FROM THE SITTING ROOM SERIES
GETTING MORE HELP

10

Visit Journal

A Shared Record for Everyone Who Visits



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LARGE PRINT

Worksheets

from

Visit Journal

A Shared Record for Everyone Who Visits

Book 10 of The Sitting Room Series



Alder Creek
EDITIONS

About these worksheets

These are the pages from Visit Journal that you can fill in again, one copy of each. Print as many copies as you need.

The whole journal is free to download and print at aldercreekeditions.com.

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General information, not medical, legal, or financial advice. In an emergency, call 911. In a crisis, call or text 988.

2. About the Person

Routine matters more than most families expect, and it matters most when someone is living with memory loss. I watched a caregiver notice that a man who always started his morning with coffee was drinking tea and was short with everyone. The coffee machine downstairs in his building had broken. She found a way to make coffee in his room, and the rest of his day went well. Write the small things on these pages so every visitor knows them.

Fill these pages in with the person, and change them when things change.

What they like to be called

The people in their life, and how each is related

What they like to talk about

What they would rather not talk about

What helps on a hard day

Their routine: meals, rest, and the best time of day to visit

The small things that make a day go right

Things to bring, and things not to bring

Faith, music, programs, and pastimes that matter to them

Glasses, hearing aids, dentures, and other things that go missing: where they belong

Clothes and laundry: how things are labeled, and who does the wash

What every visitor should know: a walker or cane, a special diet, help with eating or walking

How they are now, so later visitors can compare: walking, talking, eating, sleep, memory, and mood. Date it.

3. The Visitors

Write down everyone who visits, how to reach them, and the day they usually come.

Name	How related	Phone	Usual day

Where the person lives or gets care

Name of the place or the provider

Main number

After-hours number

Charge nurse or nurse on duty

Director of nursing

Administrator

Social worker

Grievance official (in a nursing home)

Their doctors and other help

Main doctor

Doctor's number

Other doctors or nurses

Pharmacy

Home care, home health, or hospice office

Health care agent or power of attorney

Case manager (Medicaid, the VA, or insurance)

Dentist

Eye doctor and hearing aid office

Faith leader

Neighbor or friend to call

Numbers for a worry

Hospice 24-hour number

Long-term care ombudsman

Adult Protective Services

State licensing complaint line

State survey agency (nursing homes)

BFCC-QIO (Medicare quality and appeals)

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

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3. The Visitors, continued

Who is coming

Plan the visits a week at a time, so no stretch of days goes without one.

Week of	Who is coming, and which days

3. The Visitors, continued

Week of	Who is coming, and which days

5. Questions and Follow-Up

Keep each question or concern on this log, with the date you raised it and the answer you got.

Use one row for each concern. Write the date, what you raised, who you raised it with (their role is enough), the answer, and when to follow up. When it is settled, write how it ended.

A new bruise or injury goes on the visit page as what you saw, and to the nurse or doctor that day. A suspicion of abuse does not go in this journal, where anyone may read it. Report it, and keep your notes somewhere else.

Date	What we raised, and with whom	The answer, and how it ended	Next check

5. Questions and Follow-Up, continued

Date	What we raised, and with whom	The answer, and how it ended	Next check

6. Care Meetings

In a nursing home, the resident and the resident's representative take part in the care plan where they can, and the plan is reviewed after every assessment, including the quarterly ones. Other settings keep their own plans. Ask when the next review is, and ask to be there.

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

6. Care Meetings, continued

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

7. In My Own Words

These pages are yours.

Write here yourself, or ask someone to write down what you say.

What I want my visitors to know

What I like us to do together

What I would rather we did not do

7. In My Own Words, continued

Things I would like to do or see again

Anything else, in my own words

8. Notes to Each Other

These pages are for writing to each other: the person you visit to the family, and the family to the person. Read them aloud together if you like.

What I enjoy most about your visits

8. Notes to Each Other, continued

A few lines from each of us to you

8. Notes to Each Other, continued

Visit No. _____

Date _____ **Where** _____

Who visited (sign) _____

What we did

What they said

How the day went: mood, pain, eating, sleep, memory, falls

For the next visitor, and anything you told the staff

Anything they asked us to write down

Look Back

Date _____ **Read back by** _____

Read back over the last ten visits and the last look-back page, if there is one. What has stayed the same?

What has changed since then, or since the family wrote how they are now in Section 2? Think about mood, pain, eating, sleep, memory, and falls.

Does anyone need to hear about it? Who will tell them, and by when? See Section 4, and log it in Section 5.

For the person to add, in their own words