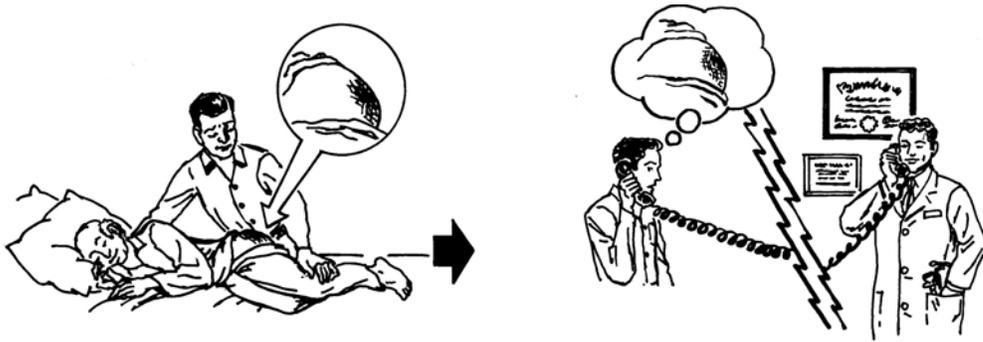


Move the older person slowly and gently.

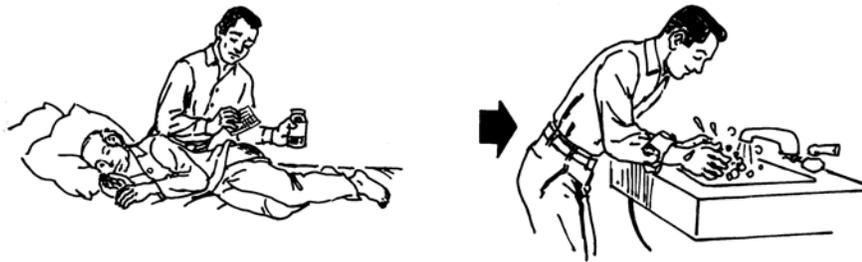
Use a draw sheet to move the person in bed.

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Treat bedsores immediately.



Wash your hands after giving care for bedsores.



The AGS Foundation for Health in Aging (FHA)

Established in 1999 by the American Geriatrics Society, the AGS Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs: wellness and preventive care, self-responsibility and independence and connections to the family and community through self-responsibility and independence and connections to the family and community through public education, clinical research and public policy.

Eldercare At Home

Eldercare At Home is part of a comprehensive effort by the AGS Foundation for Health in Aging to provide support and guidance to those of you caring for older people at home. The FHA has created a series of Powerpoint® slide presentations that cover each of the 27 chapters found in *Eldercare At Home*. Accompanying each slide presentation is a fully illustrated handout that can be used as handouts, or as stand-alone resources for caregivers who are dealing with only one or two issues.

The major goal of this initiative is to make *Eldercare at Home* materials available to all caregivers. To this end, the plain text version (without illustrations) of *Eldercare at Home* is available free of charge online at www.healthinaging.org.

Eldercare at Home Workbook is also available for purchase through the FHA. Each of the twenty-seven chapters in the *Eldercare at Home* books cover the most common problems that family caregivers face. The *Eldercare at Home* Workbook can be used just as you would a cookbook. Read a chapter before you start dealing with a specific problem just as you would read a recipe before beginning to cook. Reading the chapter allows you to understand the problem and take action before it becomes severe. *Eldercare at Home* can even help you to prevent some problems from happening. It offers you advice on developing care plans, which will give you a sense of purpose and hope in coping with the challenges of providing care.

For more information on *Eldercare at Home*, or the AGS Foundation for Health in Aging, visit www.healthinaging.org, or call 1-800-563-4916.

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