

Living Well After A Hospital Stay

A Guide for Older Adults and Their Care Circles



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First edition

Developed by Allina Health.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.





Table of Contents

Chapter 1: Introduction	9
Your Health Care Team	9
Chapter 2: Your Hospital Stay	13
Your Health History and Physical Exam	13
What You May Need at the Hospital	14
Tips to Prevent Falls While You Are in the Hospital	15
Cardiopulmonary Resuscitation (CPR)	17
Health Care Directive	20
Planning for Leaving the Hospital (Discharge Planning)	21
Chapter 3: Common Problems of Aging	27
Pain	28
Weak Muscles and Brittle Bones	29
Falling	29
Constipation	30
Urinary Incontinence	31
Urinary Tract Infections (UTIs)	32
Sleep Problems	33
Poor Nutrition	33
Skin Problems	34
Vision Problems and Low Vision	35
Hearing Problems	36

Table of Contents

Depression	37
Anxiety	40
Delirium	41
Dementia	44
Chapter 4: Care When You Return Home	49
Resuming Your Activities of Daily Living	49
When to Seek Medical Attention	50
Your Follow-up Appointment(s)	52
Questions You May Want to Ask at Your Follow-up Appointment With Your Primary Care Provider ...	55
Falls	57
What You Can Do to Prevent Falls	59
How to Get Up From the Floor if You Fall	63
Chapter 5: Living Independently	69
Toileting	70
Bathing	71
Dressing	72
Grooming	74
Eating	75
Equipment to Help You Move Safely	76
Other Items	79

Table of Contents

Chapter 6: Healthy Lifestyle Choices	83
Nutrition: What You Need to Know	83
Physical Activity and Exercise	89
Example: Weekly Exercise Program	91
Brain Health	93
Chapter 7: Your Exercise Program	97
Exercising After You Leave the Hospital	97
Aerobic Exercise	97
Strengthening Exercises	98
Balance Exercises	109
Stretching Exercises	111
Chapter 8: Caregivers	119
Changes in Roles	119
Tips for Dealing with Caregiver Stress	120
Chapter 9: Resources	125
Notes	131
My Medicine List	133



Chapter 1: Introduction

Your Health Care Team

Important

Your **care circle** is your family, friends and others close to you. This term will be used throughout this book.

Important

You will be asked if you would like to name a member of your care circle to be your **“designated caregiver.”** This person will be given your discharge instructions when you leave the hospital.

Did You Know?

Each member of your health care team at the hospital will wear a different color, depending on his or her role. Turn to page 135 to learn how to identify which color represents each type of care.

Being hospitalized can be a stressful event for you and your care circle (family, friends and others close to you). This book was created to help guide you through your experience.

During your hospital stay, a team of specially trained health care providers will work with you and your care circle to create a plan of care that is right for you. Your care plan will be designed to help you maintain and whenever possible, improve upon your ability to return to your regular routine.

Your health care team may include:

- registered nurses (RNs)
- nursing assistants
- a clinical nurse specialist
- hospital doctors
- social workers
- case managers
- physical therapists (PTs)
- occupational therapists (OTs)
- dietitians
- pharmacists
- chaplains.

Did You Know?

Not being physically active increases your risk of not being able to do your activities of daily living such as making your bed, preparing meals or lifting your grandchild. Your health care team will help you maintain or gain the strength you need to recover well, regain your independence and get back to doing the things you enjoy.

Your health care team will focus on:

- diagnosing and treating your health care needs, which may include:
 - tests
 - medicines
 - physical therapy
 - occupational therapy
- restoring and maintaining your function and mobility by encouraging you to:
 - sit up in a chair for meals
 - walk several times a day
 - perform daily grooming and self-care tasks
 - continue your daily routine independently.
- preventing and treating common problems of aging
- managing your care and needs after you leave the hospital (discharge).

Chapter 2: Your Hospital Stay

Your Health History and Physical Exam

Important

It is important to tell the story of why you are in the hospital to your health care team. Each member may ask you different questions, depending on his or her role in your care. You may be asked the same question(s) more than once.

You will have a health history and physical exam when you arrive at the hospital. During the exam, your health care provider may:

- ☐ ask you about your “story.” This includes:
 - your symptoms
 - when your symptoms started
 - what you have been doing for treatment
 - how it has affected your ability to care for yourself.
- ☐ review your medical problems (conditions)
- ☐ review your medicines including:
 - prescription medicines
 - over-the-counter medicines
 - herbals
 - vitamins
 - other supplements
- ☐ review and perform any tests needed
- ☐ talk with you about your:
 - treatment plan while in the hospital
 - plan for leaving the hospital (discharge plan).

Important: You will receive more information about what to expect during your hospital stay from your health care team. You will also have a care board in your room. This is another way for your health care team to communicate with you and your care circle (family, friends and others close to you).

What You May Need at the Hospital

Important

Please do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- large amounts of money (credit or debit cards, checkbook)
- jewelry (wedding ring).

Your care circle may be asked to bring these items home if you have them with you. You may also choose to place them in the hospital safe.

Please bring (or have a member of your care circle bring) the following to the hospital:

- ☐ a current list of your medicines (The “My Medicine List” is on page 133 for you to fill out.)
- ☐ a copy of your health care directive (if you have one)
- ☐ personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- ☐ flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- ☐ glasses or contacts (if you wear them) and storage containers
- ☐ dentures (if you wear them)
- ☐ hearing aids (if you wear them), storage container and extra batteries
- ☐ CPAP or BiPAP machine (if you use one)
- ☐ phone numbers of family and friends.

Tips to Prevent Falls While You Are in the Hospital

Remember: Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

Tips to prevent falls

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before he or she leaves the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.



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The health care team identifies people who may be at risk for falling with red socks, special signs or both.

For your care circle

Please speak up about safety concerns to the nursing staff. This includes information about the risk of falling, or a recent history of a fall. Patient safety and comfort are important to the health care team.

You can also do the following.

- ☐ Make sure the call light, phone and personal items are within easy reach of the patient before you leave the room.
- ☐ Call the nurse if the patient is weak or lightheaded.
- ☐ Consider staying with the patient if he or she is confused or at a high risk of falling.
- ☐ Call the nurse before leaving the patient if he or she is confused.
- ☐ Remind the patient to ask the nursing staff for help when getting up.

If you have any questions, please ask a member of your health care team.

Cardiopulmonary Resuscitation (CPR)

Did You Know?

You may hear the following terms as you talk with your health care team about CPR and advance care planning:

■ Code status:

tells your health care team about your end-of-life care decisions.

■ Full code:

tells your health care team that you **do want** full cardiopulmonary resuscitation (CPR).

■ Do not resuscitate (DNR):

tells your health care team that you **do not want** CPR.

■ Do not intubate (DNI):

tells your health care team that you **do not want** intubation.

■ Intubation:

means having a tube inserted into your mouth or nose to help you breathe.

Talk with your health care team if you need help understanding any of these terms.

Talking and planning for your end-of-life care are best done when you are feeling well and can make decisions yourself. Talk with your care circle and your health care team about your wishes, goals and values.

Use the following information to help you make decisions about cardiopulmonary resuscitation (CPR) while you are in the hospital.

CPR

CPR is a treatment used to attempt to restore a normal heart rhythm if your heart has stopped.

CPR uses someone breathing into your mouth (rescue breathing) and someone pressing on your chest (chest compressions) to try to revive you.

In addition, you may need medicines and electrical shock to the heart delivered from a machine (defibrillator).

CPR is an emergency procedure.

Chances of survival after CPR

Your chances of survival after CPR depend on your health. Whether you choose to have CPR or not, it is important to know the facts so you can make an informed choice. Your health care provider will recommend what is best for you based on your situation.

In general, 23 percent or fewer of patients whose heart stops beating (cardiac arrest) in the hospital will survive and leave the hospital (discharge).

In general, patients with a long-term illness in the hospital who have cardiac arrest and survive are at a high risk for permanent brain damage and functional impairment.

Risks of CPR

Successful CPR may keep you alive longer but it may also cause injury to your body. Risks include broken or bruised rib(s), broken breastbone (sternum) and the need for more medical care such as life support.

CPR may not be right for you

CPR is a health care choice. Accepting death is different for each person and family member. You may have feelings of guilt or fear, or being pressured from others about your decision. This is common and should be discussed with your care circle and health care providers.

In some situations, patients make the decision that they do not want CPR. A decision to not accept CPR can be made at any age and in any health situation. Often, it is made when someone has more than one health problem, has a terminal illness or after treatment has not worked.

Your health care team wants to provide the best care possible for you. Sometimes health care providers may recommend CPR not be performed because the risk of injury is high and the chance of survival is low. In general, less than 5 percent of older adults with serious illness who have CPR survive to leave the hospital.

If you choose not to have CPR while you are in the hospital, your health care provider will write an order in your chart that says no attempt will be made to restart your heart or breathing if you die. You will still receive care while you are in the hospital to treat your health problems.

When you return home, your health care provider can also give you a form called Physician Orders for Life-Sustaining Treatment (POLST) to fill out and keep on your refrigerator. It is also scanned into your medical record.

This form must be shown to Emergency Medical Services (paramedics, firefighters) if you are not at the hospital and your heart stops and you do not want CPR. If you are out in public, CPR will be attempted.

Information about CPR adapted from:

- ❑ David H. Ramenofsky and David E. Weissman, MD, “CPR Survival in the Hospital Setting.” Fast Facts and Concepts. April 2007; 170. Available at: eperc.mcw.edu/fastFact/ff_179.htm.
- ❑ Charles F. von Gunten, MD, PhD, and David E. Weissman, MD, “DNR Orders in the Hospital — Part 1.” Fast Facts and Concepts. July 2005; 23. Available at: eperc.mcw.edu/fastFact/ff_023.htm.
- ❑ Charles F. von Gunten, MD, PhD, and David E. Weissman, MD, “DNR Orders in the Hospital — Part 2.” Fast Facts and Concepts. July 2005; 24; 2. Available at: eperc.mcw.edu/fastFact/ff_024.htm.
- ❑ GO, A., et al (2013). Heart Disease and Stroke Statistics-2013 Update, a report from the American Heart Association. *Circulation*, 127, E6-E245. Retrieved January 1, 2015, from <https://circ.ahajournals.org/content/127/1/e6.full.pdf.html>
- ❑ Wan, C., et al (2014). Sudden Cardiac Arrest in Hemodialysis Patients with Wearable Cardioverter. *Annals of Noninvasive Electrocardiology*, 19(3), 247-257. Retrieved January 1, 2015, from www.ncbi.nlm.nih.gov/pmc/articles/PMC4034590/
- ❑ Smekal, D., et al (2014). CPR related injuries after manual or mechanical chest compression with the LUCAS device: A multicenter study of victims after unsuccessful resuscitation. *Resuscitation*, 85(12), 1708-1712. Retrieved January 1, 2015, from www.ncbi.nlm.nih.gov/pubmed/25277343

Health Care Directive

How to Get Started

Go to allinahealth.org/hcd.

- Print the form of your choice. Or, ask your health care provider for a copy.
- Read the [guide](#) if you need help filling out your health care directive.

You can also fill out a secure health care directive online. Go to account.allinahealth.org to create an account.

Planning for your future health care

A health care directive is a written document of your health care choices in case illness or injury prevents you from telling them yourself.

Members of your care circle (family, friends or others close to you) and your health care team use this to interpret and understand your wishes, goals and values for future health care.

You can write:

- ☐ who you want to make your health care choices (known as a health care agent)
- ☐ what kind of care and treatment you do or do not want

your wishes about the quality of your life.

Planning for Leaving the Hospital (Discharge Planning)

Important

Please read your discharge instructions for information about how to care for yourself after you leave the hospital (discharge). Ask your health care team if you have any questions.

Your options after leaving the hospital

Making plans for when you leave the hospital is a very important part of your recovery. Your health care team will work with you and your care circle to help create your discharge plan.

A discharge plan is one of the following:

Home

You can return to your home if you can do the following at the time of discharge:

- ☐ You can get in and out of bed and a chair with little help.
- ☐ You can walk safely and without help.
(You may need to use a walker, crutches or cane.)
- ☐ You can walk the distance from your bedroom to your bathroom and kitchen.
- ☐ You can go up and down stairs safely if needed.

You may also need to have help from your care circle on a regular basis until you regain your independence and self-confidence in walking and activities of daily living. You may need someone to:

- ☐ be available to check on you daily
- ☐ help with driving, grocery shopping and other tasks outside of your home.

Tip

If you need help with household tasks (homemaking), your social worker can give you a list of agencies providing these services. You may need to pay for this yourself.

Tip

Talk with a social worker to see if you qualify for a stay at a transitional care unit (TCU) or short-term rehabilitation center.

Home with home care

Some people can return home at discharge but need some medical help beyond what their care circles can provide. Your health care team will help to determine what your home care needs are.

While you are in the hospital, a social worker will talk with you to see if you qualify for visits from home health care providers, who may include:

- ☐ physical therapists
- ☐ occupational therapists
- ☐ nurses.

These providers will come into your home to help you with walking, strengthening exercises, activities of daily living and safety issues, and to monitor your medical condition.

Transitional care unit (TCU) or short-term rehabilitation center

Some people need more help and services than can be reasonably provided at home. In these cases, you may qualify for services at a transitional care unit (TCU) or short-term rehabilitation center. A TCU is not a nursing home. However, a TCU can be located within a nursing home.

To qualify for a stay at a TCU, you must need services provided by trained professionals such as nursing services, physical therapy or occupational therapy. Therapy sessions usually are scheduled daily and focus on building strength, endurance and self-care skills.

Staff at the TCU will work with you and your care circle to help you safely return home as soon as possible.

Important

Your **designated caregiver** is a member of your care circle you have chosen to receive your discharge instructions.

Understanding your discharge instructions

It is important to understand your discharge instructions before you go home. This will help you have a successful recovery.

It is recommended to have your **designated caregiver** with you as you receive your discharge instructions. If you have any questions about your discharge instructions, make sure to ask your health care team at this time (**before** you leave the hospital). This includes:

- ☐ understanding why you were in the hospital and the treatment you received
- ☐ which medicines to take or stop taking
- ☐ your follow-up appointment(s), including:
 - appointment(s) with your primary care provider
 - physical therapy (PT) if needed
 - occupational therapy (OT) if needed
 - speech therapy (SLP) if needed
- ☐ whom to call if you have questions after you leave the hospital.



Chapter 3: Common Problems of Aging

Many health problems are common with aging but they are **not** a normal part of it. Common problems of aging may lead to a loss of independence in doing your activities of daily living. They can also affect your recovery while in the hospital.

Common problems of aging include:

- pain
- weak muscles and brittle bones
- falling
- constipation
- urinary incontinence
- urinary tract infections (UTIs)
- sleep problems
- poor nutrition
- skin problems
- vision problems and low vision
- hearing problems
- depression
- anxiety
- delirium
- dementia.

Did You Know?

Staying physically, mentally and socially active can help slow, treat and prevent these common problems of aging.

Pain

Did You Know?

Pain medicines can include over-the-counter and prescription medicines. Long-lasting (chronic) use of either type can cause side effects. Be sure to tell your health care team about all of the pain medicines you are taking.

Important

Your health care team may prescribe an opioid medicine to treat your pain. While this medicine can help manage pain, it also has risks. Risks include:

- decreased coordination
- falls
- confusion
- overuse: The longer you take opioids, the more your body gets used to them (known as tolerance). This means:
 - they may not work as well
 - you may have more side effects when you stop taking them.
- addiction.

Pain can come on suddenly (acute) or last a long time (chronic). It can affect every part of your life: eating, sleeping, work, interests and relationships. It can cause you to be stressed, depressed, tired or angry.

No two people feel pain in the same ways. Pain that is intense to one person may be mild to another. You are the only one who knows where and how severe your pain is.

You have a key role in managing your pain. If you have pain, tell your health care team. They will work with you to manage your pain. Treatment options may include:

- physical activity
- massage therapy
- taking a bath or shower
- breathing and relaxation
- changes to your environment (dimming the lights, closing the curtains, adjusting the temperature)
- heat or cold packs
- changing body positions
- rest
- medicines (pills, creams, patches).

Your health care team will also help you create a plan to manage your pain after you leave the hospital.

Weak Muscles and Brittle Bones

Older adults lose muscle mass and bone density as they age. This causes weakness and can lead to osteoporosis (a disease that causes bones to become brittle and break easily).

While you are in the hospital, you may feel too weak to do everyday tasks such as eating, bathing, dressing, walking and taking medicines. That is OK. Ask for help when you need it. Your goal in the hospital is to be as active as you can. This will help minimize weakness during your stay.

Your recovery will continue after you leave the hospital. It is important to resume or start an exercise program. Strength (resistance) training is best. Together, you and your physical therapist will create a plan that is right for you. Good nutrition is also important. Make sure to eat enough protein, calcium and vitamin D-rich foods. You can read more about nutrition in chapter 6.

Falling

Important

Your health care team will ask you to call for help before you get out of bed or a chair.

Having a previous fall, taking medicines, having an illness and being in the hospital can increase your risk for falling. Most falls can be prevented. **It is important that you always call your health care team for help getting out of bed or a chair in the hospital.**

There are many things you can do to help prevent falls after you leave the hospital. Chapter 4 will help you determine your risk for falling and provide information about what you can do to decrease your risk.

Constipation

Important

You should have a bowel movement every 2 to 3 days. Talk with a member of your health care team if you have not had a bowel movement for 3 days.

Did You Know?

Constipation can cause abdominal pain, bloating, upset stomach (nausea) and decreased appetite.

Important

It is common for prescription pain medicines to cause constipation. Taking a stool softener alone will not provide relief. You will need to take a stimulant laxative too.

Important

Long-lasting (chronic) use of stimulant laxatives can cause your bowels to stop working normally and may cause you to be dependent on them.

Constipation is when you have:

- to strain to have a bowel movement
- hard stools
- not had a bowel movement for more than 3 days.

It can be caused by:

- decreased physical activity
- not drinking enough liquids
- changes in eating habits
- medicines.

Your health care team will monitor your bowel movements and help manage your constipation (if needed) during your hospital stay.

You can help prevent or manage constipation by doing the following:

- Drink four to six 8-ounce glasses of liquids each day (unless your health care team gives you other instructions). Water is best.
- Eat high-fiber foods such as whole-grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Walking will help.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner to sit on the toilet.
- If you are taking prescription pain medicine, try to take less if possible. Follow your health care team's instructions for taking pain medicine.

Common products to manage constipation include:

- stimulant laxatives. These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine. Examples include senna (Senokot®) and bisacodyl (Dulcolax®, Correctol®). Follow package directions.

- stool softeners. These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is docusate (Colace®) or polyethylene glycol (MiraLAX®). Follow package directions.
- fiber supplements. These can add bulk to the loose stools and soften hard stools. Examples include psyllium (Metamucil®), wheat dextrin (Benefiber®) and methylcellulose (Citrucel®).

Your health care team may recommend one or more of these if needed.

Urinary Incontinence

Urinary incontinence means that you cannot always hold your urine.

You may have dribbling or leakage before or after using the bathroom or constant, unpredictable leakage.

Important

Your health care team may ask you to help track how much you drink and how much you urinate during your hospital stay.

There are several ways to manage incontinence. Your health care team may talk with you about these common treatments:

- planned toileting: You should try to urinate every 2 to 3 hours even if you do not feel the urge to go.
- adult incontinence pads: Wearing a pad will provide protection against leakage or accidents.
- consuming less caffeine: Beverages containing caffeine (coffee, tea, many sodas) can increase your urge to go and how often you need to go.
- medicines: Your health care team will work with you to determine if you need to take a medicine to manage incontinence.
- exercise: Your health care team may give you instructions for exercises that can help too!

Urinary Tract Infections (UTIs)

Did You Know?

A recurrent UTI is when you have more than 3 UTIs in 1 year.

Recurrent UTIs may be related to urinary incontinence or constipation. In women, it may also be caused by a change in your vaginal bacteria, a loss of estrogen or both.

A urinary tract infection can affect your kidneys, bladder or urethra (tube from your bladder to the outside of your body). Other names for this include bladder infection, cystitis and UTI.

Symptoms of a UTI may include:

- feeling the urge to urinate more often or that you cannot empty your bladder completely
- new or worsening problems with holding your urine
- burning or pain while urinating
- new or increased confusion
- weakness
- falls.

Tell your health care team if you are having any of these symptoms while in the hospital.

You can do the following to help prevent a UTI:

- Empty your bladder every 2 to 3 hours. Do not hold urine for long periods of time.
- Drink at least four to six 8-ounce glasses of water each day.
- After a bowel movement, wipe your perineal area from front to back, using each tissue only once (women only). Consider using a moist wipe. Follow package directions for throwing the wipe away.
- Empty your bladder before and after having sex.
- Change your underwear, incontinence pads and pantyhose at least once each day or whenever soiled.
- Shower at least two times a week. Talk with your health care team for instructions if you are not able to shower.
- Take all of the antibiotic pills (if prescribed) as directed by your health care team, even if you are feeling well.

Talk with your health care team about your best options for preventing and treating a UTI.

Sleep Problems

Important

Sleep medicines (including over-the-counter and prescription) can have side effects. This may include:

- falls
- confusion
- morning sleepiness.

Make sure to tell your health care team if you regularly take medicine to help you sleep.

As you age, you may discover your sleep changes. You may have trouble falling asleep, staying asleep or feel less rested after waking up.

In the hospital, you can have new or worsening sleep problems. Sleep is important to your recovery and overall health. Talk with your health care team about your regular sleep routine. Make sure to tell them if you are having problems sleeping well.

Here are some things you can do to help you sleep well:

- Go to bed and wake up at about the same time each day.
- Stay active during the day. Physical activity will help you sleep well at night.
- Do not take long naps during the day. This can make you more tired and prevent you from sleeping well at night.
- Do a quiet activity before bedtime to promote sleep such as reading, journaling, meditating or praying.
- Talk with your health care team if:
 - you are waking up more than two times during the night to go to the bathroom
 - thoughts are keeping you up at night
 - pain is preventing you from getting restful sleep.

Poor Nutrition

Good nutrition (including drinking enough water) is essential for a healthy body. Eating healthful meals and snacks will help you maintain or increase your strength, recover well and feel your best.

In the hospital, you may need to follow a special diet because of your health problems. Your health care team will give you instructions if you need to continue with this diet after leaving the hospital.

Did You Know?

Some medicines can cause dry mouth. Dry mouth can also occur naturally as you age.

If you have dry mouth, make sure to drink plenty of water with your medicine and food.

Talk with your health care team if you have any issues that will affect your ability to eat healthy while in the hospital or when you return home. This includes if you:

- feel less hungry (decreased appetite)
- are losing weight
- have mouth sores, dry mouth or dentures that do not fit well
- feel weak
- have problems chewing, swallowing or both
- are not able to go grocery shopping
- do not have enough money to buy food
- are not able to prepare meals and snacks.

It is important to work with your health care team to find the root cause of and treat the problem. You can read more about good nutrition in chapter 6.

Skin Problems

As you age, you may discover changes in your skin. You may have problems with one or more of the following:

- dryness
- bruising
- easily torn or injured (frail) skin
- pressure ulcers (bedsores).

While you are in the hospital, your health care team will check your skin regularly. If you stay in a bed, chair or wheelchair for long periods of time, you are at a greater risk for developing skin problems. This could lengthen your stay in the hospital. Tell your health care team if you notice any dryness, bruising, injury or painful areas on your body.

Did You Know?

Many scented lotions contain alcohol, which dries out your skin. Look for products without alcohol listed as one of the first three ingredients on the label.

It is important that you continue to take care of your skin after you leave the hospital. This includes:

- looking at your skin every day for any changes. If you have a medical device, look at the skin around it.
- using pads or briefs to absorb urine. Change them when wet. This will prevent rashes, UTIs and other skin problems.
- taking 2 to 3 showers each week. Taking a sponge bath in between showers can help keep your skin healthy.
 - Use warm water (not hot). Hot water dries out the skin and can damage sensitive skin.
 - Use soaps labeled “for sensitive skin.”
 - Rinse well (especially if taking a sponge bath) and make sure to dry between your toes and in skin folds.
- applying barrier cream or ointment (if you have incontinence) to protect your skin from urine and stool.
- applying lotion or moisturizer to prevent dry skin. Avoid using lotion on areas that stay moist or wet from body fluids. (If you have diabetes, do not put lotion between your toes.)

Vision Problems and Low Vision

Tip

Ask a member of your care circle to bring your eyeglasses to you at the hospital.

As you age, you may notice changes in your vision. Some changes are a normal part of aging such as not being able to read small print on a restaurant menu.

Having low vision can cause you to have trouble with your activities of daily living such as cooking, sewing, reading, writing, shopping and driving. Low vision can also increase your risk for falls.

While in the hospital, having low vision can affect your ability to see objects in the room such as intravenous (IV) lines or oxygen tubes. **It is important that you always call your health care team for help getting out of bed or a chair.**

Did You Know?

If you have vision problems there are special tools (large-print reading materials, magnifying aids, electronic reading machines) you can use to help you do your everyday tasks.

If you are having trouble seeing well, talk with your health care team. Together, you can decide the best treatment options and resources for you.

Once out of the hospital, here are some tips for healthy eyes:

- Schedule an eye exam each year.
- Wear sunglasses when you are in the sun.
- Wear protective eyewear such as safety goggles or glasses (during sports, woodworking).
- Do not use tobacco.
- Give your eyes a rest.

If you spend a lot of time at the computer or focusing on any one thing, you sometimes forget to blink and your eyes can get tired.

— Try the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds. This can help reduce eyestrain.

Hearing Problems

Tip

Ask a member of your care circle to bring your hearing aids and extra batteries to you at the hospital.

As you age, you may notice changes in your hearing. Significant hearing loss may lead to one or more of the following:

- **isolation:**
You may stop attending social events or gatherings (movies, playing cards, getting together with friends for coffee) because you have trouble hearing in group activities. You may also stay home to avoid the embarrassment of asking others to repeat themselves.
- **increased risk for injury or harm:**
You may be unable to hear safety alarms, the doorbell or the telephone, which can help to keep you safe.

It is also important to hear well enough to understand instructions given to you by your health care team. It is OK to tell them if you do not understand the instructions being given to you. Written materials can be provided if needed.

■ **depression:**

Depression can include feelings of loneliness, isolation, grief, hopelessness, worthlessness or even thoughts of suicide.

While in the hospital, it is important to tell your health care team if you are having problems hearing. Together, you can determine what strategies (asking others to speak into the “best” ear, reading or writing, reducing background noise) work best for you.

Once out of the hospital, here are some tips for managing hearing loss:

- Talk with your health care provider if you notice changes in your hearing.
- Wear your hearing aids every day.
If you are having problems with your hearing aids, talk with your hearing specialist (audiologist or hearing aid provider) to discuss your options.
- Wear hearing protection such as earplugs when you are around loud noises (lawn mower, concerts, sporting events).
- Give your ears a rest.
Try to alternate between quiet and loud activities.

Depression

Did You Know?

Changes in your vision or hearing can cause you to avoid social situations and gatherings. This can lead to feelings of isolation and depression.

Talk with a member of your health care team if depression is affecting your everyday life.

Depression is a serious health problem. Symptoms of depression can be mild to severe, lasting for a short time (days, weeks) or a long time (months, years). Symptoms of depression may include:

- having sad, anxious or “empty” feelings
- feeling “down” or “blue” for more than a few days
- feeling negative
- feeling irritable or restless
- feeling guilty, worthless, helpless or all three
- losing interest in activities or hobbies you once enjoyed (including sex)

Did You Know?

Many older adults think they are too old to have depression or believe depression is a sign of weakness. This is not true. Depression is a medical condition that can be treated just like any other medical condition such as high blood pressure or diabetes.

- feeling tired or having less energy than usual
- having trouble concentrating, remembering details or making decisions
- trouble falling asleep, waking up early or sleeping too much
- having changes in appetite and weight
- dizziness
- shortness of breath
- having aches and pains, headaches, cramps or digestive problems that do not go away with treatment
- thoughts of harming yourself or suicide.

There is no single cause for depression. Having a family history of depression, stress from life changes, medical problems or a combination of many factors can lead to depression.

Depression can affect every part of your life. It can even affect how often you become ill or how well you heal from a major illness.

Being hospitalized can also increase your risk for depression. **It is important to tell your health care team if you are experiencing any symptoms of depression.** Depression can be treated just like any other medical condition such as diabetes or high blood pressure.

Once you are out of the hospital, here are some things you can try to help manage your depression:

- Try to spend time with other people and let others help you.
- Continue to participate in events or activities you enjoy. If your health condition has changed (low vision, hearing problems, trouble walking), talk with your health care team about ways they can help.
- Exercise regularly.
- Set realistic goals for yourself and break up large tasks into smaller ones. Set priorities and do what you can when you are able.

- Expect that your mood will improve slowly.
You will not suddenly “snap out” of depression.
- Avoid making important decisions until you feel better.
- Keep a journal of your progress.
- Think about joining a support group.
- Limit your use of alcohol and other substances.
Depression may lead you to drink alcohol, smoke more or take other drugs that will make you feel worse.

Your health care team may also recommend you talk with a mental health care provider, take medicine(s) or both. Follow any instructions they give you.

What to Do in a Crisis

If you are thinking about harming yourself, or know someone who is, get help right away.

- Call the Mental Health & Addiction Connection Line at 1-866-603-0016. Your 24/7 Allina Health resource for scheduling, referrals, questions and concerns.
- Call 911 or go to the nearest hospital Emergency Department.
- Ask a member of your care circle to be with you so you are not alone.

Anxiety

Important

You need to get help when you have physical symptoms of anxiety that keep you from feeling healthy and affect your activities of daily living.

Anxiety is a strong feeling of fear and may involve constant worry. Other symptoms of anxiety include:

- rapid heart rate, shortness of breath or both
- feeling a tightness in your chest
- feeling a lump in your throat
- difficulty swallowing
- dizziness
- trouble falling asleep, waking up early or sleeping too much.

Some anxiety is normal and even necessary. Having a family history of anxiety, stress from life changes, medical conditions or a combination of many factors can lead to feelings of anxiety.

Being hospitalized can increase your risk for new anxiety or make anxiety worse. **Tell your health care team if you are experiencing any symptoms of anxiety.**

Once you are out of the hospital, here are some things you can try to help manage your anxiety:

- Learn and practice deep breathing, meditation or guided imagery.
- Exercise (yoga, Tai chi, walking).
- Use aromatherapy.
- Do hobbies you enjoy (listen to music, play cards).
- Spend time outside.
- Cut back or stop drinking beverages that have caffeine or alcohol.

Your health care team may also recommend you talk with a mental health care provider, take medicine(s) or both. Follow any instructions they give you.

Delirium

Did You Know?

According to the American Delirium Society, 1 out of 4 older adults in the hospital will get delirium.

Delirium is a sudden confusion that happens over a few hours or days, and can last for weeks or months. It can affect your behaviors, thinking, attention or speech. These changes can be upsetting to you and your family.

Signs of delirium can come and go, and can change quickly. Your care circle may be the first to recognize these changes and should tell your health care team about them right away. The following chart lists some signs and examples of delirium.

Signs	Examples
New memory problems	<ul style="list-style-type: none">■ Forgetting you are in the hospital or why you are in the hospital, or both■ Forgetting instructions you just received
Thinking and speech problems	<ul style="list-style-type: none">■ Not being able to focus or follow a conversation■ Saying things that do not make sense■ Talking slower or faster than usual
Behavior changes	<ul style="list-style-type: none">■ Irritability that may include yelling■ Refusing to follow instructions■ Being quieter or louder than usual
Sleep problems	<ul style="list-style-type: none">■ Sleeping too much or too little■ Being unable to fall or stay asleep■ Mixing up your days or nights
Other changes	<ul style="list-style-type: none">■ Seeing bugs or people who are not there■ Hearing voices or music that is not there■ Not trusting others or accusing others of trying to hurt you

Important

You may want to ask a member of your care circle to stay overnight at the hospital with you. This may help you feel calm and safe.

Delirium is a medical condition that can have many causes. Being in the hospital increases your risk for delirium. You are also at a higher risk if you:

- are over 65 years old
- have a history of delirium, sudden (acute) confusion, or dementia
- have problems seeing or hearing
- have more than one health problem.

While in the hospital, your health care team will talk with you and watch for signs of delirium. They will adjust your treatment plan if needed.

There are several things you can do to help prevent delirium (in and out of the hospital). This includes making sure you are:

- eating well and drinking enough liquids (staying hydrated)
- sleeping well during the night and staying on a consistent sleep schedule
- getting enough physical activity
- doing activities to challenge your mind such as puzzles, word searches or reading
- taking your medicines correctly and consistently
- staying connected with your family and friends
- surrounded by familiar objects or other belongings that make you more comfortable (glasses, hearing aids, blanket, photos, address book, calendar).

If you have delirium, your care circle can do the following to help you (in and out of the hospital). This may include:

- using a calm, soothing and gentle voice
- giving reminders about the day, time and situation
- giving simple instructions focused on one task at a time
- limiting the number of visitors at one time
- limiting the length of time visitors stay
- massaging hands, feet, back or shoulders
- creating a simple, daily schedule with meal times, rest and activities
- making sure a member of his or her care circle is available to provide in-person support 24 hours a day or as needed. A familiar face can be calming and comforting.

Your care circle should watch for new or worsening signs of delirium after you leave the hospital. It is important that you talk with your primary care provider about this during your follow-up appointment.

Dementia

Important

The person with dementia will not always notice signs of dementia. It is important for your care circle to tell your health care team about any changes they notice.

Dementia is not the same as delirium. Dementia is a general term for problems with memory or thinking that affect your life.

There are many different types of dementia. The most common type is Alzheimer's disease. All types of dementia will get worse over time. There is no cure for dementia. The following chart lists some signs and examples of dementia.

Signs	Examples
Memory problems	<ul style="list-style-type: none">■ Forgetting important things that recently happened■ Forgetting important dates such as a birthday■ Repeating questions or stories
Thinking and speech problems	<ul style="list-style-type: none">■ Trouble learning new things■ Using the wrong words or vague words■ Taking longer to do simple tasks or not being able to complete tasks■ Having trouble with math (balancing checkbook, following recipes)■ Getting lost■ Having poor judgement (money, safety, self-care, hygiene)
Behavior changes	<ul style="list-style-type: none">■ Losing interest in things or hobbies you once enjoyed■ Avoiding social activities■ Repeatedly losing things or putting things in wrong places
Sleep problems	<ul style="list-style-type: none">■ Mixing up your days or nights■ Waking up frequently or doing activities during the night (wandering, searching for things, stacking items)
Other changes	<ul style="list-style-type: none">■ Having trouble judging distance■ Having trouble reading■ Being more irritable, angry or annoyed■ Feeling sad, depressed, hopeless or lonely

Just because you have one or more of these signs does not mean you have dementia. Signs of dementia usually start slowly, increase and worsen over time.

While in the hospital, your health care team may notice you have some signs of dementia. **Dementia should not be diagnosed in the hospital.**

After you leave the hospital and you are feeling well, you and your care circle should talk with your primary care provider about any signs of dementia you have noticed and determine if more testing is needed.



Chapter 4: Care When You Return Home

Resuming Your Activities of Daily Living

Resources

Visit allinahealth.healthclips.com to watch videos to help you care for yourself when you return home.

You may wish to watch videos about:

- medicines
- pain management
- nutrition
- fitness
- emotional health
- and many more!

You can watch the videos as often as you would like, whenever you would like.

After you leave the hospital, you will need to slowly return to your activities of daily living. Be patient. It will take some time to get back to your regular routines and energy level.

It is important that you review your hospital discharge instructions for information about your:

- medicine changes
- activity restrictions
- follow-up appointments.

Write down any questions you have and bring them to your follow-up appointment with your primary care provider. (See page 55 for a list of questions you may want to ask.)

It is important to follow any instructions you received from your physical therapist or occupational therapist in the hospital (or short-term rehab). This includes recommendations to:

- use an assistive walking device (walker, cane)
- use medical equipment (bath chair, grab bars, raised toilet seat, reacher, sock aid, pill box).
- do your prescribed home exercise program.

When to Seek Medical Attention

Important

This book has general instructions for caring for yourself after leaving the hospital.

Please read your **hospital discharge instructions** given to you by your nurse for information about when to:

- call your primary care provider
- go to the Emergency Department (ED).

When to call your primary care provider

Call your primary care provider if you have questions about:

- your medicines including:
 - how to start new medicines or stop medicines you were taking before your hospital stay (existing medicines)
 - how much to take (dose)
 - when to take (time of day, with or without food)
 - possible side effects
- changes in:
 - appetite
 - sleep
 - pain
 - bowel or bladder function
 - breathing
 - how well you can move (mobility)
 - how well you can take care of yourself (self-care)
- new or worsening symptoms. Your health care provider may instruct you to go to the nearest hospital Emergency Department (ED) if needed.

When to go to the Emergency Department (ED)

Go to the nearest hospital ED right away if you have any of the following:

- a temperature of 101.3 F or higher
- severe pain not relieved by medicine or rest
- signs of infection:
 - increased swelling
 - redness
 - increased drainage
 - increased warmth
 - pus
 - foul smell
- trouble breathing
- chest pain
- sudden weakness or change in vision
- trouble talking
- loss of consciousness
- bleeding or throwing up (vomiting) that will not stop
- bloody stools
- a generally worse feeling (that prevents you from doing your activities of daily living) than you had when you left the hospital.

Your Follow-up Appointment(s)

Did You Know?

It is a good time to update or complete a health care directive when you have a significant change in your health.

Talk with your primary care provider about your health care directive.

You will need to have a follow-up appointment with your primary care provider within **3 to 5 days after leaving the hospital**. If you are not already scheduled for this, you will need to call your clinic to make the appointment yourself.

During this appointment, your primary care provider may:

- talk with you about why you were in the hospital
- review any changes to your medicine(s)
- do any tests or labs if needed
- talk with you about your symptoms (including symptoms of delirium)
- recommend other types of therapy if needed
- talk with you about your risk for falling
- make additional changes to your medicine(s) if needed.

You may also need to have a follow-up appointment with one or more specialists. Your hospital discharge instructions will include this information. Sometimes appointments are scheduled for you but it is possible you may need to schedule it yourself.

Please keep your follow-up appointment(s) even if you are feeling well. This is a time for your primary care provider and specialist(s) to talk with you about your recovery and health care needs.

Your Follow-up Appointment(s)

Primary care provider: _____

Phone number: _____

Date: _____ Time: _____ a.m. \ p.m.

Specialist: _____

Phone number: _____

Date: _____ Time: _____ a.m. \ p.m.

Other: _____

Phone number: _____

Date: _____ Time: _____ a.m. \ p.m.

If you need to reschedule, please call at least 24 hours
before your scheduled appointment.

Preparing for your appointment

- ☐ You are encouraged to ask a member of your care circle to come with you to your follow-up appointment. **If you have someone who helps you with your medicine(s), this person should be at your appointment with you.** He or she can help you:
 - remember what your primary care provider or specialist talks about with you
 - understand your instructions.
- ☐ Bring a list of all prescription and over-the-counter medicines, herbals, vitamins and supplements you take (including new medicines and medicines you were taking before your hospital stay). Be sure to include the following information:
 - the dose listed on the bottle
 - how often you take the medicine such as two times each day, one time at bedtime or every 4 hours.

It is also a good idea to bring your medicine bottles with you.

- ☐ Bring a list of any questions you may want to ask your primary care provider. You can also use the worksheet on the next page to help guide you.

Questions You May Want to Ask at Your Follow-up Appointment With Your Primary Care Provider

New medicines

1. How do I take my new medicines? _____

2. How long do I need to take my new medicines? _____

3. What are the possible side effects of my new medicines? _____

Important: Some medicines may interact with other medicines you are taking. This means that some medicines may not work as well or work too much.

4. Will my new medicines interact with medicine(s) I already take (existing medicines)?

Medicines I was taking before my hospital stay (existing medicines), including prescription and over-the counter medicines

5. Do I need to make changes to my existing medicines? Yes \ No

If so, what changes do I need to make? _____

6. Can I stop taking any of my existing medicines? Yes \ No

If so, what medicines can I stop taking? _____

7. Are there any existing vitamins, herbals or supplements I should stop taking or avoid? Yes \ No

8. Do I need help managing my medicines? (pill box, lock box, reminders)

Yes \ No

Physical activity

9. Should I start working with a physical therapist (if I am not already)? Yes \ No

10. Should I start working with an occupational therapist (if I am not already?)

Yes \ No

11. How do I schedule an appointment with a physical therapist or occupational therapist? _____

12. Can I start exercising or resume my regular exercise routine? Yes \ No

If so, do I have any exercise restrictions? _____

Can I return to the following:

☐ household activities (vacuuming, laundry, stairs, cooking)

☐ driving a car

☐ leisure activities such as traveling, golfing or dancing?

☐ other: _____

Do I need to update or complete my health care directive? Yes \ No

Other questions:

Falls

Did You Know?

According to the Centers for Disease Control and Prevention (CDC), more than one out of four older people fall each year, but less than half tell their health care provider.

It is important to tell your health care team if you have fallen. They can help to create a plan to build or maintain strength and keep you safe.

Your risk for falling

You are at an increased risk for falling in the first month after leaving the hospital. Read through the following questions and place a check mark in the box next to your answer.

1. Do you have a fear of falling?

- ☐ Yes
- ☐ No

2. Have you fallen (or almost fallen) in the last year?

- ☐ Yes
- ☐ No

If yes, where did it occur?

(Check more than one answer if you have fallen several times.)

- ☐ tub or shower
- ☐ toilet
- ☐ bed
- ☐ outdoors

3. Do you have trouble walking because you feel weak, unsteady, stiff or have problems with your feet?

- ☐ Yes
- ☐ No

4. Do you have trouble bending over, crouching or kneeling?

- ☐ Yes
- ☐ No

5. Do you use a cane or a walker (inside or outside of your home)?

☐ Yes

☐ No

6. Do you “touch” or lean on furniture for support or balance when you walk?

☐ Yes

☐ No

If you checked “yes” to any of these questions, you are at an increased risk for falling. Make sure to review your answers with your health care team at your follow-up appointment(s).

What You Can Do to Prevent Falls

It is important to always tell your health care provider when you have fallen (or almost fallen). Keeping it a secret and limiting your activity because you are afraid of falling will only increase your risk of falling again. Your primary care provider and care circle can help you get the services you need to prevent another fall.

Falls can occur for many reasons. You can decrease your risk for falling. Read through the following tips and create a plan to make changes. Then check each box when you have fixed the issue.

Did You Know?

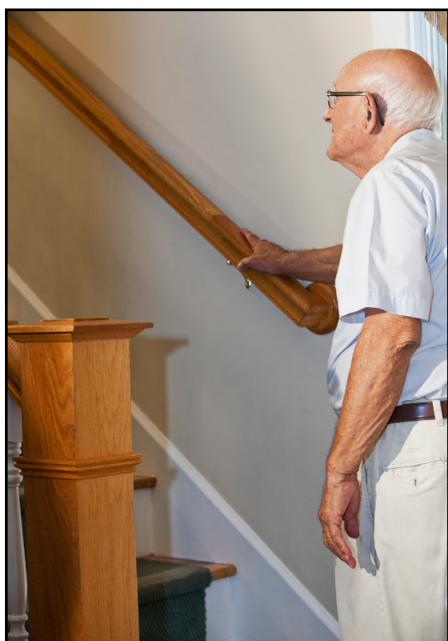
Most falls occur in the home. Falls can cause:

- broken bones
- hospital visits
- head and other injuries.

In your home and dress

Throughout your home:

- ☐ If you live alone, you should have a safety plan in place with your care circle. They may feel more comfortable if you wear an emergency alert system. This would ensure you can get help even if you fall and cannot get to a phone.
- ☐ Remove all throw rugs. Be sure your bathroom rug has a rubber backing on it to prevent it from slipping under your feet.
- ☐ Be sure lighting is adequate in all areas of your home, including the hallways and bathroom.
- ☐ Use a night light. Many people fall while reaching for a light switch in the dark and overextending their reach because they misjudged the distance.
- ☐ Be sure hallways and areas around the bed and chairs are uncluttered.



Does your stairway have hand rails on both sides?



Pets are great companions but they can also cause a fall.

- ☐ Do not climb to reach objects on the upper shelves of cupboards. Store lightweight items on the top and heavier items on the bottom. Use an extended reacher to retrieve overhead items without climbing on a step stool.
- ☐ Be sure to have secure hand rails on both sides of the stairway and use both rails, especially if one side of your body is weaker than the other.
- ☐ When someone falls on the stairs, it is most often because he or she missed the last step. To help prevent this from happening:
 - ☐ Put the bathtub-type nonslip tread on the hand rail to give yourself a tactile warning that you are at the last step.
 - ☐ Put a strip of white tape across the edge of the last step as a visual clue.
- ☐ Your loving pet may be the cause of a fall. Do not allow your dog to jump on you. Consider using automatic feeders and water dispensers. Sit on a chair beside the kitty litter box when cleaning it rather than bending over since that may cause dizziness.

In your bathroom:

- ☐ Using a raised toilet seat may make coming to a standing position easier.
- ☐ Use nonslip treads in the tub or shower.
- ☐ Install and use tub grab bars for safety when getting out of the tub. (A detachable type of grab bar that fits over the side of the tub and is attached securely is perfectly safe.) There are specially designed grab bars for older tubs which have rolled edges.
- ☐ Use a bath chair and a hand-held shower head.

In your bedroom:

- ☐ If you have incontinence during the night, put a commode near the bed so that you do not have to try to get the toilet in a hurry when you are sleepy.

In your dress:

- ☐ Be sure your clothes fit well and do not cause you to trip. People have been known to fall because of ill-fitting footwear, baggy trousers or clothing that is too long.
- ☐ Sit on a sturdy chair or toilet (not your bed) when putting on socks, pants and other clothing.
- ☐ Wear shoes (not slippers or heels) when in your home. You can have a special pair of “inside shoes” to keep your home clean.

In your activities of daily living

- ☐ Stay physically active and make sure to include exercise in your daily routine.
- ☐ Doing strengthening exercises (with weights or bands) is essential to keep the muscles you have. (“Use it or lose it.”) Increasing the amount of weight you lift over time will help to build muscle.
- ☐ If you use a mobility device such as a cane, walker or wheelchair, be sure it is easily accessible and fitted properly.
- ☐ Use a chair to sit down before bending over. Make sure to recover from any dizziness before standing again.
- ☐ When getting up from sitting or lying down, get up slowly and stand for 1 to 3 minutes to prevent dizziness.
- ☐ Some changes in head positions can cause dizziness. Talk with your health care provider if this happens.
- ☐ If you are afraid to take a bath for fear of falling, ask your health care provider for help in getting professional advice on how to safely bathe.



Make sure your walking aid is easily accessible to use during your activities of daily living.

In your food and medicine

- ☐ Eat healthful meals and snacks throughout the day to give you energy and keep you strong.
- ☐ Drink plenty of liquids to help you feel your best. Do not drink alcohol. Alcohol can increase your risk for falling.

Important

Some medicines can increase your risk for falling. This includes:

- sleep medicines such as Tylenol® PM
- blood pressure medicines such as Lopressor®
- medicines to remove fluids from your body (diuretics or “water pills”) such as Lasix®
- over-the-counter cold medicines such as Sudafed®.

Make sure to talk to your health care provider about **all** of the medicines you take.

- ❑ Talk with your health care provider about **all** of the medicines you are taking (including prescription and over-the-counter medicines, herbals, vitamins and other supplements). **It is important to know that some medicines, especially sleep medicines, blood pressure medicines, medicines to remove fluids from your body and over-the-counter cold medicines, can increase your risk of falling.**
- ❑ Have regular medicine reviews with your health care provider. A medicine review is an opportunity for you to make sure your medicines are:
 - **safe:**
Some medicines may interact with each other. This means one medicine may affect how well another one works. Your health care provider or pharmacist can tell you about any possible interactions.
 - **working well for you:**
Your health care provider can suggest any changes to make your medicine plan work at its best.
 - **the best medicine for you to take:**
Your health care provider can make sure you are not on any medicines that do the same thing or medicines you no longer need to take.
 - **the most affordable option for you:**
Your health care provider may advise you stop taking a medicine or switch to a generic medicine for a more affordable option.
- ❑ Use a pill box or guide to manage your medicines.
- ❑ Make an appointment to get your eyes checked at least once each year or more often if you notice a change in your vision. Poor vision increases your risk of falling.

Important

If you are not able to afford your medicines, talk with your health care provider. It is important to take your medicines as directed.

How to Get Up From the Floor if You Fall

It is important to know how to properly get up from the floor if you fall. Reacting in panic and trying to get up too quickly or in the wrong position can cause injury or make an injury worse.

Follow these steps if you fall:

1. Pause to calm down. Take a few deep breaths.
2. Determine if you are hurt. **If you think you are injured or you are feeling dizzy, do not try to get up. Call 911 or a member of your care circle for help. If you are wearing an emergency alert system, use it.**



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Try to stay calm if you fall. Doing so will help you think more clearly to determine if you are hurt. If you think you are injured, call for help. Do not try to get up yourself.

3. If you are not hurt and you feel strong enough, you can get up from the floor by following these steps:



A. Bend both of your knees. Then roll to your side.

A



B. Place your top hand on the floor in front of you and push up onto your other elbow. Your body weight should be on your hip.

B



C. Push up onto both hands.

C

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D

D. Roll forward onto your knees, using your hands for support.



E

E. Crawl to a sturdy chair (or another piece of nonmoveable sturdy furniture).



F

F. Place both hands on the seat.

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G

G. Lift your stronger knee and bend it, placing your foot flat on the floor. Slowly begin to rise by pushing up with your stronger leg and using your hands to help push up and support you.



H

H. Carefully turn around to sit in the chair.

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Important

It is important that you tell your care circle and primary care provider about all falls, even if you do not think you have been injured.

Chapter 5: Living Independently

Did You Know?

An occupational therapist (OT) is a health care provider who is specially trained to help you get back to doing your activities of daily living.

He or she will do this by teaching you how to use special equipment for:

- toileting
- bathing
- dressing
- grooming
- eating
- moving (walking)
- other activities of daily living.

Important

Call your insurance provider to find out what is and is not covered under your plan.

This chapter includes information about special equipment to help you:

- with your activities of daily living
- move safely inside and outside of your home
- live as independently as possible.

Turn to page 127 for information about how to borrow or purchase the equipment on the following pages.

You can also consider making changes to your home environment to help prevent falls. Turn to page 59 for information about changes you can make.

Toileting

Tip

Weakness in your legs can make it difficult to get on and off the toilet. A raised toilet seat, toilet safety frame or both can make toileting easier.

When you return home, you may need special equipment to make toileting easier and safer. Here are the most common items used:

Raised toilet seat



You can get a raised toilet seat with or without arms.

Toilet safety frame



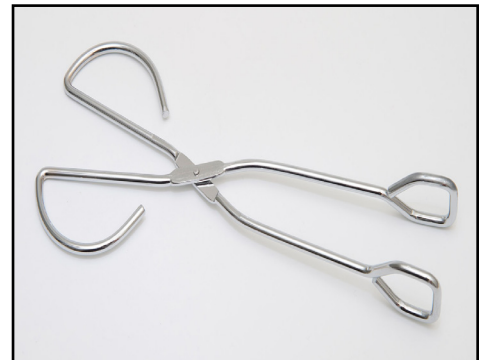
A toilet safety frame can be used with or without a raised toilet seat.

Commode



A commode can be placed at your bedside to use when you are not able to get up to use the bathroom.

Toileting tongs



Toileting tongs can help you with your hygiene care after you use the toilet.

Bathing

Important

Most falls in the home occur in the bathroom. Using special equipment can make toileting and bathing safer.

You may need special equipment to help you take a bath or shower at home. A member of your care circle or home health aide can also help. Here are the most common items used:

Grab bars



Installing grab bars around your bathtub or shower will increase your safety as you step in and out.

Bath (shower) chair



A bath chair lets you sit while taking a bath or shower.

Extended bath chair bench



An extended bath chair bench can help you get in and out of the bath or shower. You can also sit on it while you bathe.

Bath mat or nonslip tape



Having a bath mat or nonslip tape on the floor of your bathtub or shower can prevent you from slipping as you bathe.

Long-handled sponge



A long-handled sponge can be used to wash your feet when you cannot bend and to wash your back so you keep from twisting.

Hand-held shower head



A hand-held shower head allows you to control the spray of water while sitting.

All photos © Allina Health System

Dressing

Tip

Dressing is safest when sitting. It can also help to protect your back, knees, hips and shoulders from injury or pain.

You may have trouble getting your clothes and shoes on and off without help from others. Some special equipment can help you be more independent in your dressing. Here are the most common items used:

Reacher



A reacher helps you get things from higher and lower levels. It can also help you put clothes on the lower part of your body.

Sock aid



A sock aid helps you put on socks when you have back or hip pain, or if you are not able to reach your feet.

Long-handled shoe horn



A long-handled shoe horn helps you guide your foot into an already-tied or slip-on shoe.

All photos © Allina Health System

Dressing stick



A dressing stick helps you put clothes on the upper part of your body.

Button hook



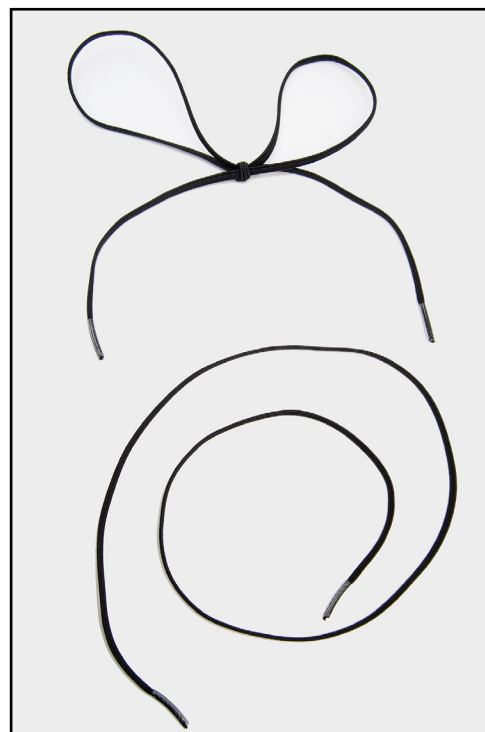
A button hook can help you button and unbutton your clothing.

Zipper pull



A zipper pull attaches to a smaller zipper to make it easier to grasp.

Elastic shoelaces



Elastic shoelaces can replace regular shoelaces to make your shoes slip on.

Grooming

Keeping up with personal care and hygiene is important but can be difficult if you have weakness in your hands or trouble raising your arms. Here are the most common items used:

Long-handled brush or comb



A long-handled brush or comb can help if you have trouble raising your arms.

Foam



Foam can be used to build up a toothbrush or hair brush handle, and pencils, pens and utensils too!

Large nail clipper



A large nail clipper is easier to grasp than a smaller one.

Eating

It is important to eat and drink enough when you return home. Here are the most common items to make eating and drinking easier, and to prevent spills:

Large-grip utensils



Large-grip utensils make it easier to grasp and hold a fork, knife or spoon.

Bent utensils



Bent utensils help with bringing food to your mouth without having to move your wrist.

Weighted or swivel utensils



Weighted or swivel utensils may help with steadying your hand if you have tremors (Parkinson's disease).

Plate guard



A plate guard can be attached to a regular plate to prevent food from spilling over the edge.

Built-in plate guard



A plate can have a built-in plate guard to prevent food from spilling over the edge. This option looks like a regular plate.

Easy-to-grip cups



Easy-to-grip cups can help if you have a weak grip or arthritis in your hands.

Equipment to Help You Move Safely

It is important to continue walking when you return home. After a hospital stay, it is common to be weak or have trouble with your balance. Here are the most common walking aids used to help you stay safe and active:

Front-wheel walker



A front-wheel walker can help you move safely if you have poor balance, or pain in your back or lower body.

Four-wheel walker



A four-wheel walker can help you move safely if you have mild balance issues or breathing problems. If you need a break, you can sit to rest or catch your breath.

Cane



A cane can help you move safely if you have mild balance issues, or mild weakness in one or both legs.

All photos © Allina Health System

How to use walking aids safely

After choosing a walking aid to fit your needs, it is important to make sure:

- it fits correctly
- you are using it safely.

To make sure your walker or cane fits you:

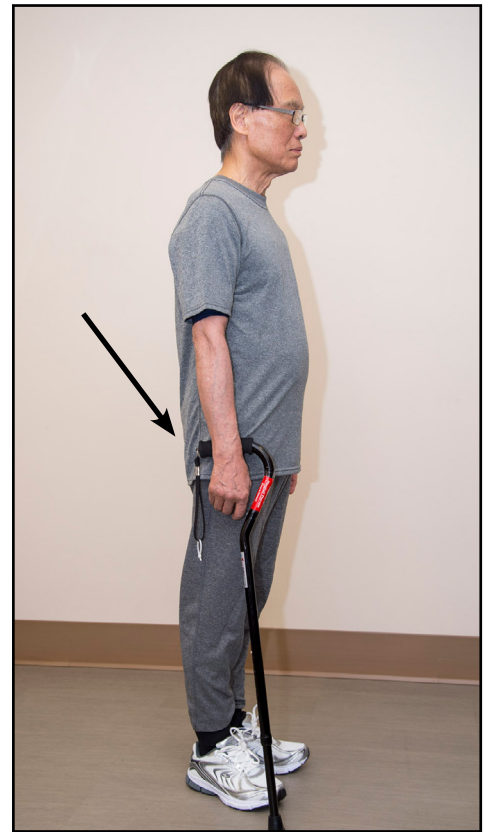
1. Stand up straight with your arms at your sides.
2. The grip of your walking aid should be at your wrist.



Front-wheel walker



Four-wheel walker



Cane

Tips for moving safely:

- Keep your walker or cane close so you have it when you need it.
- Move furniture so you have a lot of room to move.
- Remove throw rugs to keep from tripping.
- Add a cloth bag to your walker to keep items you use a lot within reach.
- Do not “park” your walker several steps away before sitting or lying down.

What not to do

Here are some common mistakes made when using a walking aid.



Front-wheel walker



Four-wheel walker



Cane

Other Items

Here are a few other items that may help you with your activities of daily living:

Easy-to-grip pen



Easy-to-grip pens make it easier to grasp and write with a pen.

Car cane



A car cane can be attached to the door latch to make it easier to get in and out of your car safely.

Bed rail



A bed rail can help you move safely out of bed, come to a standing position or prevent you from rolling out of bed.



Chapter 6: Healthy Lifestyle Choices

Nutrition: What You Need to Know

Important

Ask your health care provider if you have questions about your nutrition and recovery.

Good nutrition is essential for a healthy body and mind. Eating well-balanced meals and snacks can help you feel your best and help you to:

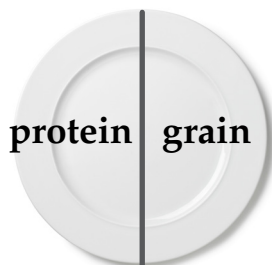
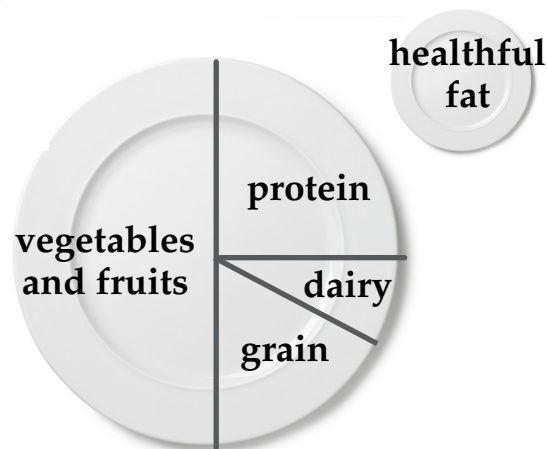
- have more energy
- feel strong
- not get sick (boost immunity)
- recover faster with less downtime
- think clearly.

It is important to eat regularly throughout the day, whether you choose to have three balanced meals, small amounts of food more often or a combination of meals and snacks.

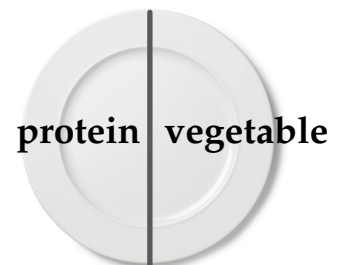
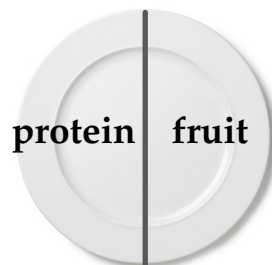
Try to think about what your plate should look like when you are planning your meals and snacks.



For meals:



For snacks:



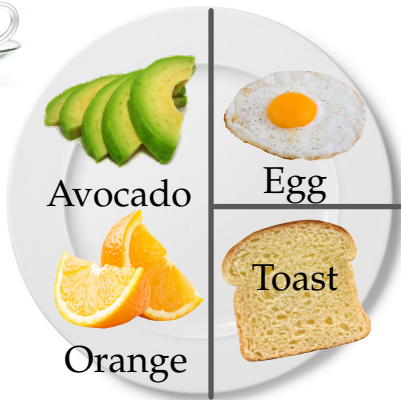
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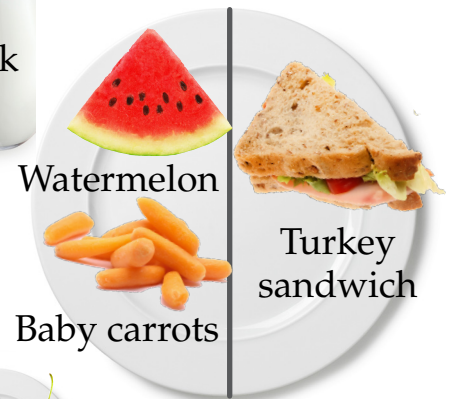
Here are some examples of healthful meals and snacks.

For meals:

At breakfast:



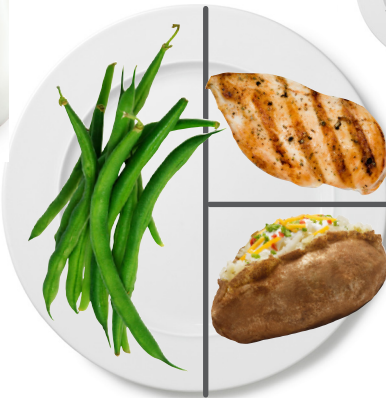
At lunch:



At dinner:



Green beans



Chicken breast

Baked potato

For snacks:

Apple with cheese



Bran flakes with milk



Yogurt with fruit



Nuts with dried fruit



Vegetables with hummus



Important

Drink plenty of water!

Dehydration is common among older adults.

As you age, your sense of thirst is not as sharp. Staying well-hydrated decreases your risk for urinary tract infections (UTIs), constipation and confusion. Talk with your health care provider about how much water you need each day.

Important nutrients for older adults

As you age, it is important to eat foods rich in the following nutrients.

■ Protein:

Most older adults do not eat enough protein to make up for the loss of muscle. Protein helps repair and build healthy tissue (build and maintain muscle), strengthens your immune system and helps you recover better from illness or injury. **You should have at least one serving of protein at each meal.** Protein is not only meat. (See the chart on the next page for examples of foods that contain protein.)

■ Vitamin B12:

As you age, your body produces less stomach acid, making it more difficult to absorb this vitamin from food. You may need to take a supplement. Ask your health care provider if you need to take a vitamin B12 supplement.

■ More potassium, less sodium:

Eating foods rich in potassium and low in sodium can help to lower your risk of high blood pressure. Many vegetables and fruits are good choices. Talk with your health care provider about how much potassium and sodium you should have each day if you have kidney disease, or if you are taking diuretics (“water pills”) or heart medicine.

■ Calcium and vitamin D:




















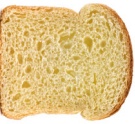





Bones thin as you age. Getting enough calcium and vitamin D from foods or supplements will help your bones stay strong and lower your risk for a bone fracture. Talk with your health care provider about taking a calcium supplement, vitamin D supplement or both.

■ Fiber:

Fiber helps your body produce regular bowel movements, which can slow with aging. **Make sure you are drinking plenty of water too!** Doing so helps the fiber move through your intestines.

Use the chart on the next page to help you choose foods for building well-balanced meals and snacks.

The following chart shows examples of foods to put on your plate.

Protein	Vitamin B12	Potassium	Calcium/Vitamin D	Fiber
 Chicken	 Turkey	 Squash	 Milk	 Brown rice
 Cheese	 Tuna	 Avocado	 Yogurt	 Peas
 Egg	 Red meat	 Banana	 Almonds	 Beans and legumes
 Nuts	 Fortified cereal	 Brussels sprouts	 Sardines	 Whole-grain bread
 Salmon	 Shellfish	 Spinach	 Broccoli	 Berries

Changes in your appetite

Have you had a change in your appetite? You may have noticed you often do not “feel hungry” — but it is important that you eat healthful foods throughout the day.

Not giving your body the nourishment it needs may lead to:

- hospital readmission
- longer hospital stays
- infections
- poor wound healing
- muscle loss
- less energy
- weight loss
- not being able to do everyday tasks you once could
- falls.

Getting enough of the nutrients your body needs can be challenging if you do not feel hungry. Here are some tips to help you get the most from your meal and snack times:

- You may feel better if you eat smaller amounts of food rather than large meals. Try eating smaller meals more often throughout the day.
- Make sure your dentures fit well (if you wear them). Talk with your dentist about proper fit and any problems you are having with your dentures or mouth.
- Arrange to eat some of your meals with family, friends or a neighbor. Enjoying a meal together can help you eat more. It will also brighten your day and theirs too!

Tip

Consider freezing half or splitting a food item with a family member, friend or neighbor. For example, bread can be frozen or packages of fresh vegetables can be split and shared.

- Consider asking a member of your care circle for help with your grocery shopping. He or she can help you shop for healthful foods and give you ideas for cooking smaller portions.
- Sign up to have meals delivered if you are not able to prepare food for yourself.
- Arrange for your groceries to be delivered to your home. Many grocery stores offer delivery service for a fee.
- Talk with your health care provider about ready-to-drink nutrition beverages such as Ensure[®], Boost[®], Carnation[®] Breakfast Essentials[™] or another product you like as snacks to add calories and good nutrition to your day. **Do not drink these too close to mealtime (within 2 hours before) or with your meals.** Doing so may fill you up and cause you to eat less.
- Your taste may be changing as you get older. If you have favorite recipes, try decreasing the amount of salt and adding herbs and spices instead.
- Request to have a medicine review at your next appointment with your health care provider. He or she can make sure your medicines are not causing you to have a poor appetite. You can also ask your pharmacist questions about your medicines.

Physical Activity and Exercise

Tip

If you have not been physically active, talk with your health care provider before you start an exercise program.

You may have discovered you have been less active because of your health condition. When muscles are not used, they become weak.

As you age, you lose strength (muscles mass) and bone density. This makes it more difficult for you to do your daily activities and maintain your independence. If you do not exercise regularly, you are at a higher risk for:

- extreme loss of muscle mass (sarcopenia) or bone density (osteoporosis)
- lower energy levels
- weight loss (not intentional)
- a decrease in your walking speed.

You can also have a combination of the above, which may lead to extreme weakness (frailty).

Differences between activities and exercise

Activities are things you do each day such as walking to your car, making a meal, or doing a hobby or housework. These keep your body moving throughout the day.

Exercises are physically exerting movements done to make your muscles, heart and lungs stronger. They must go above and beyond what you do in your daily routine. For example, going to the grocery store is not exercise but going to the mall to intentionally walk would be considered exercise.

Your daily activities are important but regular exercise is needed to build and maintain your muscles and bones.

Did You Know?

Exercise also has mental health benefits. Exercise can improve your:

- mood
- sleep
- attitude
- and more!

Tip

To tell how hard you are exercising you can use the “talk test.”

This is your ability to have a fairly normal conversation while exercising. If you can sing, you need to work a little harder. If you have trouble talking, you need to slow down.

Tip

Drink water before, during and after exercise.

Types of exercise

There are four types of exercise that are important to prevent or slow the effects of aging. This includes:

- **aerobic (cardiorespiratory):** Aerobic exercise continues for a period of time (at least 10 minutes) without rest. In order to be considered “aerobic,” an exercise must cause you to experience one or more of the following:

- make you mildly short of breath
- increase your heart rate
- cause you to sweat.

The National Institute on Aging (NIA) recommends that all adults (including older adults) have at least 150 minutes of aerobic exercise each week. It is best for you to do aerobic exercise 5 to 7 times each week.

- **strength training:** Strength training applies resistance to your muscles which can increase strength, reduce body fat and improve bone health. It is important that you increase the amount of resistance over time. Examples include using:

- elastic bands
- cuff and hand weights
- weight machines.

You can even use your own body weight to increase strength!

The American College of Sports Medicine (ACSM) recommends that all adults (including older adults) do strength-training exercises at least 2 times each week with at least 1 day of rest in between. As you strength train:

- make sure to include exercises that target your largest muscles in your upper and lower body
- use enough weight for your muscles to be tired between 8 and 15 repetitions
- increase the amount of weight you are lifting when you can do 15 repetitions or more.

Tip

See the exercises in chapter 7 to help you get started with your exercise program.

Important

Stretching should not be painful. If you feel pain, stop right away.

- **balance exercises:** Balance exercises can help to improve your steadiness, reaction time and mobility, and help to prevent you from falling. Examples include dancing, yoga, tai chi and even standing on one leg.

The ACSM recommends to do 20 to 30 minutes of balance exercises 2 to 7 times each week.

- **stretching:** Stretching can help to improve flexibility and reduce joint and muscle stiffness. Being more flexible will help you move more freely to do your daily activities (reaching into a shelf, getting dressed).

According to the ACSM, stretching should be done 3 to 7 times each week. Hold each stretch for 10 to 30 seconds and repeat 2 to 4 times. Make sure to relax and breathe. Do not hold your breath or bounce as this could cause an injury.

Example: Weekly Exercise Program

The following page shows an example of how you could plan out 1 week of aerobic exercise, strength training, balance exercises and stretching. Use this as a guide as you plan your exercise program each week. It is important that you plan different exercises (or different combinations of exercises) to continue to build and maintain your muscles and bones.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	30 minutes aerobic exercise	30 minutes aerobic exercise		30 minutes aerobic exercise	30 minutes aerobic exercise	30 minutes aerobic exercise
	Strength training		Strength training		Strength training	
		20 to 30 minutes balance exercise	20 to 30 minutes balance exercise		20 to 30 minutes balance exercise	20 to 30 minutes balance exercise
	Stretching	Stretching		Stretching		Stretching

Here are some examples of activities you can do for each type of exercise:

Aerobic Exercise	Strength Training	Balance Exercise	Stretching
<ul style="list-style-type: none"> ■ walking ■ biking ■ swimming ■ dancing ■ aerobics ■ cardio equipment (treadmill, elliptical, bike) 	<ul style="list-style-type: none"> ■ upper body exercises ■ lower body exercises ■ core (abdominal) exercises ■ variety of upper, lower and core exercises 	<ul style="list-style-type: none"> ■ standing exercises ■ Tai Chi ■ Qigong ■ head movements and eye exercises 	<ul style="list-style-type: none"> ■ flexibility exercises ■ Pilates ■ yoga ■ chair yoga

See chapter 7 for more information about how to start an exercise program.

Brain Health

“Exercise” your brain

It is important to “exercise” your brain. As you age, you need to keep learning new things. Ways you may be able to do this include:

- ☐ taking a computer class
- ☐ learning a new hobby or craft
- ☐ playing a game that involves counting or strategy
- ☐ taking a community education class
- ☐ getting involved at the local senior center
- ☐ learning a new game or puzzle (card game, Sudoku)
- ☐ talking with others (being social)
- ☐ reading a book or watching a movie and talking about it with someone
- ☐ volunteering.

You can also get back to a hobby you used to do but let go.

Tip

It is common to need help with transportation. It is OK to ask a member of your care circle to give you a ride. Your community may also have other resources to help you. See chapter 9 for more information.

Staying socially active

It is also important to stay socially active. As you age, you may notice you are not getting out of the house as much. It may take effort to arrange activities with friends or family. Here are some ideas to stay socially active:

- ☐ volunteering
- ☐ attending church or another spiritual service
- ☐ going to a community center, gym or health club
- ☐ going to the local senior center to eat a meal, play a game or do other activities
- ☐ having lunch or coffee with someone
- ☐ going for regular walks with a friend
- ☐ inviting friends over to watch a movie or work on a puzzle.

Your community may also offer opportunities for a companion to spend time with you.



Chapter 7: Your Exercise Program

Exercising After You Leave the Hospital

It is important that you start or resume an exercise program after you leave the hospital. This includes aerobic, strengthening, balance and stretching exercises.

Remember: “Start low, go slow.” It will take time to recover and regain your energy. You may need to break up your exercises into smaller sessions until you are fully recovered.

Aerobic Exercise

Important

Before starting your exercise program, it is important that you have a good, supportive pair of tennis shoes and comfortable, loose-fitting clothing.

When you return home, it is important to walk often throughout the day. You may want to begin by only walking for 3 to 5 minutes, 3 times each day.

As you become more fit, you should increase your time, distance or speed (intensity). You can also challenge yourself by walking up hills or stairs. **Your goal is to work up to walking for 30 minutes each day.**

Walking is the most common, convenient form of exercise but you can also do one or more of the following:

- biking
- swimming
- cardio machines (treadmill, elliptical, bike)
- dancing.

Doing a combination of these types of exercise will work different muscles and prevent boredom.

Important

This chapter includes general recommendations for common exercises.

If you are working (or have worked) with a physical therapist, continue following the exercise program he or she created to fit your needs.

Ask your health care team if you have questions about exercising.

Strengthening Exercises

Important

Remember to breathe!
Do not hold your breath.
Breathe out (exhale) on
the hardest part of the
exercise.

Strength training will help you recover well and regain your independence. The following pages give instructions for common strengthening exercises.

You may want to begin by only using your body weight to perform some of the exercises. As you get stronger, add weight (resistance) to challenge your muscles. If you are easily able to do an exercise 15 times (repetitions), increase the amount of weight during your next session.

If you do not have hand weights at home, you can use one of the following:

- soup cans in plastic or reusable grocery bags (several cans in each bag)
- soup cans (one in each hand)
- cuff weights
- elastic bands
- cane with a cuff weight attached.



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Left to right: Grocery bags, soup cans, a cuff weight, hand weights, an elastic band or a cane with a cuff weight attached can be used to do your exercises.

Upper body exercises

☐ Arm (bicep) curl

This exercise will help strengthen your arm muscles.



A



B

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- Stand (or sit) with your hands at your sides. Hold the weights like you would hold a shopping bag. (A)
- Slowly bend your arms up and down. (B)
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Chest press

This exercise will help strengthen the muscles in your shoulders and chest.



A



© Allina Health System

B

- Place soup cans in each of two plastic grocery bags. Tie a knot at the top to prevent the cans from falling out.
- Lie on your back on a flat surface with your knees bent.
- With one bag in each hand, bend your elbows to keep them at your sides. (A)
- Push your arms up toward the ceiling, straightening your elbows. (B)
- Slowly return to your starting position.
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Band rows

This exercise will help strengthen your midback muscles.



A



© Allina Health System

B

Tip

To anchor the elastic band:

- tie a knot in the middle of the band
- place the knot in a doorframe at chest height and shut the door. (Make sure the door latches tightly.)

- Anchor an elastic band in front of you.
- Hold the ends of the band in your hands. (A)
- Tighten your stomach muscles.
- Gently pull your elbows back, while squeezing your shoulder blades together. (B)
- Return to your starting position.
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Arm (tricep) extension with a band

This exercise will help strengthen your arm muscles.



A



© Allina Health System

B

Did You Know?

You can also sit as you do this exercise.

- Hold one end of the elastic band in your left hand near your heart.
- Grasp the band toward the middle with your right hand. Your arm should be at a 90-degree angle. (A)
- Tighten your stomach muscles.
- Keep your right upper arm against your body and straighten your elbow back behind you. (B)
- Return to your starting position.
- Do this exercise 8 to 15 times (repetitions).
- Repeat with the other arm.
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Wall pushup

This exercise will help strengthen your upper back and arms.



A



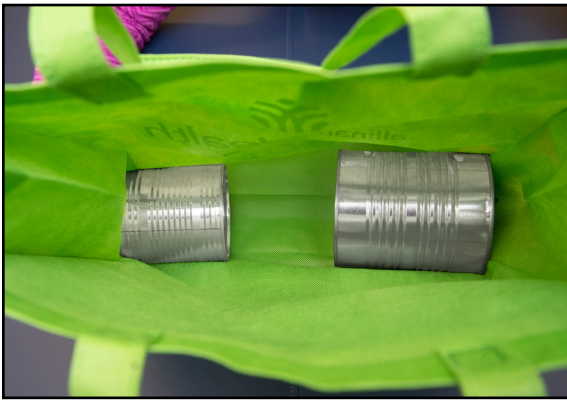
B

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Did You Know?

The closer you stand to the wall, the easier the exercise will be. As you get stronger, stand farther from the wall to challenge your muscles.

- Stand facing a wall. Keep your feet shoulder-width apart. Place your hands on the wall, also shoulder-width apart. (A)
- Tighten your stomach muscles.
- Lean into the wall, keeping your back straight. (B)
- Return to your starting position.
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.



A



B



C

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Lower body

☐ Seated knee extension

This exercise will help increase your leg strength.

- Place two soup cans in a reusable grocery bag. (A)
- Sit in a sturdy chair. Sit with good posture with your feet flat on the floor.
- Balance the grocery bag on the top of your ankle. (B)
- Slowly straighten your leg straight out. Stop as soon as you feel tension. (C)
- Hold for 3 to 5 seconds.
- Slowly lower your leg to the starting position without letting your leg drop to the floor.
- Do this exercise 8 to 15 times (repetitions).
- Repeat with the other leg.
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Chair sit to stand

This exercise will help strengthen your legs.



A



B

© Allina Health System

Tip

You can also hold a weight in each hand to make this exercise more challenging. If you add weight, do this exercise 2 to 4 times each week with at least 1 day of rest in between.

- Sit in a sturdy chair. Sit with good posture with your feet flat on the floor.
- Scoot forward to the front of the seat. You can cross your arms or leave your arms at your sides, depending on what is most comfortable.
- Lean forward with your “nose over your toes.” (A)
- Push up, straightening your knees and hips, into a standing position. Squeeze your buttocks. (B)
- Sit down slowly with good control.
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise every day.

❑ Standing hip extension

This exercise will help strengthen the muscles in your buttocks and hips.



A



B

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Tip

If your band is not already in a loop, tie the ends together with a secure knot before starting this exercise.

- Stand behind a sturdy chair (or counter), holding the back of the chair for support. Stand with good posture.
- Place an elastic band around your ankles. Keep your feet shoulder-width apart. (A)
- Lift (extend) one leg backward, keeping your knee straight. (B) Do not hunch or lean forward.
- Do this exercise 8 to 15 times (repetitions).
- Repeat with the other leg.
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Standing hip abduction

This exercise will help strengthen the muscles on the side of your hip and buttocks.



A



B

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Tip

If doing the standing hip extension and abduction with a band is too hard, you can start by doing it without the band. As you get stronger, try using the band again..

- Stand behind a sturdy chair (or counter), holding the back of the chair for support. Stand with good posture.
- Place an elastic band around your ankles. Keep your feet shoulder-width apart. (A)
- Keep your knees and body straight, and toes pointing forward.
- Lift your leg out to the side. (B) Do not lean.
- Do this exercise 8 to 15 times (repetitions).
- Repeat with the other leg.
- Do this exercise 2 to 4 times each week with at least 1 day of rest in between.

❑ Heel raise

This exercise will help strengthen your calf muscles.



A



B

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Tip

You can also hold a weight in each hand to make this exercise more challenging. If you add weight, do this exercise 2 to 4 times each week with at least 1 day of rest in between.

- Stand behind a sturdy chair, (or counter) holding the back of the chair for support. Stand with good posture. (A)
- While keeping your knees straight, rise up on the balls of your feet so your heels are off the floor. (B)
- Slowly lower your feet.
- Do this exercise 8 to 15 times (repetitions).
- Do this exercise every day.

Balance Exercises

These balance exercises will help with your balance and walking.

☐ Heel-toe (tandem) walking



A



B

© Allina Health System

Did You Know?

You can make this exercise more challenging by:

■ moving your head

— right to left

or

— up and down

■ walking faster

■ using your hands less for support.

- Stand near a wall (or counter) with one hand resting on the wall for support. Stand with one foot directly in front of the other foot.
- Put one heel in front of your toes like you are on a balance beam (“heel-toe, heel-toe”). (A)
- Walk forward for the length of your hallway or counter. Do not look at your feet as you walk. (B)
- Do this exercise for 2 to 3 minutes each day.

❑ Single leg stance



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Did You Know?

You can make this exercise more challenging by:

■ moving your head

— right to left

or

— up and down

■ using your hands less for support.

- Stand near a chair (or wall or counter) with one hand resting on the chair for support.
- Stand on one leg and hold as long as you are able, working up to holding for 30 seconds. Do not look down.
- Repeat with the other leg.
- Do this exercise for 2 to 3 minutes each day.

Stretching Exercises

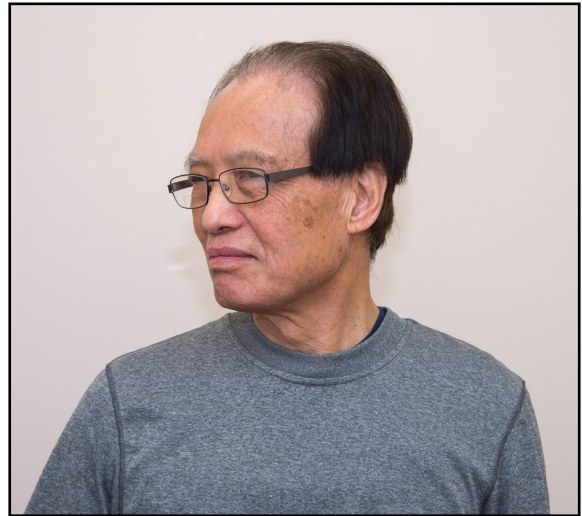
Neck range of motion exercises

These neck exercises will help improve how far you can move your neck.

☐ Rotate



A

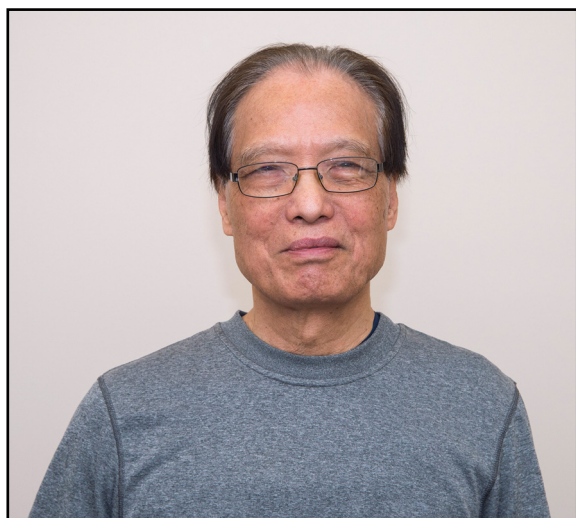


B

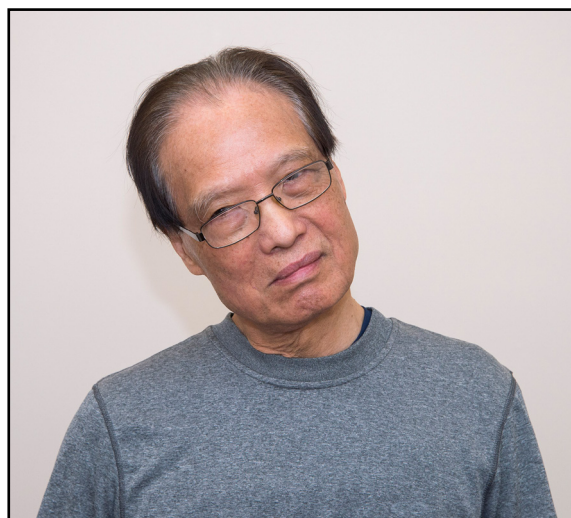
© Allina Health System

- Look straight ahead. (A)
- Turn your head slowly to look over your shoulder. (B)
- Turn as far as you can without feeling pain.
- Hold for 5 to 10 seconds.
- Repeat on the other side.
- Do this exercise 2 to 4 times each day.

□ Bend to the side



A

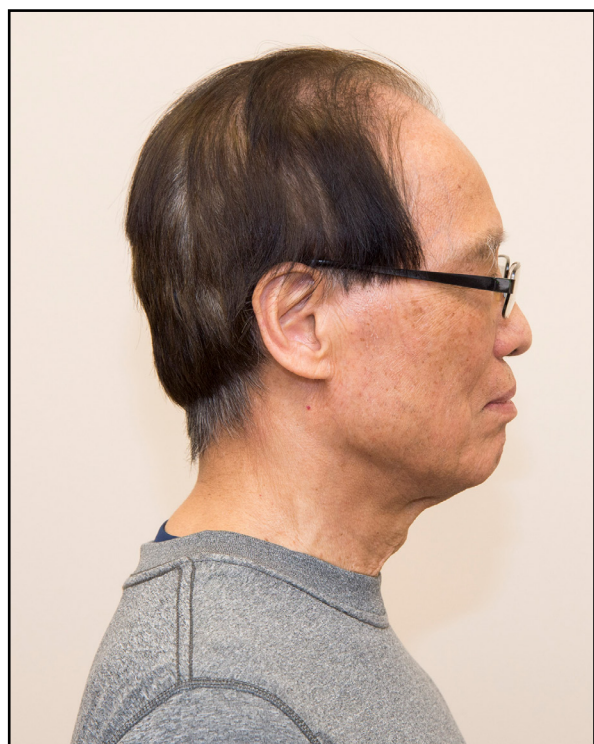


B

© Allina Health System

- Look straight ahead. (A)
- Tilt your head and your right ear toward your shoulder. (B)
- Tilt as far as you can without feeling pain.
- Hold for 5 to 10 seconds.
- Repeat on the other side.
- Do this exercise for about 1 minute each day.

□ Chin tuck



A



B

© Allina Health System

Tip

Think of a turtle tucking its head into its shell as you do this exercise.

- Look straight ahead. (A)
- Tuck your chin down toward your throat. (B)
- Hold for 5 to 10 seconds.
- Do this exercise for about 1 minute each day.

❑ Doorway chest stretch

This exercise will help stretch the muscles in the front of your shoulders and chest.



A



B

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- Stand in a doorframe.
- Keep your elbows bent and level with your shoulders. (A)
- Step one foot forward. Lean forward, bending your front knee, until you feel a stretch in the front of your chest. (B)
- Hold for 10 to 30 seconds.
- Do this exercise for 2 to 3 minutes each day.

❑ Calf stretch

This exercise will help stretch the muscles in the back of your lower leg (calf).



A



B

© Allina Health System

Tip

You can also do this exercise with your back knee bent.

- Stand facing a wall. Put the leg you want to stretch behind you. (A)
- Keep your toes pointed forward and your heel on the floor.
- Lean forward until you feel a stretch in the calf of your back leg. (B)
- Keep your back knee straight.
- Hold for 10 to 30 seconds.
- Repeat with the other leg.
- Do this exercise for 2 to 3 minutes each day.

❑ Hip flexor stretch

This exercise will help stretch the muscles in the front of your hip and thigh.



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- Sit at the edge of a bed and slowly lower yourself into a lying position.
- Bring both legs to your chest while bending your knees.
- Hold one leg tight against your chest while slowly lowering your other leg toward the floor. You should feel a stretch in the front of the thigh or hip on the leg you lowered.
- Hold for 10 to 30 seconds.
- Repeat with the other leg.
- Do this exercise for 2 to 3 minutes each day.

Chapter 8: Caregivers

A caregiver is anyone who provides care for someone. This may include:

- helping with personal cares
- grocery shopping, cooking and other tasks to prepare meals
- running errands
- doing housework and laundry
- going to health care appointments
- refilling medicines, setting up a pill box or giving medicines (medicine management)
- monitoring health problems such as diabetes or high blood pressure (hypertension)
- managing money, bills or legal affairs
- providing transportation.

This is not an easy role. You may feel unprepared, anxious or even overwhelmed with these responsibilities. You may also have mixed feelings of sadness, anger, frustration or fear along with a strong desire to do whatever it takes to help. The person for whom you are caring is likely experiencing many of the same feelings. This is normal and it is OK to feel this way.

You are not alone! The person's health care team can help you to be the best caregiver you can be.

Changes in Roles

As a caregiver, you will likely experience a change in roles. Your usual role as spouse, mother, father, child or friend will change with the person's needs.

This may be a challenging time. You can expect to experience a variety of feelings and emotions. It is important to acknowledge how you are feeling and talk with others about them.

Tips for Dealing with Caregiver Stress

As a caregiver, it is important to care for yourself so you can take care of someone else. Here are some suggestions for dealing with the stress of these responsibilities.

Communicate

Talk about your concerns with a family member, friend or someone else close to you. You may also want to consider joining a support group, or seeing a therapist or your primary care provider. Be sure to talk with the person's health care team about your role as a caregiver.

Take time for activities you enjoy

Continue doing hobbies, participating in clubs or doing special projects. Consider having a family member, friend or volunteer help you with caregiving during this time.

Tip

No one expects you to do everything by yourself. Ask your family, friends and health care team to help you.

Tip

If you are not comfortable inviting someone into your home to help, ask the person to walk your dog, run errands or help with rides to appointments.

Say yes to people who offer help

Taking care of someone can be hard work and tiring. It is important to ask for support sooner rather than later (before becoming physically, emotionally or spiritually drained).

Most family members, friends, neighbors, church members and professionals want to help but may not know exactly what is needed. Realize that having someone do even a small task is one less thing you need to do. Many small tasks add up!

Handle one thing at a time

Do this by dividing your tasks into smaller parts. Make a list of the things you need to do. When others offer to help, you can ask them to do a task from your list.

Set priorities

Do the most important things first. Then do the rest as you are able. It is OK if you are not able to get everything done (or done the way you like it).

Solve problems like an expert

Use the following steps to help identify and create a plan to deal with problems.

- Write down the problem.
- List the pros and cons of each option you have.
- Choose the best option and create a plan.
- List the steps needed to accomplish the plan.
- Give yourself a deadline.
- Act.

Eat healthful foods throughout the day

Eat healthful foods that will nourish your body and give you energy. Be careful of comfort foods high in fat and sugar. Do not drink alcohol. Alcohol is:

- high in calories, which can lead to weight gain and prevent you from eating other healthful foods
- a depressant. Depressants slow you down, prevent your body from working as it should and can make depression worse.

Be physically active

Physical activity is a stress reliever, even if it is only a walk around the block. Being active will give you an overall feeling of well-being, and reduce feelings of depression and anxiety.

Get plenty of rest

It can be challenging to get sleep when you are focusing on caring for someone else. If you do not feel rested, you may need to ask for help so you can take a break to nap.

Get help from respite care or adult day care

Respite care is short-term care provided when the caregiver needs a break from his or her responsibilities. This may take place in the home, a facility or another building within your community. Respite care can be for several hours or days.

Adult day care programs provide care and companionship for older adults during the day. These programs also provide an opportunity for socializing with others.

Activities may include:

- doing arts and crafts
- listening to music
- eating snacks or meals
- exercising
- doing puzzles.

Respite care and adult day care are not always covered by insurance but may be covered by county programs. Call the person's insurance provider to find out what is and is not covered. You can also call or visit your county's office, or visit their website.

Chapter 9: Resources

Did You Know?

Many senior living residences have a wait list. It is best to look into your options early and put your name on a list when you find a place you like.

Statewide information and help

These resources can help you with:

- legal affairs
- financial affairs
- home care
- other living options
- housekeeping services
- moving out of your home
- meal delivery and nutrition
- transportation.

Minnesota:

- Senior LinkAge Line
mnaging.org
1-800-333-2433
- MinnesotaHelp.info
mnhelp.info
- Minnesota Department of Veteran Affairs
linkvet.custhelp.com
1-888-546-5838

Wisconsin:

- Wisconsin Department of Health Services:
Aging and Disability Resource Center
dhs.wi.gov/adrc

Countywide information and help

You can also find information and resources through your county. Call or visit your county's office, or visit their website to learn about programs that can help keep you living independently in your home. Examples include:

- Elderly Waiver Program
- Alternative Care.

Nationwide information and help

These resources can help you with:

- preventing falls
- chronic disease
- nutrition
- money management
- jobs
- Medicare and Medicaid benefits
- other resources for living well.

National websites:

- National Council on Aging
ncoa.org
- National Institutes of Health SeniorHealth
nihseniorhealth.gov

Allina Care Navigation Help Desk

Call 612-262-2200 or 1-855-227-5111 if you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center.

Medical equipment

Call your insurance provider to find out what is and is not covered under your plan. Make sure to ask which medical supply stores are in your network.

- **Allina Health Home Oxygen & Medical Equipment** offers items to purchase. Call 651-628-4800 or 1-800-737-4473 for information about medical equipment, supplies and services.
- Call your local **American Legion, VFW or Lions Club**. They often have equipment you can borrow if you are a member.
- Call your **local pharmacy** to see what selection of equipment the store carries.
- Look in your **Yellow Pages** or go to yellowpages.com and look under “handicapped services or equipment” or “home care services.”
- **WisTech** can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items. Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using the equipment. Contact information is listed for each item.

Home-delivery for groceries and meals

■ Twin Cities Metro Area Meals on Wheels

Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need. Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.

■ Home-delivered Meals (Meals on Wheels)

Wisconsin's Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday. Visit gwaar.org to learn more about home-delivered meals. Click *For Seniors and Families* and then *Elderly Nutrition Program*. Click on *Contact someone* to find your local agency and its contact information.

- Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.

Transportation

- Allina Health Courage Kenny Rehabilitation Institute™
Driver Assessment and Training Services
allinahealth.org/driverservices
- Metropolitan Council
metro council.org
(Click on the *Transportation* tab, then click on *Metro Mobility*.)
- Minnesota Safety Council
minnesotasafetycouncil.org
(Click on *Drive Safe* at the top of the page.)
- State of Wisconsin Department of Transportation
wisconsin dot.gov
(Type “Resources for older adults” in the search box at the top of the page.)

Hearing

- Association of Late-Deafened Adults (ALDA), Inc.
alda.org
- Better Hearing Institute
betterhearing.org
- Hearing Loss Association of America
hearingloss.org
- Minnesota Department of Human Services
mn.gov/dhs/deaf-services
(Click on *Programs and services*.)

Vision

- American Council of the Blind
acb.org
- American Foundation for the Blind
afb.org
- Lighthouse Guild
lighthouseguild.org
- Society for the Blind
societyfortheblind.org

Dementia

- **Alzheimer's Association®**

alz.org

This website includes links to websites about other types of dementia such as:

- Lewy body
- frontotemporal
- vascular.

Other

- **Allina Health**

allinahealth.org

- **American Association of Retired Persons (AARP)**

You may be able to lower your insurance premiums by taking a driver safety course in your area.

Visit aarp.org/driversafety for more information.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

[illegible]

Fold this form and keep it with you

Name:	Date of Birth:	Allergic To: <i>(Describe reaction)</i>
Emergency Contact/Phone numbers:		
Doctor(s):		
Pharmacies, other sources:		

Immunization Record <i>(Record the date/year of last dose taken)</i>	
Pneumonia vaccine:	Flu vaccine(s):
Tetanus:	Hepatitis vaccine:
	Other:

[illegible]

Directions for My Medicine List

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.
3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.
5. In the "Notes" column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will keep everyone up-to-date on your medicines.

How does this form help you?

- This form helps you and your family members remember all of the medicines you are taking.
- It provides your doctors and other providers with a current list of ALL of your medicines. They need to know the herbals, vitamins, and over-the-counter medicines you take!
- With this information, doctors and other providers can prevent potential health problems, triggered by how different medicines interact.



For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety's Web site at www.mnpatientsafety.org or call (651) 641-1121.

Know your care team

We are committed to providing our patients and their families high-quality, compassionate and professional care.

As part of that commitment, we've made it easier for you to identify members of your care team and how they may help you.

Your care team wears the following colors:

 Navy Blue	Registered Nurses	 Teal	Patient Care Support
 Dark Teal	Laboratory Services	 Green	Clerical Support
 Maroon	Pharmacy	 Royal Blue	Therapy Services
 Olive Green	Respiratory Therapy	 Purple	Licensed Practical Nurses
 Black Khaki	Nutrition Services	 Gray	Radiology
 Dark Brown	Environmental Services and Linen Services	 Khaki	Materials/Supplies



Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





Get connected

Communicate with your Allina Health clinic, hospital and provider

Sign up for your free Allina Health account and get instant access to your health information. You can:

- schedule appointments
- get lab results
- email your care team
- manage a child or another adult's account
- and more!

Fewer steps. Greater access.

- email with your care team*
- view immunizations
- read visit notes* and follow-up instructions



Never run out. We're always open online.

- refill prescriptions at Allina Health pharmacies with the click of a button



Sign up for your account at allinahealth.org today

Your account is a free service of Allina Health.



On the calendar. Off your mind.

- quickly schedule appointments*
- do online visits for common conditions



Less waiting. More knowing

- get lab results fast – usually same day



Small effort. Big reward.

- take a wellness assessment
- set and track health goals
- create a health care directive

*Availability varies by location. Ask your clinic or hospital if this service is available.

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