FROM THE SITTING ROOM SERIES
GETTING MORE HELP

8

Care Partner's Log

A Daily Record for the Person Giving Care



Stephen Deason

LARGE PRINT

Care Partner's Log

This log belongs to _____

Address _____

Log number _____

If you need help right now

Emergency

911

988 Suicide and Crisis Lifeline

Call or text 988, any hour, or chat at 988lifeline.org. For anyone in distress, or worried about someone who is.

Eldercare Locator

1-800-677-1116, Monday through Friday, 8 a.m. to 9 p.m. Eastern, or eldercare.acl.gov. A public service of the U.S. Administration on Aging that connects older adults and caregivers with local help anywhere in the country.

Poison Help

1-800-222-1222, any hour, if someone has taken the wrong medicine or too much of one. If they stop breathing, collapse, or have a seizure, call 911.

On hospice

For symptoms the hospice has told you to expect, call its 24-hour number first. If the person stops breathing and there is no valid do-not-resuscitate order or POLST form, or if they are choking, call 911. For the wrong medicine or too much of one, call Poison Help, 1-800-222-1222.

From

The Sitting Room Series

BOOK 8 · GETTING MORE HELP

Care Partner's Log

A Daily Record for the Person Giving Care

Stephen Deason

Alder Creek EDITIONS

Care Partner's Log
A Daily Record for the Person Giving Care
Book 8 of The Sitting Room Series

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Preface

This book is personal for multiple reasons. I have spent about forty years working inside health care. I began volunteering in a hospital at fifteen and was working as an orderly by sixteen, helping care for patients in hospitals and nursing homes while I worked my way through college. Later, I spent more than twenty years building and running systems for hospitals, insurers, Medicaid programs, and other health care organizations before returning to direct care through healthcare staffing, home care, and skilled nursing. Today I am an Administrator of a licensed health care facility that delivers care in patients' homes.

That facility is OPA Home Care, which I founded and run. In Georgia it is a licensed Private Home Care Provider, or PHCP. My healthcare staffing company employed nurses and aides across hundreds of health care facilities around the country, including through the COVID years, and our home care operations have recruited, hired, and managed caregiving staff for hundreds of families. I have watched older adults and their families face what this series covers, often in a hurry and usually at a difficult time.

What I kept seeing was this. Families meet the information in pieces, after they already need it, from people who each answer a different piece. The hospital owns the discharge. The insurer owns the benefit. The home care provider owns its services. Each of them may do that job well. The family still has to put the puzzle pieces together.

It happened to my own family. My mother was found wandering the parking lot of a hospital, looking for her car. She had a urinary tract infection that urgent care and the hospital both missed, and she was sent home with severe delirium and a new diagnosis of mild cognitive impairment. It took two weeks, and a nurse practitioner and a doctor we knew who were willing to look again, before anyone found the cause. She stayed with us for two months and then moved into independent living. She has kept improving, and she is driving again. The infection was ordinary. The months that followed were the cost of catching it late.

Much of the information in this series is already available somewhere. Medicare publishes Medicare's rules. The VA explains VA benefits, and each state explains its own programs. Having information spread across so many places is part of the problem. Families do not meet these questions one provider or agency at a time. The questions arrive together. I wrote this series to put many needed pieces in one place, in the order people tend to need them, with a way to record or otherwise act on each answer.

The facts and program rules in this log come from the sources listed at the back, each with the sections that use it. The judgment about which facts matter, how they fit together, what families often discover too late, and what questions to ask comes from years of doing this work. In this log, that work shapes the daily page most. When the nurses where I work read back over a client's daily notes, they look for what was eaten and how much,

what an ordinary meal looks like for that person, how much they drank, when they passed water, any change in condition, and how a catheter or anything else in the body looked four hours ago, eight hours ago, and a day ago. Families at home write “he ate” and leave out how much, and when. The daily page asks for those things, because they are what a nurse or doctor will ask you.

This log will help you keep track of the medicines, notice a change early, and walk into an appointment with the record in your hand. Start with Section 1, or turn to Day 1 and write today’s date.

1. Who This Log Is For and How to Use It

This log is for the person giving care at home: a husband or wife, a daughter or son, or a friend who has taken on the daily work. It belongs beside you, and it goes with you to every appointment.

There is one page for each day. Each week also has a week page, a medicine grid, and a page for medicines taken only when needed, and Section 8 gathers the weeks on one page. A hard day can have a short page. A few words and a time are worth more than a blank.

Write how much, and when

"Ate lunch" tells a nurse very little. "Half a sandwich and three bites of soup at noon" tells the nurse a great deal. Write how much, write the time, and write what you saw.

On the daily page, beside each meal, write what was eaten, how much, and when. Beside Drinks, count the cups; Section 3 has a line for the size of the cup you use. Beside Passed water, write the times, or the times of pad changes and whether the pad was wet. Weigh at the same time each morning if the doctor asked you to. Beside Blood sugar, write each time and result. Other readings means anything else the doctor asked you to measure, such as blood pressure, and a temperature if the person seems unwell. Medicines given, refused, missed, or held go on the week's medicine grid; for insulin, write the units beside your

initials. If a dose is not marked and you cannot find out whether it was given, call the pharmacist or the doctor before giving it. Extra doses go on the week's page for medicines taken only when needed.

Take it to every appointment

Read back over the last week before you go. Bring the log, the medicine list in Section 4, and a short list of what you want to ask, and share that list at the start of the visit. Bring something to write with, so you can write down what the doctor says.

I have seen a family's notebook change what a doctor believed was going on, especially when there had been a change in memory. A urine test alone does not settle it. Many older people have bacteria in the urine without an infection, and a real infection can still cause sudden confusion. A written record of what changed, and when, helps the doctor find the cause. Ask whether an infection, and other causes, have been checked.

Who writes in it

You do, and the family members who help you. Paid caregivers and nurses keep their own records. A licensed Georgia home care provider, for example, must document the services it performs each day in its own records. Paid caregivers and nurses are welcome to read this log. If an aide is willing to add a line on the days the family is not there, ask the agency first whether its aides may write in it. If the answer is no, ask the aide at the end of each shift what was eaten, drunk, and given, and write it in with the

aide's name. Keep the log in one place at home, by the medicines or the phone, and send it with whoever takes the person to an appointment. Family who help from a distance can ask for a photo of the week page and the medicine grid each week.

What this log is not

It is not the medical record. The doctor's office and the hospital keep that. The person, or the person legally named to act for them, can ask for a copy of their own records.

Federal privacy law allows a doctor or nurse to share with you what bears on your part in the person's care, unless the person objects. It allows this but does not require it, and when the person cannot decide, the doctor or nurse uses their judgment. If you hold a power of attorney for health care, or another legal role, tell the office and ask what they need from you.

Do not write Social Security numbers, Medicare numbers, or account numbers in this log. If it is lost, it should not hand anyone the person's identity.

Write every entry as if the person will read it, because they may. Write a hard change plainly and kindly: what you saw, not what you think it means. Writing a concern here does not report it to anyone; Section 2 says who to tell and how soon.

2. When to Call

This section is near the front so you can find it fast. The state numbers here are Georgia's, as examples; write your own state's numbers in Section 5. If you are in crisis yourself, call or text 988, any hour. If the person has memory loss, the Alzheimer's Association Helpline answers at 1-800-272-3900, any hour, every day of the year.

How soon

If the person is on hospice, also read the hospice note after this list. It says when to call the hospice first.

- Right now: anything that looks like an emergency, such as severe trouble breathing, chest pain, heavy bleeding, or a person you cannot wake. Call 911.
- Right now, if any of these come on suddenly: new confusion that is not their usual; trouble speaking or understanding speech; trouble seeing; trouble walking, dizziness, or loss of balance; a severe headache with no known cause; or numbness or weakness in the face, an arm, or a leg, especially on one side. These can be signs of a stroke. Call 911, note the time the signs started, and do not drive the person yourself.
- Right now, after a fall with a blow to the head: a headache that gets worse, weakness or numbness, a seizure, vomiting more than once, slurred speech, one pupil larger than the other, confusion or agitation, passing out even briefly, unusual drowsiness, or a person you cannot wake. Call 911.

- Right now, if the person has taken the wrong medicine or too much of one: call Poison Help at 1-800-222-1222, any hour. If they stop breathing, collapse, or have a seizure, call 911 first.
- The same day: confusion that builds over a day or two, compared with their usual. Call the person's doctor or nurse, and if they cannot see the person that day, go to an emergency room. If there are also signs of drying out, listed below, call 911.
- The same day: any fall, even with no injury. If you did not see the fall and the person cannot tell you, treat it as a blow to the head. Make sure the person is checked by a doctor or nurse. If they take a blood thinner, including aspirin, and hit their head, they need to be seen right away, even if they seem fine, because blood thinners raise the risk of bleeding in the brain. If their doctor cannot see them right away, go to an emergency room. If falls happen often, ask the doctor what to do after a fall with no injury and no blow to the head, write the answer in Section 3, and follow that plan.
- The day you suspect it: abuse, neglect, or someone taking the person's money. Report it using the routes at the end of this section. If someone is in danger, call 911.

If the person is on hospice, ask at the first visit what to do in an emergency, whether the person has a valid out-of-hospital do-not-resuscitate order or POLST form, and where it is kept. Write the hospice's 24-hour number and where the form is kept in Section 5. For symptoms the hospice has told you to expect, call the hospice first. If the person stops breathing and there is no

valid out-of-hospital order saying not to attempt resuscitation, call 911. If there is a valid order, call the hospice. If the person is choking, call 911. If they took the wrong medicine or too much of one, call Poison Help at 1-800-222-1222 right away; if they stop breathing, collapse, or have a seizure, call 911 first. Tell the hospice too. If you cannot reach the hospice right away and are unsure what to do in another emergency, call 911.

Confusion

Confusion that comes on over minutes or hours, or with any of the stroke signs above, is a 911 call. Confusion that builds over a day or two is a same-day call to the doctor, unless there are also signs of drying out, which makes it a 911 call. It has many possible causes, among them infections, medicines, not drinking enough, and changes in the body's chemistry. If the confusion came on suddenly, call 911 first. While you wait, if they take insulin or diabetes pills, check the blood sugar, because low blood sugar can cause trouble thinking clearly. If it is below 70 and they are awake and can swallow, give fast sugar as described below, and tell the 911 team the reading. For confusion that builds slowly, check the blood sugar too. Write down when you first noticed the confusion and what else changed: eating, drinking, the bathroom, sleep, a fever. That is what the doctor will ask, and it helps the doctor find the cause.

Low blood sugar

If the person takes insulin or diabetes pills, a blood sugar below 70 mg/dL is low. Signs include weakness, shaking, sweating, headache, hunger, nervousness, trouble thinking clearly, and changes in vision. If the person is not alert or cannot be woken up, call 911 now. If the low came with sudden confusion, call 911 first. While you wait, and only if they are awake and can swallow, give 15 grams of fast sugar, such as 4 glucose tablets, half a cup of fruit juice or regular soda, or a tablespoon of sugar, then check again in 15 minutes. If it is still below 70, give another 15 grams and check again 15 minutes later. If it is still below 70, call the doctor now, even if the person seems better. If the signs have not improved, or the person is harder to wake, call 911. Once it is back above 70, a snack helps if the next meal is more than an hour away. Ask the doctor what the person's own plan is, including whether to keep glucagon at home, and write it in Section 3.

Wandering

Six in ten people living with dementia will wander at least once. Keep a recent close-up photo of the person. If they go missing, start looking nearby right away; many are found within a mile and a half. If they are not found within 15 minutes, call 911 and say the person has dementia.

Falls

More than one in four older people falls each year, and fewer than half tell their doctor. Where I work, a client fell and told

nobody. The next day the client looked a little off, and the caregiver noticed and took the client to the hospital. The doctors found a bruise on the brain. There was not much to do for it except watch that it did not get worse, and that only happens if someone knows. Write every fall on the day's page, with the time, where it happened, and whether the person hit their head, even when nobody seems hurt. If the person hit their head, follow the head-injury and fall instructions under How soon. If they are in pain or cannot move an arm or leg, do not move them; keep them warm and call 911. If they are unhurt but you cannot help them up safely, do not lift them alone; keep them warm and call for help, or 911 if no help can come.

Changes to tell the doctor or nurse

- Any new symptom, and any change in appetite, weight, sleep, or energy.
- Side effects from a medicine, or a change in behavior you think a medicine may be causing.
- Weight loss of 10 pounds or more, or 5 percent of the person's usual weight, within six to twelve months, with no known reason.
- If the doctor asked for daily weights because of heart failure: a gain of more than 2 pounds in a day or 5 pounds in a week, unless the doctor gave you a different number in Section 3. Weigh every morning on the same scale, after the bathroom and before eating. Also call for new swelling in the feet, ankles, or legs, for breathlessness during ordinary activity or when

sitting, or for needing to sit up or use more pillows at night. If the breathlessness is severe, getting worse fast, or comes with chest pain, call 911.

- Skin: check it every day if the person spends most of the day in bed or a chair. Call if you see a sore, redness, or another change that lasts more than a few days, or that becomes painful, warm, or starts to drain. Redness can be harder to see on darker skin.
- A change in bowel habits.
- Signs of drying out: passing little water, darker urine, a dry or sticky mouth. Call 911 if the person passes out, has a seizure, or becomes newly confused along with these signs. If the doctor set a fluid limit (Section 3), call before giving more to drink than the limit allows.
- Any concern that the person may not be safe at home.

A change to report

Who to call or ask: The person's doctor, or the nurse if a home health agency or hospice is involved.

How to reach them: Call the office and say it is about a change in condition. If the office is closed, use the after-hours number in Section 5. If you cannot reach them the same day, or the person seems to be getting worse, go to an emergency room.

What you can say: I am calling about my husband. Since Tuesday he has been eating about half of what he usually does,

---

and this morning he wasn't sure what day it was. Here is what I have written down.

Abuse, neglect, or exploitation at home

Who to call or ask: Adult Protective Services in the person's state.

How to reach them: Call the Eldercare Locator at 1-800-677-1116 and ask for Adult Protective Services, or find the state office at napsa-now.org. In Georgia, call 1-866-552-4464, choose your language, then option 3, Monday through Friday, 8 a.m. to 7 p.m., or use the online form at any hour. Check the hours online first at aging.georgia.gov/adult-protective-services. If someone is in danger, call 911.

What you can say: I am calling about my mother, who lives at home. I am worried that someone is taking her money. Here is what I saw, and when.

If a worker sent by an agency may have abused the person, report it to Adult Protective Services and to the state licensing agency the same day, and to the police if a crime may have happened. In Georgia, that agency is the Department of Community Health, Healthcare Facility Regulation, at 1-800-878-6442, weekdays from 8 a.m. to 5 p.m., or online at any hour through dch.georgia.gov. If the person lives in a nursing home, assisted living, or a personal care home, report abuse to the state licensing agency and the police.

3. The Person and the Care

Fill these pages in once, with the person, and change them when things change. The free Emergency Information Sheet at aldercreekeditions.com holds the one-page summary that stays by the phone.

Name

Filled in on

What they like to be called

Health conditions

Allergies, and what happens

After a fall with no injury and no blow to the head, the doctor said to

---

Hearing, eyesight, dentures, and a walker or cane

How they take their medicines: whole, with food, or crushed only if the pharmacist or doctor said so

What an ordinary meal looks like for them, and how much they usually drink

The cup I count drinks with holds

Any limit on fluids or salt the doctor set

Usual weight, and the gain the doctor wants a call for

Blood sugar high enough that the doctor wants a call

Their routine, and what helps on a hard day

How they are now, so later changes can be compared: eating, drinking, sleep, the bathroom, memory, mood, walking, skin. Date it.

Any catheter, tube, or device, and what the nurse said to watch for

If they have diabetes: the doctor's plan for low blood sugar, and for insulin on a day they eat little or are sick

4. Medicines

In my experience, medicine mix-ups at home are common. Many of the people I see have three or four doctors, take ten, fifteen, or twenty medicines, and fill them at two or three pharmacies, one of them online. Some medicines must not be taken with others. This list, kept current and taken to every appointment, is how a mix-up gets caught.

- List every medicine: prescriptions, medicines bought without a prescription, vitamins, and supplements.
- Take this list, or the bottles themselves, to every appointment.
- Do not cut back or stop a medicine on your own. Talk to the prescriber first.
- Do not split, crush, or chew a pill until you have asked the pharmacist or the doctor. Some pills release medicine slowly and must be swallowed whole.
- A pillbox, a set time tied to the day's routine, and an alarm on a phone or clock all help.
- When a medicine is started, stopped, or changed, write it here the same day.

Medicine list

Medicine and strength	How much, and when	What it is for	Doctor	Start and stop dates

4. Medicines, continued

Medicine and strength	How much, and when	What it is for	Doctor	Start and stop dates

4. Medicines, continued

Medicine and strength	How much, and when	What it is for	Doctor	Start and stop dates

Pharmacies

Pharmacy

Phone

Second pharmacy or mail order

Phone

Medicine allergies, and reactions to any medicine

Medicines taken only when needed: a spare page

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose. Each week in The Days has its own page; use this one if a week's page fills up. Write each dose, the time, why it was given, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

The weekly medicine grid: a spare

Each week in The Days has its own grid, with a column for each day. Down the left, write each medicine, its dose, and its time; copy them from the medicine list in Section 4, not from last week's grid, so a stopped medicine is not carried forward. One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to. If a dose was missed or held, write why on that day's page. Use this spare when a week's medicines do not fit, and print more at aldercreekeditions.com, or ask a family member or the library to print them.

Medicine, dose, time							

4. Medicines, continued

Medicine, dose, time							

5. The Care Team and Numbers

Main doctor

Phone, and after-hours number

Other doctor, and what they treat

Phone

Other doctor, and what they treat

Phone

Home care or home health office, and phone

Hospice office, and its 24-hour number

Case manager (Medicaid, the VA, or insurance)

Health care agent or power of attorney

Numbers for a worry

Adult Protective Services

Long-term care ombudsman

State licensing complaint line

Where the do-not-resuscitate order or POLST is kept

Family and friends who help

Name	Phone	What they can do

6. Appointments and Hospital Stays

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

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6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

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Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

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Medicines started, stopped, or changed

_____

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Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Appointments, continued

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Hospital and Emergency Room Stays

Medicine lists often go wrong after a hospital stay. Before you leave, ask which medicines to stop, start, or change, and compare the list with Section 4.

Date in _____ **Date out** _____

Where _____

Why they went, and what was found

_____

_____

_____

Medicines stopped, started, or changed

_____

_____

_____

Follow-up appointments, and who to call with questions

_____

_____

_____

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_____

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_____

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Date in _____ **Date out** _____

Where _____

Why they went, and what was found

_____

_____

_____

Medicines stopped, started, or changed

_____

_____

_____

Follow-up appointments, and who to call with questions

_____

_____

_____

7. Care Plans and Meetings

Home health agencies, hospices, and care homes keep their own care plans. Ask when the plan will be reviewed next, and ask to be there.

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

8. Thirteen Weeks at a Glance

At the end of each week, copy a few things from the week's page here, so you and the doctor can see the whole stretch on one page.

Week	Dates	Weight	Falls	ER or hospital	Medicine changes	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

The Days

Thirteen weeks. Each week has seven daily pages, a week page facing the week's medicine grid, and a page for medicines taken only when needed. Start on Day 1 and write today's date.

Day 1

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 2

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 3

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 4

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 5

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 6

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 7

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 1

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 1 to 7

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	1	2	3	4	5	6	7

Medicines taken only when needed, days 1 to 7

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 8

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 9

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 10

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 11

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 12

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 13

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 14

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 2

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 8 to 14

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	8	9	10	11	12	13	14

Medicines taken only when needed, days 8 to 14

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 15

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 16

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 17

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 18

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 19

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 20

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 21

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 3

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 15 to 21

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	15	16	17	18	19	20	21

Medicines taken only when needed, days 15 to 21

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 22

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 23

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 24

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 25

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 26

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 27

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 28

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 4

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 22 to 28

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	22	23	24	25	26	27	28

Medicines taken only when needed, days 22 to 28

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 29

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 30

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 31

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 32

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 33

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 34

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 35

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 5

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 29 to 35

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	29	30	31	32	33	34	35

Medicines taken only when needed, days 29 to 35

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 36

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 37

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 38

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 39

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 40

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 41

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 42

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 6

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 36 to 42

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	36	37	38	39	40	41	42

Medicines taken only when needed, days 36 to 42

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 43

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 44

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 45

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 46

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 47

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 48

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 49

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 7

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 43 to 49

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	43	44	45	46	47	48	49

Medicines taken only when needed, days 43 to 49

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 50

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 51

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 52

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 53

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 54

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 55

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 56

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 8

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 50 to 56

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	50	51	52	53	54	55	56

Medicines taken only when needed, days 50 to 56

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 57

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 58

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 59

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 60

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 61

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 62

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 63

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 9

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 57 to 63

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	57	58	59	60	61	62	63

Medicines taken only when needed, days 57 to 63

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 64

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 65

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 66

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 67

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 68

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 69

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 70

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 10

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 64 to 70

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	64	65	66	67	68	69	70

Medicines taken only when needed, days 64 to 70

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 71

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 72

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 73

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 74

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 75

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 76

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 77

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 11

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 71 to 77

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	71	72	73	74	75	76	77

Medicines taken only when needed, days 71 to 77

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 78

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 79

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 80

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 81

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 82

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 83

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 84

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 12

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 78 to 84

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	78	79	80	81	82	83	84

Medicines taken only when needed, days 78 to 84

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

Day 85

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 86

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 87

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 88

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 89

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 90

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Day 91

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week 13

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

Medicines given, days 85 to 91

One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Dates

Medicine, dose, time	85	86	87	88	89	90	91

Medicines taken only when needed, days 85 to 91

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose: each dose, the time, why, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

9. For You

The care partners I worry about are the ones who carry all of it alone. They wear down, and by the end they are not able to be there for the person they have been caring for.

In the last two years, three family members of people in my company's care fell and broke a hip or a pelvis at the hospital, while they were there with the person who had gotten sick at home. Hospitals are crowded, people move fast, and floors get mopped. An older person caring for another older person in a hospital has to watch their own footing. People fall more than you think.

Signs you are carrying too much

- Feeling exhausted, overwhelmed, or anxious.
- Becoming easily angered or impatient.
- Feeling lonely or cut off from others.
- Trouble sleeping, or not getting enough sleep.
- Feeling sad or hopeless, or losing interest in things you used to enjoy.
- Frequent headaches, pain, or other physical problems.
- No time to exercise or make healthy food.
- Skipping showers or other care for yourself.
- Drinking more, or misusing drugs, including prescription medicines.

If you are struggling

Who to call or ask: Your own doctor, first. In a crisis, the 988 Suicide and Crisis Lifeline.

How to reach them: Call or text 988, any hour, or chat at 988lifeline.org. If the person you care for has memory loss, the Alzheimer's Association Helpline answers at 1-800-272-3900, any hour.

What you can say: I am caring for my wife full time, and I have not slept more than four hours a night in weeks. I need help.

Where help comes from

- The Area Agency on Aging. The National Family Caregiver Support Program pays for information, counseling, support groups, training, and respite for family caregivers, through these local offices. Find yours through the Eldercare Locator, 1-800-677-1116.
- Adult day programs give the person care and company during the day, and give you a break.
- The ARCH National Respite Locator, at archrespite.org, lists respite services by state.
- Hospice: if the person is on hospice and you need rest, Medicare covers inpatient respite care in an approved facility for up to 5 days at a time, on an occasional basis. You may pay 5 percent of the Medicare-approved amount.

- Caregiver training: Medicare Part B covers training for family caregivers when certain conditions apply, ordered by the person's doctor or therapist. After the Part B deductible, you pay 20 percent of the approved amount. Ask the doctor.
- Dementia care programs: Medicare's GUIDE Model pays for some respite for qualifying caregivers of people with dementia whose care comes through a participating program. Ask the doctor whether one serves your area.
- Veterans: the VA Caregiver Support Line, 1-855-260-3274, Monday through Friday, 8 a.m. to 8 p.m. Eastern.
- Work: the Family and Medical Leave Act gives eligible employees up to 12 weeks of unpaid leave in a 12-month period to care for a spouse, child, or parent with a serious health condition. It does not cover parents-in-law.

In Georgia, the Division of Aging Services offers caregiver services through the Area Agency on Aging, at 1-866-552-4464, option 2. Georgia's Elderly and Disabled Waiver programs, CCSP and SOURCE, include Structured Family Caregiving, for an unpaid family caregiver who lives with the person, when the person needs at least five hours of personal care a day. The person must qualify for Georgia Medicaid; ask the Area Agency on Aging whether it fits.

9. For You, continued

What I need

Who I can ask

10. My Own Lines

One line a day, for you: how you are, what got you through, what you need.

If you would rather the person not read these lines, print this page free at aldercreekeditions.com and keep it somewhere else.

Days 1 to 7

Days 8 to 14

Days 15 to 21

Days 22 to 28

Days 29 to 35

Days 36 to 42

Days 43 to 49

Days 50 to 56

Days 57 to 63

Days 64 to 70

Days 71 to 77

Days 78 to 84

Days 85 to 91

11. When This Log Is Full

Start a new log. Copy or photocopy the medicine list, the care team, open questions, and the next appointments into it. Keep the full logs together; they are the history the next doctor will not have. The daily page and the other fill-in pages are free to print at aldercreekeditions.com.

Medicines, open questions, and appointments to carry into the next log

Sources

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Where to Get Help

In an emergency, call 911. The people who answer the other lines can tell you what is available where you live.

Emergency

911

988 Suicide and Crisis Lifeline

Call or text 988, any hour, or chat at 988lifeline.org. For anyone in distress, or worried about someone who is.

Eldercare Locator

1-800-677-1116, Monday through Friday, 8 a.m. to 9 p.m. Eastern, or eldercare.acl.gov. A public service of the U.S. Administration on Aging that connects older adults and caregivers with local help anywhere in the country.

Alzheimer's Association Helpline

1-800-272-3900, any hour, every day of the year. For people living with memory loss, their care partners, and their families.

Long-term care ombudsman

For a concern about care in a nursing home, assisted living, a personal care home, or a similar residence. Find your state's program at theconsumervoice.org/get_help, or call the Eldercare Locator at 1-800-677-1116. In Georgia, call 1-866-552-4464 and choose option 5.

Adult Protective Services

To report abuse, neglect, or exploitation of an older adult who lives at home, call the Eldercare Locator at 1-800-677-1116 and ask for Adult Protective Services, or find your state's office at napsa-now.org. In Georgia, call 1-866-552-4464, choose your language, then option 3, weekdays from 8 a.m. to 7 p.m. (check the hours at aging.georgia.gov/adult-protective-services), or use the online form linked at georgia.gov/report-elder-abuse. For abuse in a nursing home, assisted living, or a personal care home, call the state licensing agency and the police, and tell the ombudsman. In Georgia, the licensing agency, Healthcare Facility Regulation, takes calls at 1-800-878-6442 and complaints online at dch.georgia.gov. Elsewhere, a nursing home must post the number, and the ombudsman or the Eldercare Locator can give it to you. If someone is in danger, call 911.

Poison Help

If someone has taken the wrong medicine or too much of one, call 1-800-222-1222, any hour, from anywhere in the United States.

VA Caregiver Support Line

1-855-260-3274, Monday through Friday, 8 a.m. to 8 p.m. Eastern, for family caregivers of veterans.

My Own Numbers

The Sitting Room Series

Guides, workbooks, and journals for older adults and the families around them. More titles are on the way. The current list is at aldercreekeditions.com.

1. *When More Help Is Needed* **Available**
A Guide for You and Your Family

2. *Who to Contact* **Available**
Free Help for Older Adults and Families

3. *Emergency Information Sheet* **Free printable**
One Page by the Phone, and the Details Behind It

4. *Before It's Urgent* **Free printable**
A Workbook for Papers, Decisions, and Conversations

5. *Things I Want You to Know* **Free printable**
A Journal of Stories, Wishes, and Words for Your Family

6. *While You Can Still Decide* **Forthcoming**
After a Diagnosis of Memory Loss

7. *Arranging Care at Home* **Free printable**
A Workbook for Arranging Care in the Home

8. *Care Partner's Log* **This book**
A Daily Record for the Person Giving Care

9. *Grieving Someone Who Is Still Here* **Forthcoming**
When Someone You Love Has Progressive Memory Loss

10. *Visit Journal* **Free printable**
A Shared Record for Everyone Who Visits

11. *Choosing a Place to Live* **Free printable**

A Workbook for Comparing Senior Living and Care

12. *The Move and the First Months* **Forthcoming**

For Families and the Person Moving

13. *Before the Last Weeks* **Forthcoming**

When Treatment Stops Working, for You and Your Family

14. *After a Death* **Forthcoming**

The First Year, for You and the People Around You

15. *First-Year Grief Journal* **Free printable**

Undated Pages for the Year After a Death

Also by Stephen Deason

The Operational Reliability Series

The Weakest Link

A Story About the Systems We Never See

By Stephen Deason

A family health care crisis unfolds through a chain of reasonable decisions and unowned handoffs. The story is followed by an interpretation and practical resource guide for recognizing where information gets compressed, what families can ask, and how care can slip through the gaps.

The Invisible Architecture

A Story About Senior Care as a System

By Stephen Deason

A quieter story about the work families carry after an acute crisis has passed. The book examines changing care needs, family coordination, and the practical details that must move between providers, insurers, and home.

The Family Integrator's Handbook

By Stephen Deason

A practical workbook for the person who has become the place where a family's appointments, documents, medications, and next handoff collect. It includes care-team questions, transition checklists, planning pages, and a section for the person receiving care.

The Mile Marker Library

Recovery books from Alder Creek Editions, free to download at aldercreekeditions.com.

Don’t Panic: The First Hours After You Stop

What to Do When You Stop Drinking or Using

By Stephen Deason

A practical guide to urgent safety questions after stopping alcohol or other drugs, including withdrawal danger signs, overdose risk, naloxone, and places to find help.

One Day at a Time, Written Down

A 90-Day Gratitude Journal for Adults in Recovery

By Stephen Deason with Melissa Deason

A guided daily journal with morning and evening pages, weekly reviews, a return-to-use plan, and support-group directories.

One Day at a Time, Written Down: Christian Edition

A 90-Day Gratitude Journal for Christians in Recovery

By Stephen Deason with Melissa Deason

A Christian edition of the guided daily journal, using the King James Version.

Free Help Directory

Meetings, Helplines, and Low-Cost Care

By Stephen Deason

A practical directory of recovery meetings, helplines, low-cost treatment and health care, naloxone, food, housing, legal help, and work support.

Tools You Can Use on Your Own

A Guide to Self-Directed Recovery

By Stephen Deason with Melissa Deason

A practical guide to craving skills, daily basics, trigger mapping, written planning, and recognizing when professional care is needed.

Cravings and Hard Hours Workbook

A Companion to Tools You Can Use on Your Own

By Stephen Deason and Melissa Deason

A workbook with fill-in exercises, a daily urge log, and a written plan for difficult times and places.

Medications for Addiction, Explained

What They Are, How to Ask, and How to Pay

By Stephen Deason and Melissa Deason

A practical peer guide to medications for opioid and alcohol use disorders, how to ask for care, and ways to find support without insurance.

Money in Early Recovery

Budgets, Debts, Benefits, and Credit

By Stephen Deason

A practical guide to tracking money, building a weekly budget, addressing debt and credit, understanding benefits, and keeping useful records.

More at aldercreekeditions.com.

About the Author

Stephen Deason has worked in health care for roughly four decades. He began volunteering in a hospital at fifteen and took his first paid hospital job as an orderly at sixteen, working in hospitals and nursing homes while putting himself through college. He later spent more than twenty years building and running systems for hospitals, insurers, and state Medicaid programs before returning to direct care through healthcare staffing, home care, and skilled nursing.

Today, he runs OPA Home Care and Skilled Nursing, which he founded, and serves as an Administrator of a licensed Private Home Care Provider in Georgia, a health care facility that delivers care in patients' homes. His home care operations have recruited, hired, and managed caregiving staff for hundreds of families. He writes The Sitting Room Series from that work and from a lifetime spent around the care of older and vulnerable people.

Deason has spent 31 years running health care and technology organizations. He also founded OPA People, The OPA RASA Group, and The OPA RASA Foundation. The Foundation has helped place hundreds of people from disadvantaged backgrounds into careers.

He earned a mathematics degree from the University of Alabama at Birmingham, an MBA and an MSc in Accounting from Emory University, and completed doctoral coursework in business at Emory, where he was a Sheth Fellow. He also studied for the ScM

in health care administration at Johns Hopkins. His research on accounting and Ponzi schemes was published in Accounting Horizons and covered by Forbes. He writes at StephenDeason.com.