**Caregiver Manual**

[Participant Name]

  
  
  
  
  
  
  
  
  
  
  
  
  
  
A Document to Assist Caregivers in their Role

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**I. Introduction**

*This specific manual is created as a general template to help guide the process of how a participant might structure a notebook. As a current caregiver, I have created a specific manual for my participant; however, in order to protect confidentiality, I am not including any personal information here. I do occasionally use some examples and reference the participant’s situation, but I use a high level of privacy and caution in what information is shared. Furthermore, in this manual, the ideas and prompts will be italicized. The general text describing the various sections will be in normal text.*

*The individual receiving services is mainly referred to as the ‘participant.’ There may be places where the term ‘client’ or ‘consumer’ is used through the manual.*

The purpose of this caregiver manual is to give you, a new care provider, a better look and expectations as to what your new job will entail.  Thank you for entering into this experience-- it will be an adventure as we learn together how to grow and be sustained as humans in this journey of life!

**History**

* *Written in first-person, as to connect the caregiver with the participant*
* *Share brief and relevant life history*

*-childhood*

*-young adult years*

*-education*

*-jobs*

* *Short synopsis of diagnosis*
* *Written as personal as the participant wants in order for a caregiver to understand the situation*

**Vision**

* *The purpose of the vision statement is to give the caregiver a general idea of the direction of the participant’s future life*
* *Some examples of prompts for a vision statement:*

*-In working through the reality of the degenerative nature of my condition, I still persevere and strive to...*

*-In life my purpose is to...*

*-According to my values and beliefs…*

*-I would like to accomplish…*

*-What’s most important to me is…*

*-I wake up each morning for…*

**II. Care Plan**

The importance of a care plan is to form guidelines for caregivers to work well with their participants.  This assessment is takes on a needs-based structure, rather than strength-based.  It is a good starting point to see the DSHS/ADSA assessment; however, this manual will give a clearer and fuller picture of the culture of our home, specific daily tasks, and more extensive background information on my life.  
  
Attach Care Plan:

\*Note: This is an example of a Care Plan, a visual to get an idea, with a few tasks listed

Service **Summary**Current Significant Change

Client Name:  Address:

Phone: Ext:

Phone: Ext:

Type: Home  Type: Mobile

Gender: Age:

Primary Spoken Language:

Speaks English? Interpreter Required?

Name:  Phone:

Name:

Phone:

Backup Caregiver:

Phone:

Primary Physician:

Phone:

Client is functionally eligible for COPES waiver services  Recommended Living Situation:

In Home

Planned Living Situation:

In Home

Transportation Reimbursement:

You are eligible to receive up to 60 miles per month to meet your identified transportation  needs. Mileage is based upon use of the paid provider's personal vehicle and actual miles  driven, not to exceed 60 mile limit. The miles may be split between one or more qualified  providers.

Classification: Daily Rate: *N/A* Monthly Hours:

Personal Care  Waiver #1  Waiver #2  Waiver #3

I

Total authorized hours

Assessment Date: *08/31120* II

Client Name:

Date Printed: *0910112011* 04:11 PM  Page:

DSHS/ADSA

DSHS/ADSA

**Service Summary  Current Significant Change**

The following schedule(s), if identified, are based on the consumer's  preference at the time of the assessment.

**Provider:**   **Assigned Tasks:**

**Provider Hours:**

**Provider:**   **Assigned Tasks:**

**Provider Hours:**  **Schedule:**

**Phone:**

**Phone:**

**Provider:**  **Assigned Tasks:**

Nails trimmed in last 90 days, Orthotics

**Provider Hours:**

**Schedule:**

**Phone:**

**Phone:**

**Provider:**  **Assigned Tasks:**

Bathing, Bed Mobility, Dressing, Eating, Housework, Locomotion Outside Room,  Locomotion In Room, Med. Mgmt., Meal Preparation, Personal Hygiene, Essential  Shopping, Telephone, Transportation, Transfers, Toilet Use, Application  ointment/lotion, Application ointments/lotions, Specialized Medical Equipment,  Environmental modification, Client training/Waiver, Range of Motion (active), Range  of motion (passive), Skilled Nursing/Waiver

**Provider Hours:**  **Schedule:**

Assessment Date: 08/31/2011

Client Name:

Date Printed: *09/01/2011* 04:11 PM  Page: 2

**Service Summary  Current Significant Change**

**Provider:**  Phone:

**Assigned Tasks:**

**Provider Hours:**  **Schedule:**

**Provider:** ST JOSEPH HOSPITAL  **Assigned Tasks:**

PERS installation, PERS unit  **Provider Hours: 0**

Phone:

**Refer?**

**Environment Concern List:**

**Indicator:** Immobility issues affecting plan  **Reasons for Referral:**

Case Manager will make referral, Discussed referral with client, New caregiver or  setting, Recent falls, Symptoms affecting Plan

*REferral to \_\_\_\_\_\_\_, PTwill be sought to assist with training new IPs and*  *client on passive ROM exercise.*

**Indicator:** Pain **Refer?** No

**Reasons for Referral:**

Case manager is RN, Client declines referral at this time, Discussed referral with  client, Need met by Health Care Prof., Prevention plan in place, Treatment plan in

Assessment Date: *08/31/2011*

Client Name:

Date Printed: *0910112011* 04:11 PM

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shapeType75fBehindDocument1pWrapPolygonVertices8;4;(21489,0);(0,0);(0,21436);(21489,21436)posrelh0posrelv0pib

DSHS/ADSA

**Service Summary  Current Significant Change**

**Refer?** No

place

*Wishes to resolve with other methods rather then medication.*

**Indicator:** Skin observation protocol  **Reasons for Referral:**

Case manager is RN, Client declines referral at this time, Discussed referral with  client, Need being met by caregiver, Need met by Health Care Prof., Prevention  plan in place, Treatment plan in place

*NPUAP skin observation protocol reviewed with caregiver and client and caregiver*  *monitor skin daily and has in the last seven days.*

**Indicator:** Unstable/potentially unstable diagnosis **Refer?** Yes

**Reasons for Referral:**

Discussed referral with client, Case Manager will make referral, Symptoms  affecting Plan

**Goal Short Description:** work part time

Status: Ongoing Who Acts: Client

**Goal Long Description:**

Employment--Working with DVR.

**Assessor:**

**Current Case Manager Name:**

Phone: Ext:

The role of the Case Manager is to:

Determine program eligibility, complete assessments identifying your  preferences, strengths and needs and reassess annually or as needs change;

Assist you to develop a plan of care that documents your choice of  services and qualified providers;

3. Authorize payment for services identified in your plan of care;

4. Monitor that services are provided according to your plan of care.

Clients have the right to waive case management services other than those  listed in items 1, 2, 3, and 4 above.

Client Name:

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Assessment Date: 08/3112011

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DSHS/ADSA

**Service Summary  Current Significant Change**

**I am aware of all alternatives available to me and I understand that access**

**to 24-hour care is available only in residential settings, including community  residential settings. I agree with the above services outlined on this  summary.**

I understand that participation in all ADSAIL TC paid services is voluntary and I  have a right to decline or terminate services at any time.

I understand that I must notify my case manager if I have a change in my living  situation.

**Client/Representative signature**

**Provider**

**Social Worker/Case Manager signature**

**Date**

**Date**

**Date**

Assessment Date: *08/3112011*

Client Name:

Date Printed: *09101/201104:11* PM

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**III. Caregiver Expectations**

My expectations for care, in order of importance, are as follows:

*(As an example of different personal care and ADL activities)*

*1. Personal Care  
 -Toileting  
 -Bed Mobility*

*-Dressing*

*-Range of Motion*

*-Transfers*

*2. Activities of Daily Living (ADLs)*

*-Meal Preparation*

*-Housework*

*-Transportation*

*-Shopping*

As my caregiver, of course, the first priority is to support my current needs.  However, because of the nature of self-directed care (which will be explained more thoroughly in Section IV) and my personal desire for self-determination, I often work fairly independently.  I don’t mind if you ask if I need help, but for the most part, I communicate freely when I need assistance.

The personal care tasks involve the more intimate side of care giving, while the ADLs are less personal, but also important. The personal care tasks are best explained in a face-to-face situation, because of the specific nature to areas like toileting and dressing. In regards to the ADLs, meal preparation is important to plan ahead. Depending on the time of day you will be working, any or all of the meals could be a part of your shift. The housework varies from laundry, doing dishes, sweeping, mopping, vacuuming, dusting, or cleaning the bathroom. In Section VI. there are checklists that include specific household tasks. Transportation is an important ADL because of the avenue of freedom. There are errands and other priorities that need to be taken care of, and for you to drive as the caregiver will be helpful. Shopping, specifically for groceries, is also a regular task that will be part of the routine.

*I am a person who is open to creativity and new ideas so don’t be shy in sharing your thoughts on matters concerning meals, shopping, or housework.  Usually when you come to work, we will have a loose routine or I’ll have some idea of the priorities I want to accomplish in the day, but the most important quality to display is flexibility and a desire to “go with the flow.”  Again, the culture of my family will be discussed more in depth in Section V.  
  
As a sociable person who enjoys good conversation, there are plenty of times for us to talk and get to share life.  However, I’m also a professional, and need time to check email, make calls, and do my work.  We will find a balance in how much time we talk, you do housework and meal preparation, and I do my own work.*

*Further, as my avenue for transportation, you will be an employment support for me. I work out of the home a few times a month, and you will be my primary option to drive me to work. This is an important expectation because working is a priority for me. Without a caregiver, I wouldn’t have the opportunity to easily work.*

*Other areas of support you will be providing are recreation, socialization, and companionship. After all the other areas of expectation are focused on, as I said earlier, there will be times when we have conversation and spend time together in a more informal way. It is important to have a friendship within appropriate boundaries. We will be spending lots of time together; we should like each other! The ways we socialize and interact will vary depending on the context and how busy the day will be.*

**IV. Self-Directed Care**

The formal definition from DSHS (2010) policy on self-directed care:  
“The process in which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal aide to perform those tasks.”

*My condition consists of physical limitations not cognitive, so I have the ability to direct caregivers in how to support my needs.  I am very open about sharing what tasks need to be accomplished or when I have personal care needs.  Again, there will be a rhythm that develops in our relationship where you find tasks to complete without my prompting.  But, usually, if there are certain areas to focus on first, I will give you a rough estimate of what the day looks like*.  
  
The key to remember here is: Self-determination.  I am capable of determining what I want my day and life to look like, so as a caregiver, your role would be to support me in how I choose to spend my time.

The Community Options Program Entry System (COPES) program is designed so that participants may have independent lives. In fact, part of Northwest Regional Council’s (NWRC) mission is to promote independence and improve participants’ quality of life. Some of the values of NWRC include:

* Consumer choice and independence
* Consumer advocacy and involvement
* Local community awareness of long-term care issues, services, and supports
* Service approaches that focus on empowering consumers, family members, and local communities to the greatest extent possible
* Learning from experience
* Access for all consumers (*Northwest Regional Council*, 2011).

These values are foundational to care giving because they keep the focus on the participant and their needs. There are other values that NWRC holds, but the few selected help create the atmosphere of self-directed care. In looking at some of these specific values, participant choice and independence is of utmost importance. Participants know themselves best and have the right and responsibility to be able to make informed decisions about the care situations in their life. The most ideal situation would be for participants to be their own advocate and also have community members join in advocacy. When there is a collective community awareness of services and supports available, a network for participants can be formed.

Further, service approaches should give accurate information and provide services that are flexible to meet participant needs. When there are times that services do not meet participant needs, the value of learning from experience can be embraced. Programs are developed with evidence-based best practices, but are open to honest evaluation by participants. Finally, “Services, information, and facilities should be physically, culturally, and financially accessible, with appropriate design and sensitivity to consumers of all abilities, languages, cultures, and financial capacities” (*Northwest Regional Council*, 2011, p. 2).

**NORTHWEST REGIONAL COUNCIL  2012 - 2015 AREA PLAN**

**MISSION**

To fulfill its mission, the Northwest Regional Council's Area Agency on  Aging is to develop, foster, and advocate for a comprehensive and  coordinated service delivery system responsive to the needs of older  individuals and persons served by programs administered by the  Northwest Regional Council in Island, San Juan, Skagit, and Whatcom  Counties.

The service system will

(1) promote the greatest degree of personal independence and dignity  in a home environment for persons capable of self-care with  appropriate supportive services, and

(2) improve the quality of life by removing individual and social  barriers to economic and personal independence.

**V. Interpersonal/ Family Relationships**

Most people have some type of interpersonal or family relationships that influence or make an impact on them in some way. When entering into my life, as a caregiver, you will begin to experience other relationships that influence me. For that reason, this is a very unique job. It can be exciting, and yet frustrating at times too. As a caregiver, you are a professional, and yet it can feel as if you are part of the family at times. It will be important for you to set your own boundaries to protect yourself from becoming too emotionally invested.

As you set emotional boundaries, I also will be prioritizing other sources of interpersonal connection. It is only healthy that the caregiver/participant relationship is a professional relationship. Social connections are helpful and can enhance other areas in life: physical, emotional, and intellectual. These relationships are best cultivated through friends and family.

*This section will be fairly personal depending on the participant’s relationships with others. They may be very connected with their family, or they may have very close friendships. There is a chance for the participant to explain some of these close relationships that the caregiver will directly be involved with.*

*Here is a potential example of how a participant might describe family dynamics: As you can see through this manual, I value my family and the role of wife and mother.  As my caregiver, you will be experiencing the culture and dynamics of my family.  There are lines drawn in how you can support me within my family, and yet, there are other ways in which supporting me may also entail helping my family.  As one example, I plan dinner for my entire family, which you will help me cook.  You are supporting my needs as well as my family.  There can be complexities that arise, and those are situations that we can talk about as needed.  In general, we both understand that your role is to support me.  
  
I set clear boundaries for my children to be responsible for their rooms, chores, and homework.  You will not be asked or expected to clean their rooms, do the chores I’ve directed them to do, or help with homework.  But, there are natural ways that families are connected, and some tasks will seem to encompass more than my personal needs.*

**VI. Task Checklists**

**Daily Chore List**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tasks** | Sun | Mon | Tue | Wed | Thurs | Fri | Sat |
| Wash out and re-fill water bottle |  |  |  |  |  |  |  |
| Laundry: Wash & Dry clothes |  |  |  |  |  |  |  |
| Fill dishwasher/ empty dishwasher |  |  |  |  |  |  |  |
| Make bed |  |  |  |  |  |  |  |
| Help prepare dinner |  |  |  |  |  |  |  |
| Lotion feet/stimulate blood flow in legs |  |  |  |  |  |  |  |
| Wipe kitchen counters |  |  |  |  |  |  |  |
| Straighten up house-- pick up items on the floor, organize piles on the couch, etc. |  |  |  |  |  |  |  |
| Prepare coffee for next day |  |  |  |  |  |  |  |
| Put away my clothes |  |  |  |  |  |  |  |

**Twice Weekly Chores**

|  |  |  |
| --- | --- | --- |
| **Tasks** | S, M, T | W, Th, F, S |
| Sweep  hardwood floors |  |  |
| Re-fill iced tea pitchers |  |  |
| Wash sheets |  |  |
| Squirt down bathroom & kitchen counters with vinegar & H2O |  |  |

**Weekly Chore List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tasks** | 1st week | 2nd week | 3rd week | 4th week |
| Check & re-fill as needed H2O/vinegar bottles |  |  |  |  |
| Clean Bathroom: wash toilet, scrub shower, wash counter & sink, sweep & mop |  |  |  |  |
| Vacuum hardwood floors |  |  |  |  |
| Mop all hardwood floors |  |  |  |  |
| Dust living room, dining room, family room, & kitchen |  |  |  |  |

**Monthly Chores**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tasks** | May | June | July | Aug |
| Clean & wash out fridge |  |  |  |  |
| Wash out microwave (as needed) |  |  |  |  |
| Organize /Dust bedroom |  |  |  |  |
| Wipe off washer & dryer |  |  |  |  |
| Wipe down mirrors in bathroom & living room |  |  |  |  |

**Tips for Success!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Kitchen** | **Living Room** | **Laundry Room** | **Bedroom** |
| Please **do not** put knives, cast iron pans, wooden spoons, and non-stick pans in the dishwasher | Make sure floor is clear of clutter, so I can have easy access to use my wheelchair | Keep laundry detergent cap loose or off, so I can do laundry myself when needed | Please close bedroom doors when leaving the house |
| When washing pots & pans by hand-- please be thorough, washing both inside and outside | When picking up items off the floor, please place them on table height areas for me to put away where needed | Wash towels together in the same load | Please be mindful of where my clothes are put away-- there is a specific organized system :) |
| Please dry off cast iron dishes right away to prevent rust | Help open mail daily, by breaking the seal |  |  |

**VII. Contact Information**

* Emergency Contact Name & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trusted Neighbor’s Name & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctor’s Name & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dentist’s Name & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Case Manager’s Name & Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Health Department Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Poison Control Center Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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