

# 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](https://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](https://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

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BOOK 8 · GETTING MORE HELP

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# 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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The author's accounts of what he has seen in his work are drawn from his experience, with any detail that could identify a person left out.

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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.

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### **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,

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

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### **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](http://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](http://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.

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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](http://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](http://aldercreekeditions.com) holds the one-page summary that stays by the phone.

**Name**

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**Filled in on**

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**What they like to be called**

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**Health conditions**

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**Allergies, and what happens**

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

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### **3. The Person and the Care, continued**

**Hearing, eyesight, dentures, and a walker or cane**

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

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

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**The cup I count drinks with holds**

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**Any limit on fluids or salt the doctor set**

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

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**Blood sugar high enough that the doctor wants a call**

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### **3. The Person and the Care, continued**

**Their routine, and what helps on a hard day**

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

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

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

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## 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 |
|-----------------------|--------------------|----------------|--------|----------------------|
|                       |                    |                |        |                      |
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#### 4. Medicines, continued

| Medicine and strength | How much, and when | What it is for | Doctor | Start and stop dates |
|-----------------------|--------------------|----------------|--------|----------------------|
|                       |                    |                |        |                      |
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#### 4. Medicines, continued

| Medicine and strength | How much, and when | What it is for | Doctor | Start and stop dates |
|-----------------------|--------------------|----------------|--------|----------------------|
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#### **4. Medicines, continued**

### **Pharmacies**

**Pharmacy**

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**Phone**

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**Second pharmacy or mail order**

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**Phone**

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**Medicine allergies, and reactions to any medicine**

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#### 4. Medicines, continued

##### **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? |
|--------------|-----------------------|-----|--------------|
|              |                       |     |              |
|              |                       |     |              |
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## 4. Medicines, continued

### 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](http://aldercreekeditions.com), or ask a family member or the library to print them.

| Medicine, dose, time |  |  |  |  |  |  |  |
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4. Medicines, continued

| Medicine, dose, time |  |  |  |  |  |  |  |
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## 5. The Care Team and Numbers

**Main doctor**

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**Phone, and after-hours number**

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**Other doctor, and what they treat**

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**Phone**

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**Other doctor, and what they treat**

---

**Phone**

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**Home care or home health office, and phone**

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**Hospice office, and its 24-hour number**

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**Case manager (Medicaid, the VA, or insurance)**

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**Health care agent or power of attorney**

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**Numbers for a worry**

**Adult Protective Services**

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**Long-term care ombudsman**

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**State licensing complaint line**

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

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## 5. The Care Team and Numbers, continued

### 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**

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**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**

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## 6. Appointments, continued

**Date** \_\_\_\_\_ **Doctor** \_\_\_\_\_

**Why we went** \_\_\_\_\_

**What we wanted to ask**

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**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  
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## 6. Appointments, continued

**Date** \_\_\_\_\_ **Doctor** \_\_\_\_\_

**Why we went** \_\_\_\_\_

**What we wanted to ask**

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**What the doctor said**

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**Medicines started, stopped, or changed**

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## 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**

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**Medicines stopped, started, or changed**

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**Follow-up appointments, and who to call with questions**

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**Medicines stopped, started, or changed**

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**Follow-up appointments, and who to call with questions**

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## 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**

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**What to watch for**

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**What we asked, and the answer**

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## 7. Care Plans and Meetings, continued

**Date** \_\_\_\_\_ **Next meeting** \_\_\_\_\_

**Who was there** \_\_\_\_\_

**What changed**

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**What to watch for**

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**What we asked, and the answer**

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## 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

\_\_\_\_\_  
\_\_\_\_\_

# End of the preview

You have seen the opening pages of Care Partner's Log: A Daily Record for the Person Giving Care, Book 8 of The Sitting Room Series, and the first two of its 91 day pages, in large print.

The book's page at [aldercreekeditions.com](http://aldercreekeditions.com) has the buy links once the paperback is on sale.

**ISBN 979-8-952410-20-6**

Refill copies of the journal's fill-in pages are free to print at [aldercreekeditions.com](http://aldercreekeditions.com), where the other books in the series are listed too.

You are welcome to share this preview with anyone it might help.

