



RURAL WISCONSIN

Caregiver Resources

TOOLKIT 2022

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Introduction

Background

Nearly 44 million Americans—1 in 5 adults—serve as unpaid informal caregivers by helping their often elderly relatives and friends with personal needs, household chores, or medical and financial tasks.ⁱ These caregivers are at higher risk of suffering from stress, depression, and other poor health outcomes, especially when they lack support services, such as education, training, and respite care.ⁱⁱ

Caregivers in rural areas tend to have fewer services available, and accessing those services requires traveling longer distances, often without the benefit of a public transportation infrastructure. Rural areas also tend to have higher concentrations of elderly, higher poverty rates, and limited broadband availability. Factors such as these leave rural caregivers who need assistance at risk of not have reasonable access to it.ⁱⁱⁱ

This toolkit is a compilation of publicly-available resources intended to help caregivers address these challenges. It consist of the following categories of information:

- **Caregiver Medical/Nursing Education.** This section includes AARP's *Home Alone* series of caregiver handouts and videos designed to help caregivers perform a variety of medical and nursing tasks.
- **Caregiver Advance Directive Resources.** This section includes both *Honoring Choices* and *CaringInfo's* Advance Directive packets for Wisconsin, as well as links to those of other states'. We've also included a fact sheet about things to consider when activating a Power of Attorney, and Wisconsin's financial power of attorney form.
- **Wisconsin and National Caregiver Resources.** This section includes links to WI Aging and Disability Resources Center (ADRC) community resource guides, links to statewide Wisconsin caregiver resources, and links to national caregiver resources.
- **Self-Care for Caregivers.** This section includes a selection of materials intended to help caregivers address their own health and wellbeing as they undertake the challenge of caring for others.



Section 1: Caregiver Medical/Nursing Education

Overview

Nearly half of family caregivers perform complex medical/nursing tasks, such as administering multiple medications and changing wound dressings, in addition to helping with activities of daily living (ADLs). Yet most caregivers say they receive little or no education and perform medical/nursing tasks without prior preparation.^{iv}

In response, AARP organized the *Home Alone Alliance* of professional organizations committed to creating resources to assist family caregivers who perform complex tasks. The *Home Alone Alliance* has produced numerous information sheets and instruction videos, which make up the majority of the content of this section of the toolkit. Topics include medication management, wound and ulcer care, ostomy care, mobility assistance, and various others.



AARP
Family Caregiving™

Home Alone Alliance™
a collaborative from AARP

ORGANIZING AND ADMINISTERING PILLS

Link to Video: <http://bit.ly/2KUOzc4>



In this AARP Home Alone AllianceSM video, an anxious family caregiver goes over her mother's medications with a nurse to make sure she's following all of the instructions. The first important point to remember from the video is this: If you're not sure about any medication in any way (including pills, sprays, ointments, eye drops, skin patches, and injections), be sure to ask the prescriber, nurse, or pharmacist for help.

The second important point is that you need a way to organize the medications so they're given on the right day, at the right time, and in the right dose.

- > A nurse may suggest that you buy a pill organizer box that you fill yourself. This type of box has many different openings—for each day and the time of day each medication should be given. You have to carefully fill the pillbox, usually once a week.
- > Or ask your pharmacist if you can get a pill organizer that the pharmacy prefills and labels for you.

Further Information

The United Hospital Fund's Next Step in Care guide, *Medication Management: A Family Caregiver's Guide*, has other important suggestions. The guide is free and available in English, Spanish, Chinese, and Russian. You can find it at https://www.nextstepincare.org/Caregiver_Home/Medication_Management_Guide/.

Below are some excerpts from the guide, reprinted with permission.

Understanding the Prescription

Prescriptions can be very confusing. Prescriptions are often written in Latin, using terms that the prescriber and pharmacist understand. These terms tell how much and how often the medication needs to be taken. These terms will be on the prescription you bring to the pharmacy. Though you should always ask the pharmacist or doctor for clear instruction, it's a good idea to know some common codes used in prescriptions.

Here is a list of some common codes used in prescriptions:

- > Sig – You'll see this on all prescriptions; it stands for "write." It just means that the prescriber is telling the

pharmacist what to prepare and how to label the pill bottle (or another container).

- > bid – Take this medication twice a day.
- > tid – Take this medication three times a day.
- > qid – Take this medication four times a day.
- > Q 3 h – Take this medication every three hours.
- > Qd or OD – Take this medication every day.
- > Prn – Take this medication as needed.
- > PO – Take this medication by mouth."

Questions to Ask about Medication Management

Good medication management includes asking lots of questions. Here are some that many family caregivers ask:

For New Medications

- > What is the name of this medication?
- > Why does your family member need to take it?
- > What time each day should your family member take this medication?
- > Can this medication be taken with food? If it is to be taken "on an empty stomach," how many hours before or after meals?
- > Are there any foods, drinks, or activities (such as driving) to avoid when taking this medication?
- > If the medication is prescribed "as needed," how do I know when to give it?
- > Should I expect any problems such as side effects or allergic reactions? What do I watch for? What should I do if the patient has any of these problems?
- > Is this prescription for the brand name or generic form of this medication?

- > If a generic version is available, can my family member take that?
- > How much does this medication cost? Does my pharmacy have it? Will insurance pay for it? If not, how else can I get this medication?

For Medications Your Family is Taking Now

- > What should I do if my family member misses a medication dose? Should the next dose be doubled or should I give the usual dose? [Note: Most experts advise against doubling the dose.]
- > What if the patient takes too much or too little of this medication?
- > What side effects should I be on the lookout for?
- > When should the patient stop taking this medication?"

Medication Management Forms

An important part of organizing and managing medications is keeping an accurate record, which means updating it as things change. A Next Step in Care *Medication*

Management Form you can fill out and update as needed is available at https://www.nextstepincare.org/Caregiver_Home/Medication_Management_Form/. This form is free and it's available in four languages.

Another good medication management form is available from AARP. It's called *My Personal Medication Form*. You can find it at https://www.aarp.org/health/drugs-supplements/info-2007/my_personal_medication_record.html. This form is available in English and Spanish.

Call Whenever You Have Questions

Organizing and managing medications is challenging, but once you have a system in place, it's much easier to keep everything on track. But if you have any doubts or questions, don't hesitate to call the prescriber, nurse, or pharmacist.

AARP Public Policy Institute

Prepared by Carol Levine, United Hospital Fund



AARP Care Guide to Caring for those with Dementia

Caring for a Loved One with Dementia

Caregivers for people living with Alzheimer's and other forms of dementia face the normal stresses of caregiving as well as unique challenges. Most distressing can be having to learn how to interact with a loved one whose cognitive decline results in erratic behavior and personality changes. But in the early stages of the disease, the impairments may be relatively minor, so make the most of that time together and encourage them to join in developing a care plan. Consider yourself a “care partner” for as long as possible.

1. Clarify diagnosis

Someone who appears to have memory and thinking problems should see their primary care doctor regarding their symptoms. The doctor may refer them to a specialist (such as a geriatric psychiatrist or neurologist) for a comprehensive medical workup including a brain scan. While there's no single test for the most common form of dementia, Alzheimer's, doctors are able to rule out many other causes of memory problems, including depression, medications' side effects and alcohol abuse. Alzheimer's is a life-changing diagnosis; you want to be sure it's accurate.

Quick Tips:

Recognize warning signs. They can include misplacing items, confusion with time or place, mood or personality changes and unwise financial decisions (odd or extravagant purchases or donations, for instance).

Record the facts. Your loved one might not remember key points discussed during medical appointments (who does?). If you can't be there, you might suggest taking along a digital recorder or a friend to take notes.

Stay positive. While there are no treatments to stop the disease, some medications can address its symptoms. And a healthy lifestyle — including staying active and socially connected — can allow someone with this diagnosis to maintain a meaningful and vibrant life for many years.

2. Focus on finances

Individuals with Alzheimer's often live with the disease for 8 to 10 years, though sometimes for as long as 20 years, which can mean high health care and caregiving costs over the long term. You and your loved one will need to develop a strategy for how you might afford it. It's also crucial for someone with signs of dementia to shelter their assets — they're extremely vulnerable to exploitation — and to give someone they trust access to financial information and the legal authority to make decisions when they become incapable of doing so themselves.

Quick Tips:

Start the discussion. It's often difficult to discuss finances, but if you are the primary caregiver, you need to get the lay of the land. Respectfully ask your loved one for access to review their bank accounts and health insurance so you can know how much is available to cover potential costs.

Secure official permission to share information. Ask your loved one how comfortable they are with doctors, hospitals and health insurance companies sharing information with you. If they are still capable of making this decision, they can sign the papers or make the calls necessary to give you (or another trusted party) access. Don't forget things like banks and utilities: You may end up becoming the bill payer.

Address legal issues. If no durable power of attorney for health care and financial decisions has been designated, ask whether they'd like you or someone else they unequivocally trust to take on that crucial role. If they don't and later become incapable of choosing one, the courts will have to step in.

Stay alert to abuse. Note abnormalities or unusual visitors (be cautious if they mention someone you've never met who's been especially "helpful").

3. Make a plan

As Alzheimer's progress, you may need more caregiving help, so it's good to start out thinking both short and long term. You can't anticipate every detail or scenario, but being forward-thinking now will help you respond more quickly and effectively in an emergency. It's also key to spread caregiving tasks around your team from the get-go; you can't do it all. Ask: Who is free to travel to medical appointments? Who can prepare meals a few times a week? Who can be responsible for paying bills?

Quick Tips:

Build your team. Beyond medical professionals, it's important to reach out to friends, family and community resources to form a larger network of caregiving helpmates.

Determine tasks. Ask team members what they're willing to do to contribute to your loved one's care. Even if they live far away, they can handle jobs like paying bills,

ordering prescriptions and scheduling medical appointments. Encourage them all to stay connected to your loved one; dementia can be extremely isolating.

Listen to your loved one. The person you're caring for should always participate in discussions about their needs and plans for their future, to the extent that it's possible. Consider them the most important member of your caregiving team.

4. Address safety concerns

You'll need to consider a range of potential hazards, which will change over time: Is it safe for your loved one to drive? Are they at risk of wandering and getting lost or prone to falling? You eventually may need to make home modifications and acquire special equipment such as a hospital bed or lift chair; there are also useful tools to help prevent wandering and other safety issues common to dementia patients.

Quick Tips:

Prevent falls. Some basic, low-cost changes include removing trip hazards such as throw rugs, making sure the home is well-lit (use automatic night-lights) and installing things like handrails, grab bars and adjustable shower seats.

Stop wandering. The Alzheimer's Association recommends that people register with their MedicAlert Safe Return program, a 24-hour emergency response system. Other measures include installing remote door locks or alarms, or locks far above or below eye level. A predictable routine can help avoid disorientation and subsequent wandering.

Anticipate other risks. Dementia brings with it particular worries about self-injury, though there are many ways to lower the risk. They include keeping medications in a locked drawer, disabling the stove and lowering the water heater temperature to 120 F or less.

Recognize driving dangers. Impaired driving isn't only a danger to the driver; it can — and does — harm others. Discuss your concerns with your loved one; if they are resistant to giving up the car keys, it may be helpful for a physician to weigh in. Be empathetic about the loss of freedom they fear.

5. Care for yourself

Caring for someone with dementia can be a long, difficult journey that takes a heavy toll on the caregiver, leaving you with a much higher risk of depression and other health problems. Spouses of people with Alzheimer's often have particular emotional turmoil, finding themselves socially isolated as friends may grow distant. It's imperative that you find some form of support, and set aside time to address your own health issues, both mental and physical. Try not to feel guilty: You can't care well for others if you don't care for yourself.

Quick Tips:

Join a support group. Even when you love the person you're caring for, you may also feel many emotions such as anger, resentment and grief. Many caregivers find great relief in sharing their feelings with other caregivers who've felt much the same way.

Address depression. If you feel sadness and anxiety that lasts for weeks at a time, are sleeping too little or too much or have other symptoms of depression, talk to your primary care doctor, who may suggest you see a mental health professional. Depression is treatable; you needn't suffer through it.

Take time out. Don't neglect exercise, sleep, healthy eating and activities that bring you pleasure. Maybe find a relative who can fill in to allow you a vacation, or even a quiet staycation. Otherwise look into options for respite care in your area.

Links to Other Resources:

Alzheimer's Association: <https://www.alz.org/professionals/healthcare-professionals/for-patients-caregivers/downloadable-resources>

Alzheimer's Foundation of America: <https://alzfdn.org/caregiving-resources/fact-sheets-information/>

Dementia Friendly Toolkit—Center for Aging Research and Education: <https://care.nursing.wisc.edu/dementia-friendly-toolkit/>

Dementia Resources—Family Caregiver Alliance: <https://www.caregiver.org/fact-sheets>

National Institute of Aging—Alzheimer's: <https://www.nia.nih.gov/health/alzheimers/caregiving>

CARING FOR AN OSTOMY AND CHANGING OSTOMY BAGS

Link to Video: <http://bit.ly/2ZwKCyh>



An ostomy is created surgically as part of a treatment for a bowel or bladder disease and allows elimination of body waste through a different route. Having an ostomy may be more challenging than other wounds because it can create worries about how the new appliance will affect the person's life.

Although the terms **ostomy** and **stoma** are often used interchangeably, they have different meanings. An **ostomy** refers to the surgically created opening in the body for the discharge of body wastes. A **stoma** is the actual end of the ureter or small or large bowel that can be seen protruding through the abdominal wall. The stoma is red and may vary in size or location. An ostomy may be temporary or permanent. A **wafer** or faceplate is the part of the ostomy appliance that sticks to the skin. It has adhesive on one side and the other side is connected to a pouch. Some ostomy systems have two parts—a wafer and a separate ostomy bag. Two-piece ostomy bags may be drainable or closed.

This video describes the process of changing an ostomy bag with an attached wafer. Learning how to do this confidently makes it easier for the person and caregiver to concentrate on other aspects of life after an ostomy.

Supplies

The first step in changing an ostomy bag is having all the necessary supplies available. These include:

- > Mild soap and water or saline spray
- > Paper towels or a washcloth
- > Ostomy bag with attached wafer
- > Adhesive remover
- > Curved scissors
- > Marking pen
- > Stoma measuring guide
- > Zip-lock plastic bag for disposal
 - Do not put used ostomy bag directly in the garbage
- > Disposable gloves

Costs

Ostomy supplies are covered by Medicare Part B, Medicaid, and most insurance plans if a health care provider certifies that they are “medically necessary.” There may be deductibles and copays and you may have to obtain them from a specific vendor. If you purchase ostomy supplies online, be sure to ask your health care provider exactly what is needed because there are many varieties to choose from.

Steps in Changing an Ostomy Bag

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. Use adhesive remover to loosen the old bag
4. Remove the old bag carefully
5. Place it in the zip-lock plastic bag for disposal
6. Cleanse the area around the stoma with tap water and pat dry
7. Measure the stoma with the guide to find the right size for the wafer
8. Using the curved scissors, cut the outlined opening on the wafer
9. Warm the wafer under your arm for about 30 seconds
10. Remove the sticker backing and apply the wafer to the skin
11. Remove your gloves and place in the disposal bag
12. Make sure all used materials are in the disposal bag
13. Wash hands again

Tips to Remember

- > Empty the ostomy bag when it is one-third full. Release the Velcro tab or closure at the bottom and empty the contents into the toilet.
- > Change the ostomy bag every three to five days unless there is a problem.
- > Take showers but not tub baths.
- > Keep written notes for reference.

Other Resources

- > The [United Ostomy Associations of America, Inc.](#) has information on different kinds of ostomies, support groups, travel tips, disaster preparedness, sexuality, swimming and other athletics, and other areas of interest to people with ostomies and their families. There is a [video](#) on living with an ostomy.
- > The [American Cancer Society](#) has information about ostomies linked to cancer treatment as well as other conditions and a list of other organizations working with people with ostomies and their families.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.
- > The [Wound, Ostomy, and Continence Nurses Society](#) has resources for patients and caregivers, including how to find nurse experts.

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Prepared by Carol Levine, United Hospital Fund



DIABETIC FOOT CARE: TREATMENT AND PREVENTION

Link to Video: <http://bit.ly/2XSBkw3>



Diabetes is a disease that affects many aspects of a person's body. Feet are particularly vulnerable because damage to the nerves and blood vessels in the feet can cause numbness and reduced sensation. When this happens, the person can be injured or have an open wound but not feel anything. Without treatment, the wound will get worse and can lead to serious complications, even amputation.

This video shows how to take care of a foot wound on a person with diabetes and some tips on avoiding injury.

Supplies

To treat a diabetic foot wound, or to be prepared in case one happens, these are supplies to have on hand:

- > Saline spray to clean the wound
- > Recommended dressing to cover the wound
 - Silicone dressing is easier to remove because it doesn't stick to the skin
- > Tape or gauze wrap to keep the dressing in place
- > Disposable gloves
- > Towel to support the person's foot and keep the surface clean
- > Zip-lock plastic bags for disposal of treatment materials
 - Don't put used materials directly in the garbage
- > Off-loading boot (if recommended by health care professional)

Costs

An off-loading boot that takes the pressure off the wound is considered "durable medical equipment" (DME). DME is covered by Medicare, Medicaid, and most insurance plans cover this if a physician certifies that the boot is "medically necessary." There may be deductibles and copays and you may have to use a specific vendor. If you purchase a boot online, be sure to ask your health care professional exactly what is needed because there are many varieties to choose from. The other supplies are disposable and are generally not covered by insurance, but it's a good idea to check.

Steps in Treatment

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. If there is an old dressing, remove it carefully
4. Place it in the zip-lock plastic bag for disposal
5. Remove your gloves and place in the disposal bag
6. Wash your hands again
7. Cleanse the wound with mild soap and water or saline spray and pat dry
8. Put on a fresh pair of disposable gloves
9. Apply a clean recommended dressing
10. Use tape gauze wrap to keep the dressing in place

Signs of Infection

When changing the dressing, make sure you look for any signs of infection. These include:

- > Redness
- > Swelling
- > Change in drainage
- > Fever
- > Chills
- > Increased pain

If any of these occurs, and especially if you observe more than one, contact your health care professional immediately.

Preventing Diabetic Foot Wounds

- > Early detection is important. In addition to checking the person's feet when changing a dressing, which may happen only every 3 to 5 days, it is important to check the feet every day whether there is a wound or not. Look for blisters or sores, bruises or cuts, or dry or cracked skin. Check between the toes as well as the tops and bottoms of the feet.
- > Wash the person's feet every day with lukewarm water and mild soap.
- > Gently pat dry, especially between the toes where infection can occur.
- > Trim the person's toenails or arrange to have this done by a podiatrist (a foot doctor).
- > Make sure the person wears socks and shoes while out of bed. Always check the insides of shoes to identify rough spots and to remove items that can cause injury.
- > It is important to keep active.

Other Resources

- > [“Diabetes and Foot Problems”](#) is a comprehensive summary for people with diabetes prepared by the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. A [Spanish](#) version is also available.
- > [“Diabetes-taking care of your feet,”](#) prepared by MedlinePlus, a website of the National Institutes of Health and the U.S. National Library of Medicine, is a short summary of prevention advice.
- > The American Diabetes Association has information on [foot care and complications](#) as well as other aspects of diabetes care.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

AARP Public Policy Institute

Prepared by Carol Levine, United Hospital Fund



PRESSURE ULCERS: PREVENTION AND SKIN CARE

Link to Video: <http://bit.ly/31E7QV6>



Pressure ulcers (also called bedsores, pressure sores, or decubitus ulcers) are skin wounds that are caused by poor blood circulation when a person must sit in a chair or stay in bed for a prolonged period. They usually develop over a bony part of the body. In this video the pressure ulcer is on the person's heel. Other common sites for pressure ulcers are the tailbone (the base of the spine), shoulder blades, hip bones, and the back of the head.

Supplies for Treating a Pressure Ulcer

To treat a pressure ulcer, or to be prepared in case one happens, these are supplies to have on hand:

- > Saline spray to clean the wound
- > Dressing to cover the wound
 - Silicone dressing is easier to remove because it doesn't stick to the skin
- > Tape or gauze wrap to keep the dressing in place
- > Disposable gloves
- > Towel to support the person's body part and keep the surface clean
- > Zip-lock plastic bags for disposal of treatment materials
 - Don't put used materials directly in the garbage
- > Air-mattress or off-loading boot (if recommended by health care professional)

Costs

Air-filled pillows or mattress and an off-loading boot that takes the pressure off the sore if it's on a heel may be useful. These are called "durable medical equipment" (DME). DME is covered by Medicare, Medicaid, and most insurance plans if a physician certifies that the equipment is "medically necessary." There may be deductibles and copays and you may have to use a specific vendor. If you purchase this type of equipment online, be sure to ask your health care provider exactly what is needed because there are many varieties to choose from.

Steps in Treating a Pressure Ulcer

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. If there is an old dressing, remove it carefully
4. Place it in the resealable plastic bag for disposal
5. Cleanse the wound with mild soap and water or saline spray and pat dry
6. Remove your gloves and place in the disposal bag
7. Wash your hands again
8. Put on a fresh pair of disposable gloves
9. Put recommended product on the wound to keep it moist
10. Apply a clean dressing as prescribed
11. Use tape or gauze wrap to keep the dressing in place
12. Remove your gloves and place in the disposal bag
13. Make sure all materials are in the disposal bag
14. Wash hands again

Signs of Infection

When changing the dressing, make sure you look for any signs of infection. These include:

- > Redness
- > Swelling
- > Change in drainage
- > Fever
- > Chills
- > Increased pain

If any of these occurs, and especially if you observe more than one, contact your health care professional immediately.

Preventing Pressure Ulcers

- > Pressure ulcers are common, yet there are many ways to prevent or at least reduce the most serious occurrences.
- > Changing position in bed or chair is the best way to take pressure off the affected part of the body. Standard advice (as shown in the video) is to change position in bed every two hours. For some caregivers this may be difficult to carry out, especially if it involves lifting a mattress or the person is heavy and/or immobile. It is important to reposition the person as often as possible.
- > Even with an air-filled mattress, using pillows as wedges to protect vulnerable parts of the body is helpful.
- > Clothing should be loose but not so loose that it bunches under the person in bed.
- > Drinking lots of water is important to keep the skin from drying out
- > The person's diet should include nutritious foods such as:
 - Foods rich in protein – lean turkey or chicken
 - Vegetables
 - Whole grains
- > Be alert to early signs of skin breakdown, such as discolored, cracked, blistered, or broken skin.

Other Resources

- > “[Pressure Sores](#)” from familydoctor.org, a website of the American Academy of Family Physicians, provides background in English and Spanish on pressure ulcers, including the different stages of this type of wound and questions to ask the doctor. Trigger warning: The photos on the website show wounds that are more advanced than the one in the video.
- > The American Cancer Society provides information in English and Spanish on [pressure sores](#), a common complication in cancer treatment. Although intended for cancer care, it is applicable to other vulnerable people as well.
- > The United Hospital Fund's Next Step in Care website has a family caregiver's guide to [Durable Medical Equipment](#). It is available in English, Spanish, Chinese, and Russian.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

*AARP Public Policy Institute
Prepared by Carol Levine, United Hospital Fund*



GENERAL PRINCIPLES OF WOUND CARE

Link to Video: <http://bit.ly/2XWZW6Y>



When you are helping a family member get ready for planned surgery, or responding to an emergency requiring surgery, you are focused on the surgery itself. But the surgery is not the end of the story. The next phase involves caring for the surgical wound, and even caregivers who were prepared for the surgery often feel unprepared for this task.

This video demonstrates basic steps in caring for a surgical wound, but it is also a general introduction to other kinds of wound care. All the videos in this series stress the importance of having the right supplies on hand, washing hands often and thoroughly, wearing gloves, and disposing of used materials safely.

If the person you are caring for has a different kind of surgical wound—perhaps one with a drain—you should ask your health care professional about specific instructions.

Supplies

To treat a surgical or other wound, these are supplies you will need:

- > Saline spray to clean the wound
- > Dressing ordered by health care professional to cover the wound
 - Silicone dressing is easier to remove because it doesn't stick to the skin
- > Tape or gauze wrap to keep the dressing in place
- > Disposable gloves
- > Towel to place under the person's body to keep the surface clean
- > Zip-lock plastic bags for disposal of treatment materials
 - Do not put used bandages directly in the garbage

Steps in Treatment

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. If there is an old dressing, remove it carefully
4. Place it in the zip-lock plastic bag for disposal
5. Cleanse the wound and pat dry

6. Remove your gloves and place in the disposal bag
7. Wash your hands again
8. Put on a fresh pair of disposable gloves
9. Apply the clean dressing
10. Use tape or gauze wrap to keep the dressing in place
11. Remove your gloves and place in the disposal bag
12. Make sure all materials are in the disposal bag
13. Wash hands again

Signs of Infection

When changing the dressing, make sure you look for any signs of infection. These include:

- > Redness
- > Swelling
- > Change in drainage
- > Fever
- > Chills
- > Increased pain
- > Edges of wound separating

If any of these occur, and especially if you observe more than one, contact your health care professional immediately. Infection following surgery is a serious risk.

Diet to Promote Healing

- > Drinking lots of water is important to keep the skin from drying out
- > To promote healing, the person's diet should include nutritious foods such as
 - Foods rich in protein – lean turkey or chicken
 - Vegetables
 - Whole grains

Other Resources

- > MedlinePlus, a website of the National Institutes of Health and the U.S. National Library of Medicine, has helpful information on [surgical wound care](#). One amusing note: the advice on proper hand washing is: wash your hands for 15 to 30 seconds (the time it takes to sing "Happy Birthday" or the "Alphabet Song" one time through).
- > WebMD's advice on ["How to Take Care of Your Wound After Surgery"](#) includes advice on limiting activities, getting stitches removed (if the doctor hasn't used the dissolving type), and staying out of the sun while the wound is healing.
- > The Centers for Disease Control and Prevention has a set of ["Frequently Asked Questions about Surgical Site Infections."](#) Included are things patients and caregivers can do to prevent infections, such as reminding health care providers to wash their hands.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.
- >
- >

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Prepared by Carol Levine, United Hospital Fund



CARING FOR LOWER EXTREMITY WOUNDS AND CELLULITIS

Link to Video: <http://bit.ly/2MSKc3V>



Despite the most careful wound care, some complications may occur, especially if the person has diabetes or another condition that slows healing. This video demonstrates how to manage one of the most frequent complications—swelling (edema) that is caused by the buildup of fluid leaking from small blood vessels.

Keeping the feet elevated whenever possible is important. Wearing compression stockings and wraps is also a good way to keep the swelling from getting worse.

Supplies

- > Silicone spray to clean the wound (you can also use warm water and mild soap)
 - > Ribbon gauze (1/4 inch gauze to pack a deep wound)
 - > 4X4 inch gauze pads to cover the wound
 - > Tape or silicone dressing to keep the dressing in place
 - Silicone dressing is easier to remove because it doesn't stick to the skin
 - > Disposable gloves
 - > Towel to support the person's foot and leg and keep the surface clean
 - > Zipper-lock plastic bags for disposal of treatment materials
 - Don't put used materials directly in garbage
 - > Compression stockings and wraps
 - It's a good idea to have two sets of compression stockings and socks so that one can be washed and dried while the other is worn
5. Cleanse the wound with mild soap and water or saline spray and pat dry
 6. Remove your gloves and place in the disposal bag
 7. Wash your hands again
 8. Put on a fresh pair of disposable gloves
 9. Apply a clean 4X4 inch gauze pad
 10. Use tape or silicone dressing to keep the gauze in place
 11. Remove your gloves and place in the disposal bag
 12. Make sure all materials are in the disposal bag
 13. Wash hands again
 14. Put on the compression stocking, rolling it up to protect the leg
 15. Put on the compression wrap and close with Velcro strips
 16. Put on compression sock
 - Compression stockings should be snug but comfortable. You may need help in choosing the right fit.

Costs

In general, insurance coverage, including Medicare, does not include compression stockings and wraps. Your family member's specific condition may be covered, however. The other supplies are disposable and are generally not covered by insurance, but it's a good idea to check.

Steps in Treatment

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. If there is an old dressing, remove it carefully
4. Place it in the zipper-lock plastic bag for disposal

Signs of Infection

When changing the dressing, make sure you look for any signs of infection. These include:

- > Redness
- > Swelling
- > Change in drainage
- > Fever
- > Chills
- > Increased pain

If any of these occurs, and especially if you observe more than one, contact your health care professional immediately.

Preventing Recurrence of Foot Wounds

- > Early detection is important. In addition to checking the person's feet when changing a dressing, which may happen only every 3 to 5 days, it is important to check the feet every day, whether there is a wound or not. Look for blisters or sores, bruises or cuts, or dry or cracked skin. Check between the toes as well as the tops and bottoms of the feet.
- > Wash the person's feet every day with lukewarm water and mild soap.
- > Gently pat dry, especially between the toes where infection can occur.
- > Trim the person's toenails or arrange to have this done by a podiatrist (a foot doctor).
- > Make sure the person wears socks and shoes at all times. Always check the insides of shoes to identify rough spots and to remove items that can cause injury.
- > Keeping the feet elevated for part of the day is important, but so is keeping active.

Other Resources

- > MedlinePlus, a website of the National Institutes of Health and the U.S. National Library of Medicine, has helpful information on buying, using, and taking care of [compression stockings](#).
- > [“Compression Stockings: How to Use Them”](#) from WebMD gives instructions on putting on the stockings and other aspects of their use.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

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Prepared by Carol Levine, United Hospital Fund



TREATMENT OF SKIN TEARS

Link to Video: <http://bit.ly/2lohgfY>



To family caregivers all wounds may look alike—messy, bloody, and scary. There are important differences, however, and knowing what kind of wound you are dealing with is the first step in proper treatment and prevention.

This video describes how to care for skin tears and offers some suggestions for prevention. The simplest definition of a skin tear is a wound that separates the top layer of the skin from one or more of the underlying layers. This can happen in a lot of ways, for example, when the person bumps into furniture or scrapes an arm or leg trying to get up after a fall. Sometimes skin tears happen during a transfer from bed to chair or repositioning in bed. There are also other causes, such as medication side effects.

Older adults are particularly vulnerable to skin tears because aging makes the skin thinner, less elastic, and more fragile. Most often skin tears occur on a person's arms, or legs, but they can occur anywhere on the body.

Because skin tears are so common and don't require stitches, they may be considered minor injuries. However, they can be slow to heal and become painful and costly. Every skin tear should be treated as a potentially serious injury.

Supplies for Skin Tear Treatment

To treat a skin tear, or to be prepared in case one happens, these are supplies to have on hand:

- > Mild soap and water to cleanse the wound
- > Petroleum jelly or other recommended ointment to keep the wound moist
- > Gauze pads or silicone dressings to cover the wound
- > — Silicone dressing is easier to remove because it doesn't stick to the skin
- > Tape or gauze wrap to keep the dressing in place
- > Disposable gloves
- > Towel to support the person's body part and keep the surface clean
- > Zip-lock plastic bags for disposal of treatment materials
 - Don't put used bandages or gloves directly in garbage

Steps in Treating a Skin Tear

1. Wash your hands thoroughly
2. Put on a fresh pair of disposable gloves
3. If there is an old dressing, remove it carefully
4. Place it in the resealable plastic bag for disposal
5. Remove your gloves and place in the disposal bag
6. Wash your hands again
7. Put on a fresh pair of disposable gloves
8. Cleanse the wound and pat dry
9. Wash your hands again
10. Put on a fresh pair of disposable gloves
11. Put petroleum jelly on the wound to keep it moist
12. Apply a clean 4X4 inch gauze pad or silicone dressing
13. Use tape or gauze wrap to keep the dressing in place
14. Remove your gloves and place in the disposal bag
15. Make sure all materials are in the disposal bag
16. Wash hands again

For the type of wound shown in the video, changing the dressing every 3 to 5 days should be sufficient. If the wound is larger or deeper, or there is blood or a discharge oozing from the dressing, more frequent changes may be required. Keep your health care provider up to date on the wound's healing.

Signs of Infection

When changing the dressing, make sure you look for any signs of infection. These include:

- > Redness
- > Swelling
- > Change in drainage
- > Fever
- > Chills
- > Increased pain

If any of these occur, and especially if you observe more than one, contact your health care professional immediately.

Preventing Skin Tears

Here are some tips to prevent skin tears from happening:

- > The person should wear long pants and long sleeves
- > Drinking lots of water is important to keep the skin from drying out
- > The person's diet should include nutritious foods such as
 - Lean turkey or chicken
 - Vegetables
 - Whole grains
- > Consult with your health care professional if skin tears are very frequent; they may be related to medications or other medical conditions

Other Resources

- > The American Journal of Nursing has a free online article, [“Preventing, Assessing, and Managing Skin Tears: A Clinical Review.”](#) While intended for nurses, this article has basic instructions that may be helpful for a family caregiver caring for a person with a complex wound. Trigger warning: Some of the photos are more graphic than the example of a skin tear shown in the video.
- > [“Skin Tears Made Easy”](#) is another resource intended for clinicians that offers good advice for family caregivers. There is a section on creating a safe environment at home, such as ensuring adequate lighting and positioning furniture to avoid unnecessary knocks or bumps. Although prepared in the UK, the advice is universal.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.
- > Another Home Alone Alliance video, “Preparing the Home For Safe Mobility,” offers suggestions to prevent falls, which also may prevent skin tears. videos.aarp.org/detail/video/5327211325001/family-caregiving-series-what-to-do-when-someone-falls

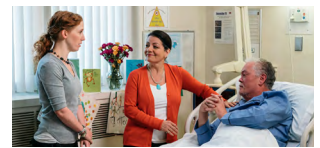
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USING A WALKER OR CANE AND NAVIGATING STAIRS

Link to Video: <http://bit.ly/2Ku43EH>



So many people use canes or walkers these days that it's easy to forget that it may take some time and practice to learn how to use them correctly and safely. Using the instructions in this video, you may want to try using a cane or walker yourself before helping your family member.

Using a Cane

- > If there is an injury or weakness on one side of the body, the cane should be held on the person's stronger side to support the weaker leg.
- > The cane and the weaker leg should move forward together.
- > If the person's problem is balance, the cane should be held in the dominant hand; for example, a right-handed person should hold the cane in the right hand.

Upstairs/Downstairs with a Cane

- > Going up stairs (just a few or a whole flight of stairs), the strong leg goes first, followed by the cane, and finally the weaker leg.
- > Going down stairs, the process is different. Lead with the cane, then the weaker leg, and finally the stronger leg.
- > One way to remember this is the phrase: "Up with the good and down with the bad."

Using a Walker

- > A walker is more stable than a cane, but it may be harder to manage.
- > Getting up from a chair is a lot easier if the chair has arms for support. Try to have armchairs where the person is likely to sit.
- > Before the person starts to get up, make sure there are no obstructions in front of the walker.
- > The handles should be level with the person's hips.
- > Lead with the weaker side, using the strong leg as an anchor.
- > Walkers should not be used on stairs.

Choosing the Right Cane or Walker

- > All these tips are most effective when the person has the best cane or walker to compensate for their particular weakness.

- > Many types of canes and walkers are available, and a physical therapist, nurse, or doctor can help with the choice. Aluminum canes and most walkers can be adjusted to fit the person.
- > A cane with a single point can help with early balance problems, but a four-point or "quad" cane offers more stability. All canes should have a nonskid rubber tip.
- > Standard walkers have to be picked up to move forward, but front-wheeled walkers do not. Some walkers have seats and brakes.

Costs

Canes and walkers are called "durable medical equipment," or DME. DME is covered by Medicare, Medicaid, and most insurance plans if a doctor certifies that the equipment is "medically necessary." However, insurance may pay for only basic, not customized, equipment.

Additional Resources

- > ["Choosing the Right Cane or Walker"](#) is a guide prepared by HealthinAging.org, a foundation of the American Geriatrics Society. It covers features to look for, how to get a proper fit, and steps for the safe use of canes and walkers.
- > The Mayo Clinic has created a [slide show about choosing and using a cane](#) and a similar one on [walkers](#).
- > For more information on durable medical equipment, see the "Next Step in Care" family caregiver's guide at www.nextstepincare.org/Caregiver_Home/Durable_Medical_Equipment/, which is free and available in four languages.
- > For veterans and caregivers of veterans, visit www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

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PREPARING THE HOME FOR SAFE MOBILITY

Link to Video: <http://bit.ly/2InSb4L>



In this video, a family caregiver demonstrates some steps you can take to make a home safe for a person who has trouble with balance, walking, or other aspects of mobility (moving around inside or outside the home). Although the video starts with the person and his wife in a hospital preparing to go home, these changes can be made at any time and may even prevent a fall and hospital stay.

Remove Safety Hazards

- > Keep hallways and stairways clear of clutter.
- > Remove area rugs or secure them to the floor with double-sided tape.
- > Make sure all electrical cords are placed where no one can trip on them.
- > Clean up spills immediately.

Add Handrails and Grab Bars

- > If the person's home has stairs, make sure there are handrails on both sides of the stairs.
- > Grab bars in bathrooms are particularly important because wet surfaces can be dangerous. Also see the video "Transferring from Assistive Device to Shower or Bed" for more information.

Improve Lighting

- > Add lamps or overhead lighting where needed.
- > Make sure the top and bottom of stairways are well lit.
- > Make sure lightbulbs are the maximum allowable wattage for the lamps, and use energy-saving bulbs so you won't have to change them as often.
- > Install night-lights in areas such as paths to the bathroom or kitchen.
- > Keep a flashlight in a bedside table for extra protection.

Rearrange Items for Easy Reach

- > Check the kitchen and bathroom for frequently used items and make sure that they are easy to reach and put back.

Get Professional Help When Needed

- > Ask a friend or family member to help move heavy items, such as furniture.
- > Get an experienced carpenter or electrician to make changes, such as installing handrails and grab bars and adding light switches.

Costs

- > Many of these steps take only time, not money. But others, such as installing handrails and light switches and buying new lamps, can be costly. These costs are not covered by Medicare or other insurers. However, some community programs may be able to help financially. Call Eldercare Locator (1-800-677-1116), a program of the U.S. Administration on Aging, for assistance in your area.

Additional Resources

- > "Check for Safety: A Home Fall Prevention Checklist for Older Adults," prepared by the Centers for Disease Control and Prevention, offers checklists for stairs and steps, bedrooms, bathrooms, and kitchens.
- > Rebuilding Together, an organization devoted to home modifications for older adults, provides a comprehensive Home Safety Checklist, including basements, smoke and carbon monoxide detectors, as well as other rooms.
- > For veterans and caregivers of veterans, visit www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.
- > For more information on AARP's Home Alone Alliance, please visit www.aarp.org/nolongeralone.

Prepared by Carol Levine, United Hospital Fund.



TRANSFERRING FROM ASSISTIVE DEVICE TO SHOWER OR BED

Link to Video: <http://bit.ly/2WMPn5d>



When your family member uses a walker or a wheelchair to get around the house, taking a shower and getting into bed are special challenges. This video gives tips on how to help so that the person is safe and comfortable. If your family member's condition differs from the video demonstration—for example, the person resists taking a shower or is more disabled—ask for advice from a physical therapist, nurse, or other health care provider.

Getting into the Tub for a Shower

1. Make sure you have all the supplies you need (e.g., towels, shampoo, soap, clean clothes) easily available before you begin.
2. A transfer bench or bath chair will make it easier to get into the tub. It should be positioned so that two legs are inside the tub and two outside. The suction cups should be securely attached to the tub and floor so that the bench doesn't slip.
3. The person should face you and ease onto the bench, which makes it easier to swing their legs into the tub.
4. Use a grab bar for support—not a towel rack, which can easily come loose and cause a fall.
5. When getting out of the tub, before the person stands, make sure his or her feet are dry to avoid slipping.

Steps in Treatment

1. Have the person sit on the edge of the bed and then lay on one side, using a forearm and elbow for support.
2. Lift the person's legs onto the bed before rolling onto their back.
3. Make sure they are warm and comfortable.
4. Place the walker or wheelchair where it won't be a hazard.

Costs

Many types of transfer benches and shower chairs are available. You may want a chair with a back and arms.

- > Medicare and other insurance plans generally do not cover this equipment because it is considered to be for the person's convenience and comfort, not for medical reasons. However, your doctor may be able to document a medical need. Even then, there is no guarantee that Medicare will pay.
- > Grab bars should be installed by a competent professional. Insurance generally does not cover these costs, but you may be able to find a local agency that provides these services.

Other Resources

- > Rebuilding Together is a nonprofit organization that helps veterans, low-income seniors, and others complete home modifications. A list of local sites is available at togetherwetransform.org/find-your-local-affiliate.
- > Medline Plus from the U.S. National Library of Medicine offers a short list of tips for bathroom safety at medlineplus.gov/ency/patientinstructions/000021.htm.
- > For veterans and caregivers of veterans, go to www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

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BASICS OF WHEELCHAIR TO CAR TRANSITION

Link to Video: <http://bit.ly/2RkIBIU>



Getting in and out of a car is something most of us do every day without a second thought. But add a wheelchair and suddenly this simple activity becomes difficult—and potentially risky. Yet, as this video shows, knowing what to do and what to look out for can make it as easy as possible for the passenger and driver.

Here's a quick summary of the key points in the video, which shows how to manage getting a person who is seated in the front seat of a car out of the car and seated in a wheelchair.

Getting out of the Car and into a Wheelchair

- > When using a folding wheelchair, make sure the wheelchair clicks into a locked position.
- > Make sure you know how stable the person is when standing and turning.
- > Attach the wheelchair leg rests.
- > Securely lock the brakes on the wheelchair.
- > Guide the person's legs and head out of the car.
- > Help the person stand and regain balance.
- > Don't use the car door for support.
- > When the person is seated in the wheelchair, unlock the brakes and move toward your destination.

Remember that this video shows a typical wheelchair and a person who can stand and turn. You may have to adjust this method to meet the needs of a person with more limited ability to stand or one who uses a different type of wheelchair. Many additional devices are available that may be helpful, such as vests, belts, door braces, and swivel cushions. There are also lighter-weight travel wheelchairs. Ask a physical therapist, nurse, or doctor for advice.

Getting into a Car from a Wheelchair

Although this video doesn't show a caregiver helping a person move from a wheelchair into a car, it is basically the same process in reverse. Here are some tips:

- > Make sure there is enough room on the passenger side to accommodate the width of the wheelchair.
- > Remember to lock the wheelchair brakes before you open the car door. Unlock them as you move the wheelchair into position.
- > Make sure the car seat is moved as far back as possible.
- > Move the wheelchair into position and then relock the brakes.

- > Help the person stand and then turn to sit down on the car seat.
- > Lift the person's legs into the car, and avoid any bumps on the head.
- > Collapse the wheelchair and stow it in the trunk. Be just as careful doing this step as you are during the transfer so that you don't injure yourself.
- > Consider keeping a pillow in the car that you can use for help positioning.

Additional Resources

- > The National Center on Senior Transportation's [Tips for Drivers and Passengers](#) has many helpful suggestions about planning and organizing trips so that they are as comfortable and enjoyable as possible. The tip sheet encourages drivers to think about the passenger's point of view. What does the passenger understand about the purpose of the trip? How long will it take? Where are we going? Do I have to go? These and other factors may affect the person's tolerance for sitting in a car and waiting in traffic.
- > If travel by car is very difficult or not practical, investigate other forms of transportation—paratransit vans, buses, or ambulettes. The [National Aging and Disability Transportation Center](#) (NADTC) works to increase transportation options for older adults to enable them to live more independently in their communities and provides publications, tool kits, and training opportunities. NADTC is a program of the Federal Transit Administration, funded through a cooperative agreement of [Easterseals](#) and the National Association of Area Agencies on Aging.
- > For veterans and caregivers of veterans, visit www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.

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Prepared by Carol Levine, United Hospital Fund



WHAT TO DO WHEN SOMEONE FALLS

Link to Video: <http://bit.ly/2RtMjtL>



This video shows a typical situation in which a man trips over a rug and falls. If you were his caregiver, what would you do first? Most people would probably say, “I’d help him get up.” But, as the video explains, that’s the wrong answer. This is the right answer:

Check for Serious Injury

- > Don’t move the person or help him get up until you’ve checked for injury.
- > If slight pressure on an arm or leg causes pain, there may be a fracture. Call 911 for help.
- > Other reasons to call 911: if the person is not breathing, has lost consciousness or is confused, or you can’t stop the person’s bleeding by putting pressure on the wound.
- > If you call 911, the dispatcher will ask you questions about the person’s condition, so be prepared to describe what is happening.
- > Keep a list of emergency contacts in your cell phone or on a sheet of paper posted in a visible spot.
- > Until help arrives, cover the person with a blanket, stay calm, and be reassuring.

Getting Up When There Is No Serious Injury

- > Make sure the person leans against a sturdy piece of furniture for support, not something that will roll or move, like an end table or bookcase.
- > Tell the person to use his or her strong leg to push against the furniture to stand.
- > Make sure the person rests until he or she has recovered from the physical and psychological shock of falling.

Preventing Falls and Following Up after a Fall

This video shows what to do (and what not to do) right after a person falls. It’s also important to think about what to do to prevent falls and why you should check with a health care provider after a fall.

- > To prevent falls, follow the suggestions in the video “[Preparing the Home for Safe Mobility.](#)”
- > Falls can happen for lots of reasons, such as medication side effects, vision or balance problems, and more. Check with a doctor, nurse, or physical therapist to see if there are reasons a person may be likely to fall again.
- > And remember: Take care of yourself; you can be injured just by trying to help someone who has fallen.

Additional Resources

- > The United Hospital Fund’s Next Step in Care brochure, [Emergency Room Visits: A Family Caregiver’s Guide](#), offers advice about when to call 911 and what to tell the dispatcher. The guide is available in English, Spanish, Chinese, and Russian.
- > See [8 Things to Have the Doctor Check after an Aging Person Falls](#) for a geriatrician’s advice.
- > For veterans and caregivers of veterans, visit www.caregiver.va.gov or call 1-855-260-3274 for more information about resources and support.
- > For older adults who use public transportation services, the National Center for Senior Transportation developed a [Falls Awareness brochure](#) that is useful for older adults, caregivers, and family members.

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Section 2: Caregiver Advance Directive Resources

Overview

According to a 2015 AARP research report, over 80% of family caregivers indicate they could use more information and/or help with caregiving topics. In particular, caregivers want more information about keeping their loved one safe at home, managing their own stress, and making end-of-life decisions.^v

This section of the toolkit addresses the third of these priorities by providing advance directive resources. Advance directive is the general term that refers to various documents such as a living will (which alerts family and medical staff to treatments a person wants to receive or refuse) and health care power of attorney (which identifies and directs a family member or friend to make health care decisions for a person when they cannot).

The printable resources provided in this section include: (1) a handout discussing various power of attorney considerations, (2) a Wisconsin healthcare advance directive form developed by "Honoring Choices," an initiative of the Wisconsin Medical Society, (3) an alternate healthcare advance directive form developed by "Caring Info," a program of the National Hospice and Palliative Care Organization, and (4) a Wisconsin financial power of attorney form.

We've included both the Honoring Choices and Caring Info forms because Wisconsin healthcare providers have historically distributed either one or the other.

Links to form-fillable versions of the three forms can be found at the top of the first page of each form.



POWER OF ATTORNEY FOR HEALTH CARE: **AN OVERVIEW**

Updated 08/2020

I. What Is A Power Of Attorney For Health Care?

A power of attorney for health care (POA-HC) is a document that you (the “principal”) complete and sign, naming another individual (the “agent”) to make your health care decisions for you if you ever become unable to make those decisions for yourself.

II. Why Should I Have A Power Of Attorney For Health Care?

A POA-HC is a way for you to plan ahead to authorize someone else (the “agent”) to make your health care decisions if you ever become temporarily or permanently unable to do so yourself. Completing a POA-HC allows you to choose the individual you want to make these decisions and to discuss with them what you want those decisions to be.

If you do not complete a POA-HC but later are unable to make your own health care decisions, there may be health care decisions that need to be made which no one else is authorized to make for you. ***In Wisconsin, a family member is not automatically authorized to make health care decisions for you unless you complete a POA-HC document naming the family member as your agent.***

Without a POA-HC, it may be necessary for your family or others to ask the court to appoint a guardian of the person for you. This process can be costly, time-consuming, cumbersome and emotionally draining. It may not result in the appointment of the person *you* would have chosen to be your guardian. Additionally, the person chosen to be guardian may not know your wishes about your health care or what care you might or might not want.

III. What Is The Difference Between A Living Will And A Power Of Attorney For Health Care?

A Living Will is a set of instructions signed by a patient telling a doctor what to do in very limited situations. A Living Will only covers health care decisions when a person is in a persistent vegetative state or when a person is terminally ill and death is imminent. A Living Will does not name an agent to make decisions for you.



A POA-HC covers all health care decisions, not just those that are covered by a Living Will. A POA-HC names an agent to make your health care decisions in accordance with your wishes if you ever become incapacitated. However, you must have a person available to act as the agent.

IV. Should I Have Both A Living Will And A Power Of Attorney For Health Care?

It is not necessary to have both a Living Will and a POA-HC. The Living Will is not a grant of authority to another person to make your health care decisions. It is only instructions to your doctor about what to do in two limited situations. A POA-HC can include the same kind of written instructions contained in a Living Will, or you can give your agent oral instructions. If you do have a Living Will and a POA-HC, make sure that your wishes are expressed consistently in both documents so that your agent or loved ones do not struggle to discern your true wishes should you become unable to make your own health care decisions.

V. When Does The Agent's Authority Become Effective? May I Continue To Make Decisions After Completing A Document?

The agent's power is typically activated upon a determination by two physicians or one physician and one advanced practice clinician (a psychologist, a nurse practitioner, or a physician's assistant) who have personally examined you that you have become incapacitated. The certification of incapacity must be attached to the POA-HC document. Incapacity means that a person is unable to "receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions." See Wis. Stat. § 155.01(8). If you remain able to make your health care decisions, the agent's authority to make health care decisions is not effective. You can change the manner of activation by specifying the number or type of professionals you want to activate the document. Despite creating the document, you continue to handle all your own health care decisions as long as you retain the capacity to make your own health care decisions.

VI. What Kinds Of Decisions Will My Agent Be Able To Make?

Decisions that an agent might make include choosing a doctor, treating a medical condition, managing pain, maintaining or refusing artificial hydration and nutrition, and consenting to or refusing surgery. Health care decisions include decisions about services, procedures, treatment, and care. Your agent will not have the power to make decisions about non-health care issues. Consider completing a Durable Power of Attorney for Finances to handle non-health care issues.

VII. Whose Wishes Control After A Power Of Attorney For Health Care Is Completed?

You remain in charge of your health care decisions. If you are no longer able to make your own health care decisions, your agent must act in good faith consistent with your wishes.



Because your agent is required to follow your wishes, it is imperative that you talk to your agent about your wishes in advance of your possible incapacity. If you have become incapacitated and are not able to express your wishes, your agent must act according to your previously expressed wishes. You may have included these wishes in your POA-HC document or you may have expressed them verbally to your agent or other family or friends. If you have become incapacitated and are still able to express your wishes, your agent is required to follow your current expression of wishes. If your wishes are not known, your agent must act in your best interests.

VIII. What Are The Requirements For A Valid Power Of Attorney For Health Care?

POA-HC documents that are created in Wisconsin must meet certain requirements to be valid. The document must:

- a) Be in writing.
- b) Be voluntarily executed by an individual who is 18 or older and who is of sound mind.
- c) Be signed and dated by the principal in the presence of two disinterested witnesses.
- d) Be signed and dated by the two disinterested witnesses at the same time as the principal.
- e) Include the exact notice provisions contained in the state form or a certificate signed by the principal's attorney stating: "I am a lawyer authorized to practice law in Wisconsin. I have advised my client concerning his or her rights in connection with this POA-HC and the applicable law."

See Wis. Stat. § 155.10 and 155.30. These requirements apply to all POAs-HC.

In Wisconsin, certain actions may not be undertaken by the agent without specific authorization by the principal in the POA-HC document. If you would like your agent to be able to admit you to a nursing home or community-based residential facility (CBRF) for long-term care, your POA-HC must explicitly grant that authority to your agent. Specific authorization is also required if you would like your agent to have the power to withhold or withdraw feeding tubes. Specific authorization is also required for an agent to make health care decisions for a principal who is pregnant.

IX. How Can I Complete A Power Of Attorney For Health Care?

There are several ways to complete a POA-HC. One way is to use the fill-in-the-blank form created by the state. Another way is to hire a lawyer to draft a document tailored to your specific needs. One may also purchase blank forms. Some facilities like hospitals and clinics may distribute their own POA-HC forms. Any



form is acceptable as long as it meets the statutory requirements for a valid POA-HC in Wisconsin noted above.

X. What Are The Advantages Of Using The State Form?

The state form is free and easy to complete. It contains specific provisions instructing your agent as to your wishes about admission to nursing homes and CBRFs, feeding tubes and decisions for pregnant women. It also has a section so that you can include any other special desires, provisions, or limitations.

Using the state form that has been correctly completed can ensure that you have a valid POA-HC that will satisfy all of Wisconsin's requirements. The provisions covering nursing homes, CBRFs, feeding tubes and pregnant women ensure that these issues are not overlooked. The section where you can include special desires, provisions, or limitations allows you to communicate clearly to your agent what your wishes are in particular situations.

Copies of the state POA-HC form are available free if you send a stamped, self-addressed business-size envelope to:

Power of Attorney, Division of Public Health
P.O. Box 309
Madison, WI 53701

You may request two copies of the form and may photocopy the forms if you need more. The forms are also available online at <https://www.dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm>.

You can also request our "Planning for Future Health Care Decision-Making Do-it-Yourself Packet" that includes the state POA-HC form by contacting us at:

Wisconsin Guardianship Support Center
Greater Wisconsin Agency on Aging Resources, Inc.
(855) 409-9410 or email guardian@gwaar.org.

Copies of the packet are also available at www.gwaar.org.

XI. What Factors Should I Consider When Selecting An Agent?

The most important consideration is whether the individual you are considering to be your agent is willing to follow your wishes about your health care decisions. Will they be able to resist pressure from friends and family members who want to influence your health care choices in a manner that may be inconsistent with your wishes? Will they be willing to make decisions consistent with your wishes and not according to the agent's own ideas of what the right decision would be?



Also consider the individual's experience in dealing with hospitals, doctors, and stressful health care situations. Will the individual be able to understand the choices surrounding your particular injury or conditions? Will the individual be good at communicating with doctors and hospitals about your needs and wishes?

Is the individual assertive? Will they be able to ensure that you are being treated properly? Will they ask enough questions about the impact of certain decisions? Will your agent be able to insist that providers contact them with details about your treatment, about any change in your condition or medications, or about injuries?

Is the individual geographically close? If the individual does not live near you, are they willing and able to travel in order to be with you when you need health care decisions made for you? How long would it take your agent to arrive? If your agent is not near you, it may be essential to have an alternate to ensure that you have someone there to make your health care decisions for you if you or your agent are unable.

Your agent cannot be your health care provider or a spouse or employee of your health care provider or an employee of a facility where you are a patient or reside, unless they are a relative.

XII. What Should My Agent Do To Advocate For Me In Making My Health Care Decisions?

Your agent should visit you as often as possible with a minimum visit of once a month. If you are experiencing rapid medical changes, your agent should be visiting you much more often. This is a responsibility that you should discuss with your agent before completing your POA-HC. Your agent will also serve to ensure that you are not suffering abuse or neglect in your incapacitated state.

Your agent should attend meetings discussing your health care to ensure that your wishes are represented and respected when developing care plans.

Your agent must also provide informed consent or refusal for all your health care needs once your POA-HC document becomes activated. To adequately do this, your agent must be willing to understand your condition and the proposed treatments and be able to apply your wishes to unforeseen health care decisions.

XIII. Should I Name An Alternate Agent?

Your agent could be on vacation, ill, unable to assist you or deceased when you need help. Because of this, it is important to consider naming at least one alternate agent on the POA-HC form. If for any reason, the primary agent cannot fulfill the responsibilities of the agency, the alternate can be called upon to make your health care decisions for you should you ever become unable to do so.

You may also name other alternate agents if the first agent and alternate agent are not available or able to act.



XIV. What Should I Do If I Cannot Physically Sign The Document?

The statute governing the requirements of the POA-HC allows you to execute the document even if you are physically unable to sign the document. If you are unable to sign, you may direct a person 18 or older to sign in your presence and in the presence of two disinterested witnesses. The person you chose to sign for you should not be your agent, alternate agent, or witness.

XV. Can I Add An Addendum To My Power Of Attorney For Health Care Document?

If you use the state POA-HC form, you will notice that the space for adding specific instructions to your agent is small. You may wish to add an addendum with longer instructions. If you wish to do so, make sure to reference the addendum in the document. Also be sure that the dates in the addendum are the same as in the POA-HC document. Finally, sign, date, and witness the addendum in the same manner as the POA-HC document.

XVI. What Is The Definition Of A “Feeding Tube”?

A feeding tube is a “medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth, or any other body opening.” See Wis. Stat. § 155.01(2m). It is important to understand that a “feeding tube” can be used to administer both nutrition and hydration. If you want your agent to have the authority to withhold or withdraw a feeding tube, you must provide specific authorization in your POA-HC. An agent may never withhold or withdraw orally ingested nutrition or hydration unless provision is medically contraindicated.

XVII. Will A Power Of Attorney For Health Care Allow Me To Be Admitted To A Nursing Home Or Community-Based Residential Facility For Long-Term Care Against My Wishes?

No. In order for your agent to have the authority to admit you to a nursing home or CBRF for long-term care, you must specifically grant that power in the POA-HC. Without that specific grant of authority, your agent cannot admit you for long-term care. However, your agent can still admit you for short-term stays. If the nursing home or CBRF admission is for recuperative care for less than three months and admission is directly from the hospital, your agent can admit you even if you withheld the specific grant of authority, unless the hospitalization was for psychiatric treatment. If the admission is for respite care for less than 30 days and you and your agent live together, your agent may admit you even if you withheld the specific grant of authority. Even if you grant your agent authority to admit you for long-term care purposes, you can withdraw the authority by objecting. However, a guardianship and protective placement order may then be obtained in order to keep you in a nursing home or CBRF against your wishes.

XVIII. What Happens If I Check “No” Or Leave Blank The Questions About Admission To A Nursing Home Or A Community-Based Residential Facility Or Don’t Specifically Authorize Admission?

If you check “no” to these questions or leave them blank on the state form, your health care agent may only admit you to a nursing home or CBRF for short-term stays for recuperative or respite care. Your health care agent may not admit you for any other purpose including long-term care. If you use an attorney-drafted form that does not include specific authorization for nursing home or CBRF admission, your agent may not admit you for long-term care. However, refusing to give your agent this authority does not mean you will never be admitted to a nursing home or CBRF for long-term care. If your condition requires admission to either a nursing home or CBRF, a guardian will have to be appointed and a protective placement order issued by the court to give consent.

XIX. Will Completing A Power Of Attorney For Health Care Always Avoid The Need For A Guardian?

Completing a POA-HC will usually prevent needing to have a guardian of the person appointed in the event that you are unable to make your own health care decisions. However, there are some circumstances where a guardian of the person may still need to be appointed. If your agent is unable to fulfill his or her responsibility and no alternate was named, a guardian will be needed. A guardian will also be needed if you did not authorize nursing home or CBRF admission but now need those services. Another reason is if you object to any of the decisions your agent is making, such as admission to a nursing home for long-term care which you previously authorized. Also there might be decisions that need to be made that are not covered by a POA-HC.

XX. Is A Power Of Attorney For Health Care That Was Executed In Another State Valid In Wisconsin?

If your POA-HC is valid in the state in which it was executed, it is valid in Wisconsin. However, the agent only has the authority that is permitted by Wisconsin law. For instance, specific authorization for nursing home and CBRF admission, withholding or withdrawing of feeding tubes, and making decisions for a pregnant principal must be specifically authorized in the POA- HC document. This is so regardless of the law of the state where your document was executed. If your document lacks the specific authorization required in Wisconsin for long term admission to a nursing home or CBRF, your agent will not be able to admit you to a Wisconsin nursing home or CBRF for long term care without a guardianship and protective placement order.

XXI. What Should I Do Once I Complete The Power Of Attorney For Health Care Form?

Once the form is completed, you should make several photocopies. You should keep the original in an accessible place (not in a safe deposit box) and distribute copies to your physician, your agent, your alternate agents, your hospital, and family members. For a small fee, you may file a copy at the probate court in the county in which you live.



XXII. How Do I Revoke An Already Existing Power Of Attorney For Health Care?

There are several ways to successfully revoke an existing POA-HC. You may destroy all the copies of the existing document. You may sign and date a written revocation. You may orally revoke the document in the presence of two witnesses or you may execute a new POA-HC. All of these actions will effectively revoke an existing POA-HC.

XXIII. Who Can I Contact If I Have Questions?

The Wisconsin Guardianship Support Center is operated by the Elder Law and Advocacy Center of the Greater Wisconsin Agency on Aging Resources, Inc. to answer questions about Powers of Attorney.

QUESTIONS? Call the Wisconsin Guardianship Support Center at 1-855-409-9410 or email at guardian@gwaar.org.

Reproduction of this brochure is permitted and encouraged, so long as no modifications are made and credit to the Wisconsin Guardianship Support Center of the Greater Wisconsin Agency on Aging Resources, Inc., is retained.

This publication is provided for educational purposes only.

The information contained herein is not intended, and should not be used, as legal advice. Application of the law depends upon individual facts and circumstances. In addition, statutes, regulations and case law are subject to change without notice. Consult a legal professional for assistance with individual legal issues.





Advance Directive including Power of Attorney for Health Care

Overview

This legal document meets the requirements for Wisconsin, Minnesota and Iowa.* It lets you

- Name another person to make your health care decisions if you cannot make them for yourself.
- Write down your goals and preferences for future medical care in specific situations.

The person you name is called your health care agent. You can also name alternate health care agents who can make decisions if the person you named first or second cannot or is not willing to make those decisions. This document gives your agent authority to make health care decisions on your behalf only after doctors and/or health care professionals authorized under current state law have determined you are incapable of making health care decisions for yourself.

This document **does not** give your agent authority to:

- Make financial or other business decisions.
- Make certain decisions about your mental health treatment.

Read this advance directive carefully before you complete and sign it. **You should discuss your goals, values, and this advance directive with your health care agent(s). Unless you talk with your health care agent(s), they may not know your goals and be able to follow your instructions.**

Recommendation: make an appointment with an advance care planning facilitator for help. If this advance directive does not meet your needs, ask your health organization or attorney about other options.

To complete this advance directive

This advance directive is divided into four parts:

- Part 1 – My health care agent
- Part 2 – General authority of the health care agent
- Part 3 – Statement of desires, care instructions or limits
- Part 4 – Making the document legal

Follow the instructions in each of the four parts.

After you complete your advance directive

Take these steps:

- Talk to the person(s) you named as your agent(s) about your goals and preferences for future medical care, if you have not already. Make sure they feel able to do this important job for you in the future.
- Give your agent(s) a copy of this advance directive.
- Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your agent(s) is, and what your preferences are.
- Give a copy to your doctor and/or your health care facility. Make sure your preferences are understood.

- Keep a copy of this advance directive where it can be easily found.
- If you go to a hospital or nursing home, take a copy of this advance directive and ask that it be placed in your medical record.
- Review and update this advance directive whenever any of the “Five D’s” occur:
 - Decade* – when you start each new decade of your life.
 - Death (or Dispute)*– when a loved one or a health care agent dies (or disagrees with your preferences).
 - Divorce* – when divorce (or annulment) happens. If your spouse or domestic partner is your agent, your advance directive is no longer valid. You must complete a new advance directive, even if you want your ex-spouse or ex-partner to remain your agent.
 - Diagnosis* – when you are diagnosed with a serious illness.
 - Decline* – when your health gets worse, especially when you are unable to live on your own.
- If your goals and preferences change:
 - o Talk to your agent(s), your family, your doctor, and everyone who has copies of this advance directive.
 - o Then, complete a new advance directive.
- Cut out the card below, fill it in, fold it and put it in your wallet.

I HAVE AN ADVANCE DIRECTIVE	
Name _____ Date of birth _____  Honoring Choices WISCONSIN <small>AN INITIATIVE OF THE WISCONSIN MEDICAL SOCIETY</small> <small>The name “Honoring Choices Wisconsin” is used under license from the Twin Cities Medical Society Foundation.</small>	My advance directive is filed at this health care facility _____ City/State _____ Phone _____ My health care agent is Name _____ Phone _____

Need help?

If you need help to complete this advance directive, contact Honoring Choices Wisconsin:

hcw@wismed.org or (866) 442-3800

Advance Directive including Power of Attorney for Health Care

For:

Name _____ Date of Birth _____

Telephone (Cell) _____ (Work) _____

(Home) _____

Address _____

City _____ State/ZIP _____

I intend to give copies of this document to:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Health care professional/health care facility:

Name _____

Name _____

Name _____

Notice to Person Making this Document

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

Because your health care providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your health care.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make health care decisions for you if you are unable to make those decisions personally. That person is known as your health care agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of health care that you do or do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make health care decisions for you. It revokes any prior power of attorney for health care that you may have made. If you wish to change your power of attorney for health care, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, your health care providers, and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or the domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your doctor.

Part 1: My health care agent

If you can no longer make your own health care decisions, this advance directive names the person you authorize to make these choices for you. This person will be your health care agent. State law says your health care agent will make your health care choices for you only after doctors and/or other healthcare professionals authorized under current state law have determined you are incapable of making health care decisions. Your agent will make decisions about your medical care as you would if you were able. You and your health care agent(s) should have ongoing talks about your health and health care choices.

Choose someone who knows you well. It should be someone you trust and who respects your goals and values. This person should be able to make difficult decisions under stress. Often family members are good choices, but not always. Choose someone who will closely follow what you want and will be a good advocate for you. Discuss this document and your views with the person(s) you choose to be your health care agent(s).

A health care agent must be at least 18 years old. Your health care agent may not be one of your health care providers or an employee of your health care provider, unless he or she is a relative.

The person I choose as my health care agent is:

Name _____ Relationship _____

Telephone (Cell) _____ (Work) _____ (Home) _____

Address _____

City _____ State/ZIP _____

If that person is unable or unwilling to make decisions for me, then my next choice is:

Second choice:

Name _____ Relationship _____

Telephone (Cell) _____ (Work) _____ (Home) _____

Address _____

City _____ State/ZIP _____

If that person is unable or unwilling to make decisions for me, then my next choice is:

Third choice:

Name _____ Relationship _____

Telephone (Cell) _____ (Work) _____ (Home) _____

Address _____

City _____ State/ZIP _____

☐

I do not have a health care agent. Instead, I want Part 3 of this document to guide my health care.

Part 2: General authority of the health care agent

To complete this part:

Draw a line through anything in the box below you do **not** want your health care agent to do. For example, it should look like this: ~~Decide on~~

I want my health care agent to be able to:

- Decide on tests, medicine, surgery and other medical care. If treatment has started, my agent can keep it going or stop it, based on my instructions or my best interests.
- Interpret my instructions based on what he or she knows of my preferences and values.
- Review and release my medical records and personal files as needed for my medical care.
- Arrange for my medical care and treatment in Wisconsin or any other state.
- Decide whether organs or tissues (anatomical gifts) can be donated after my death according to my preferences and values.

Limits on mental health treatment in Wisconsin

Wisconsin law says my health care agent may not admit or commit me to an inpatient facility for mental health treatment. This means that in Wisconsin, my agent cannot admit me to:

- an institution for mental diseases
- an intermediate care facility for people with an intellectual disability, or
- a state treatment facility for mental health.

My health care agent may not agree to any drastic mental health treatments for me. These treatments include experimental mental health research, brain surgery, or electroshock therapy.

To complete the next three questions:

Initial or check the box beside the one statement in each section you agree with.

In Wisconsin, if you do not mark any box in a section, or you choose “no,” only a court can make the decision and not your health care agent.

1. Agent authority to make the decision to admit me to a nursing home or community-based residential facility for long-term care.

Note: Your health care agent has the authority to admit you to a nursing home or care facility (community-based residential facility) for a **short-term** stay. For example, you might need care to recover after surgery and you expect to go home.

If I need **long-term** care for any reason, then:

☐ **Yes, my agent can make the decision** to admit me to a nursing home or community-based residential facility for a long-term stay.

☐ **No, my agent cannot make the decision** to admit me to a nursing home or community-based residential facility for a long-term stay.

In Wisconsin, choosing “no” or leaving this section blank means I cannot be admitted to a Wisconsin long-term care facility without a court order.

2. Agent authority to make the decision to refuse or have removed a feeding tube and/or IV fluids.

☐ **Yes, my agent can make the decision** to refuse or stop tube feedings and/or IV fluids.

☐ **No, my agent cannot make the decision** to refuse or stop tube feedings and/or IV fluids.

In Wisconsin, choosing “no” or leaving this section blank means feeding tubes and IV fluids cannot be refused or stopped without a court order.

3. Agent authority to make health care decisions during pregnancy.

☐ **Yes, my agent can** make health care decisions for me if I am pregnant.

☐ **No, my agent cannot** make health care decisions if I am pregnant..

☐ **This does not apply to me.**

In Wisconsin, choosing “no” or leaving this section blank means health care decisions cannot be made for me while I am pregnant without a court order.

Part 3: Statement of desires, care instructions or limits

Part 3 allows you to make your preferences clear. Your health care agent and your doctors will refer to this section as they care for you. If you did not name a health care agent or if your health care agent cannot be reached, you can direct your care with the choices you make below. You should talk with your health care agent about the kind of care you want, even if you don't make choices in this section.

You are not required to complete this part of the document.

To complete this part:

Initial or check the box beside the one statement you agree with.

You may add **other specific care instructions** on page 7.

1. Treatments that may prolong life if I am in this situation.

If I am sick or injured and my doctors believe there is little chance I will recover the ability to know who I am, who my family and friends are, or where I am, this is my choice:

☐ **I want to refuse or stop all treatments.** Some examples are a machine that breathes for me (respirator/ventilator), feeding tubes, blood products, antibiotics, or fluids given to me through an IV, treatments for chronic medical conditions, or other medications.

☐ **I want to receive all treatments to keep me alive,** unless my doctor determines the treatments would harm me more than help me.

With either choice, I understand I will be kept clean and comfortable. I will continue to receive pain and comfort medicines, and food and fluids by mouth if I can swallow safely.

2. Cardiopulmonary resuscitation (CPR).

Based on my current health, this is my choice about CPR if my heart or breathing stops.

☐ I want CPR attempted **unless** my doctor determines:

- I have a medical condition and no reasonable chance of survival with CPR,
- OR
- CPR would harm me more than help me.

☐ I do not want CPR. Let me die a natural death.

If you do not want emergency personnel to give you CPR, you will need to talk to your doctor about other documents you need.

Specific care instructions to meet my goals and preferences in certain situations:

Comfort preferences: These things are important to me for comfort (for example, favorite music, warm blankets, best positioning in bed).

Including others when making decisions about my care: (If there is time, try to include these people in my care decisions.)

If I am near death and cannot communicate, I want to give my friends and family these personal messages:

If I am near death, things I would want: (For example, favorite music, rituals, dim lighting, a visit from the hospital chaplain or someone from my faith community.)

To complete this part:

Initial or check the box beside the statement you agree with.

After my death, these are some of my preferences:

1. Donation of my organs or tissue (anatomical gifts)

Examples of organs are kidney, liver, heart, and lungs. Examples of tissue are eyes, skin, bones, and heart valves.

- ☐ A. I do not wish to donate any part of my body.
- ☐ B. After I die, I wish to donate any parts of my body that may help others.*
- ☐ C. After I die, I wish to donate **only** these organs and tissue:* _____

*If you checked B or C, register in your state at www.DonateLife.net to make your preferences legal.

2. Autopsy preference

Initial or check one box OR both B and C.

- ☐ A. I do not wish to have an autopsy.
- ☐ B. I would accept an autopsy if it can help my relatives and/or loved ones understand the cause of my death or if the findings may help them make their own health care choices.
- ☐ C. I would accept an autopsy if it can help advance medical knowledge or medical education.

Part 4: Making the document legal

In Wisconsin: This document must be signed and dated **in the presence of two witnesses** who meet the qualifications explained below. A notary public cannot be used instead of the two witnesses.

In Minnesota or Iowa: This document must be signed and dated **either in the presence of two witnesses** who meet the qualifications explained below **OR in the presence of a notary public**.

My signature and date

I am of sound mind. I agree with everything written in this document.

I have completed this document of my free will.

My signature _____ Date _____

If I cannot sign my name, I ask (print name) _____ to sign for me.

Signature of the person I asked to sign for me _____

Statement of witnesses

A. By signing this document as a witness, I certify I am:

- At least 18 years old.
- Not related by blood, marriage, domestic partnership, or adoption to the person signing this document.
- Not a health care agent appointed by the person signing this document.
- Not directly financially responsible for this person's health care.
- Not a health care provider directly serving the person at this time.
- Not an employee of a health care provider directly serving the person at this time.
In Wisconsin, social workers and chaplains may serve as witnesses even if employed by the health care provider.
- Not aware that I am entitled to or have a claim against the person's estate.

B. I know this to be the person identified in the document. I believe this person to be of sound mind and at least 18 years old. I personally witnessed this person sign this document, and I believe that this person did so voluntarily.

Witness Number One:

Signature _____ Date _____

Print name _____

Address _____

City _____ State/ZIP _____

Witness Number Two:

Signature _____ Date _____

Print name _____

Address _____

City _____ State/ZIP _____

Instructions for notarization (Minnesota or Iowa only)

Residents of Iowa and Minnesota may have the document signed and stamped by a notary public authorized in their state instead of two witnesses.

Notary Public:

In the state of Minnesota/Iowa (circle one), County of _____.

In my presence on _____ (date), _____ (name)

acknowledged his or her signature on this document or authorized the person signing this document to sign on his or her behalf. I am not named as a health care agent or alternate health care agent in this document.

Signature of notary *Notary stamp (required):*

Title (and rank)

My commission expires (date): _____



WISCONSIN

Advance Directive

Planning for Important Health Care Decisions

CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org
800-658-8898

CaringInfo, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and health care providers
- E**ngage in personal or community efforts to improve end-of-life care

Note: The following is not a substitute for legal advice. While CaringInfo updates the following information and form to keep them up-to-date, changes in the underlying law can affect how the form will operate in the event you lose the ability to make decisions for yourself. If you have any questions about how the form will help ensure your wishes are carried out, or if your wishes do not seem to fit with the form, you may wish to talk to your health care provider or an attorney with experience in drafting advance directives. **If you have other questions regarding these documents, we recommend contacting your state attorney general's office.**

Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive health care.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.
2. When you begin to fill out the forms, refer to the gray instruction bars — they will guide you through the process.
3. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
4. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers, and/or faith leaders so that the form is available in the event of an emergency.
5. Wisconsin does not maintain an Advance Directive Registry. However, you may record your advance directive with the registry of probate in the county of your residence.
6. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.

INTRODUCTION TO YOUR WISCONSIN ADVANCE DIRECTIVE

This packet contains a legal document, a **Wisconsin Advance Directive**, that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself. You may complete Part II, Part III, or both, depending on your advance-planning needs. You must complete Part IV.

Part I contains a statutory notice that explains the significance of Part II, the Wisconsin Power of Attorney for Health Care.

Part II, The Wisconsin Power of Attorney for Health Care, lets you name someone, your “health care agent,” to make decisions about your medical care—including decisions about life-sustaining procedures—if you can no longer make your own health care decisions. The Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to manage your own health care decisions, not only at the end of life.

Your Power of Attorney for Health Care goes into effect when your doctor and one other doctor determines that you are unable to receive and evaluate information effectively or to communicate decisions to such an extent that you lack the ability to manage your health care decisions.

Part III, The Wisconsin Declaration to Physicians, is your state’s living will. It lets you state your wishes about the withholding or withdrawal of life-sustaining procedures or of feeding tubes in the event that you enter into a persistent vegetative state or develop a terminal condition.

Your Declaration will go into effect when your doctor and one other doctor certify in writing that you are no longer able to make or communicate your health care decisions, and you have a terminal condition or are in a persistent vegetative state.

Part IV contains the signature and witnessing provisions so that your document will be effective.

Following your advance directive is a **Wisconsin Organ Donation Form**

This form only minimally addresses health care decisions for mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about an advance directive tailored to your needs.

Note: These documents will be legally binding only if the person completing them is a competent adult who is at least eighteen years old.

COMPLETING YOUR WISCONSIN ADVANCE DIRECTIVE

How do I make my Wisconsin Advance Directive legal?

The law requires that you date and sign your Advance Directive or have an adult date and sign at your direction and in your presence. You must sign in the presence of two adult witnesses. These witnesses **cannot be**:

- related to you;
- entitled to, or have a claim against, any portion of your estate;
- directly financially responsible for your health care;
- your health care provider;
- an employee of your health care provider, other than a chaplain or a social worker;
- an employee of an inpatient health care facility in which you are a patient, other than a chaplain or a social worker; or
- your health care agent.

Whom should I appoint as my health care agent?

Your health care agent is the person you appoint to make decisions about your health care if you become unable to make those decisions yourself. Your health care agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your health care agent should clearly understand your wishes and be willing to accept the responsibility of making health care decisions for you.

You can appoint a second person as your alternate health care agent. The alternate will step in if the first person you name as a health care agent is unable, unwilling, or unavailable to act for you.

Unless he or she is related to you, the person you appoint as your health care agent **cannot be**:

- your treating health care provider,
- an employee of your treating health care provider,
- an employee of a health care facility in which you reside or are a patient, or
- a spouse of any of the above.

Should I add personal instructions to my Wisconsin Advance Directive?

One of the strongest reasons for naming a health care agent is to have someone who can respond flexibly as your health care situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your health care agent carry out your wishes, but be careful that you do not unintentionally restrict your health care agent's power to act in your best interest. In any event, be sure to talk

with your health care agent about your future medical care and describe what you consider to be an acceptable “quality of life.”

What if I change my mind?

You may revoke your Wisconsin Advance Directive at any time, by:

- defacing, burning, tearing, or otherwise destroying the document itself;
- signing and dating a written statement of your intent to revoke your Wisconsin Power of Attorney for Health care;
- expressing your intent to revoke your Wisconsin Advance Directive verbally in the presence of two witnesses (this revocation becomes effective only your doctor is notified of the revocation); or
- executing another Wisconsin Advance Directive.

If you appoint your spouse or registered domestic partner, and you obtain a divorce, the marriage is annulled, or the domestic partnership is terminated, the power of attorney for health care is automatically revoked.

Is there anything else I should know?

If you are pregnant, you must initial the paragraph on page 6 of the form for Part II (Power of Attorney for Health Care) to be effective during your pregnancy. Part III (Declaration to Physicians) is not effective during your pregnancy.

Your health care agent does not have the authority to consent to:

- admitting or committing you on an inpatient basis to an institution for mental diseases,
- admitting or committing you to an intermediate care facility for the mentally retarded, a state treatment facility or a treatment facility,
- experimental mental health research or psychosurgery, or
- electroconvulsive treatment or other “drastic” mental health treatment procedures.

PART I

PART I. NOTICE TO PERSON MAKING THIS DOCUMENT

YOU HAVE THE RIGHT TO MAKE DECISIONS ABOUT YOUR HEALTH CARE. NO HEALTH CARE MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND NECESSARY HEALTH CARE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT.

BECAUSE YOUR HEALTH CARE PROVIDERS IN SOME CASES MAY NOT HAVE HAD THE OPPORTUNITY TO ESTABLISH A LONG-TERM RELATIONSHIP WITH YOU, THEY ARE OFTEN UNFAMILIAR WITH YOUR BELIEFS AND VALUES AND THE DETAILS OF YOUR FAMILY RELATIONSHIPS. THIS POSES A PROBLEM IF YOU BECOME PHYSICALLY OR MENTALLY UNABLE TO MAKE DECISIONS ABOUT YOUR HEALTH CARE.

NOTICE

IN ORDER TO AVOID THIS PROBLEM, YOU MAY SIGN THIS LEGAL DOCUMENT TO SPECIFY THE PERSON WHOM YOU WANT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU ARE UNABLE TO MAKE THOSE DECISIONS PERSONALLY. THAT PERSON IS KNOWN AS YOUR HEALTH CARE AGENT. YOU SHOULD TAKE SOME TIME TO DISCUSS YOUR THOUGHTS AND BELIEFS ABOUT MEDICAL TREATMENT WITH THE PERSON OR PERSONS WHOM YOU HAVE SPECIFIED. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF HEALTH CARE THAT YOU DO OR DO NOT DESIRE, AND YOU MAY LIMIT THE AUTHORITY OF YOUR HEALTH CARE AGENT. IF YOUR HEALTH CARE AGENT IS UNAWARE OF YOUR DESIRES WITH RESPECT TO A PARTICULAR HEALTH CARE DECISION, HE OR SHE IS REQUIRED TO DETERMINE WHAT WOULD BE IN YOUR BEST INTERESTS IN MAKING THE DECISION.

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT GIVES YOUR AGENT BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. IT REVOKES ANY PRIOR POWER OF ATTORNEY FOR HEALTH CARE THAT YOU MAY HAVE MADE. IF YOU WISH TO CHANGE YOUR POWER OF ATTORNEY FOR HEALTH CARE, YOU MAY REVOKE THIS DOCUMENT AT ANY TIME BY DESTROYING IT, BY DIRECTING ANOTHER PERSON TO DESTROY IT IN YOUR PRESENCE, BY SIGNING A WRITTEN AND DATED STATEMENT OR BY STATING THAT IT IS REVOKED IN THE PRESENCE OF TWO WITNESSES. IF YOU REVOKE, YOU SHOULD NOTIFY YOUR AGENT, YOUR HEALTH CARE PROVIDERS AND ANY OTHER PERSON TO WHOM YOU HAVE GIVEN A COPY. IF YOUR AGENT IS YOUR SPOUSE AND YOUR MARRIAGE IS ANNULLED OR YOU ARE DIVORCED AFTER SIGNING THIS DOCUMENT, THE DOCUMENT IS INVALID.

NOTICE
(CONTINUED)

YOU MAY ALSO USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT UPON YOUR DEATH. IF YOU USE THIS DOCUMENT TO MAKE OR REFUSE TO MAKE AN ANATOMICAL GIFT, THIS DOCUMENT REVOKES ANY PRIOR RECORD OF GIFT THAT YOU MAY HAVE MADE. YOU MAY REVOKE OR CHANGE ANY ANATOMICAL GIFT THAT YOU MAKE BY THIS DOCUMENT BY CROSSING OUT THE ANATOMICAL GIFTS PROVISION IN THIS DOCUMENT.

DO NOT SIGN THIS DOCUMENT UNLESS YOU CLEARLY UNDERSTAND IT.

IT IS SUGGESTED THAT YOU KEEP THE ORIGINAL OF THIS DOCUMENT ON FILE WITH YOUR PHYSICIAN.

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PART II

PRINT THE DATE

PRINT YOUR NAME,
ADDRESS AND
DATE OF BIRTH

PRINT THE NAME,
ADDRESS, AND
PHONE NUMBER
OF YOUR AGENT

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**PART II. WISCONSIN POWER OF ATTORNEY
FOR HEALTH CARE**

Document made this _____ day of _____, _____.
(date) (month) (year)

CREATION OF POWER OF ATTORNEY FOR HEALTH CARE

I, _____
(print name)

(address)

(date of birth)

being of sound mind, intend by this document to create a power of attorney for health care. My executing this power of attorney for health care is voluntary. Despite the creation of this power of attorney for health care, I expect to be fully informed about and allowed to participate in any health care decision for me, to the extent that I am able. For the purposes of this document, "health care decision" means an informed decision to accept, maintain, discontinue or refuse any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition.

In addition, I may, by this document, specify my wishes with respect to making an anatomical gift upon my death.

DESIGNATION OF HEALTH CARE AGENT

If I am no longer able to make health care decisions for myself, due to my incapacity, I hereby designate

(print name)

(address and telephone number)

to be my health care agent for the purpose of making health care decisions on my behalf.

WISCONSIN ADVANCE DIRECTIVE - PAGE 4 OF 9

PRINT THE NAME,
ADDRESS AND
PHONE NUMBER
OF YOUR
ALTERNATE AGENT

If he or she is ever unable or unwilling to do so, I hereby designate

(print name)

(address)

(telephone number)

to be my alternate health care agent for the purpose of making health care decisions on my behalf. Neither my health care agent nor my alternate health care agent whom I have designated is my health care provider, an employee of my health care provider, an employee of a health care facility in which I am a patient or a spouse of any of those persons, unless he or she is also my relative. For purposes of this document, "incapacity" exists if 2 physicians or a physician and a psychologist who have personally examined me sign a statement that specifically expresses their opinion that I have a condition that means that I am unable to receive and evaluate information effectively or to communicate decisions to such an extent that I lack the capacity to manage my health care decisions. A copy of that statement must be attached to this document.

AUTHORITY OF
AGENT

GENERAL STATEMENT OF AUTHORITY GRANTED

Unless I have specified otherwise in this document, if I ever have incapacity I instruct my health care provider to obtain the health care decision of my health care agent, if I need treatment, for all of my health care and treatment. I have discussed my desires thoroughly with my health care agent and believe that he or she understands my philosophy regarding the health care decisions I would make if I were able. I desire that my wishes be carried out through the authority given to my health care agent under this document.

If I am unable, due to my incapacity, to make a health care decision, my health care agent is instructed to make the health care decision for me, but my health care agent should try to discuss with me any specific proposed health care if I am able to communicate in any manner, including by blinking my eyes. If this communication cannot be made, my health care agent shall base his or her decision on any health care choices that I have expressed prior to the time of the decision. If I have not expressed a health care choice about the health care in question and communication cannot be made, my health care agent shall base his or her health care decision on what he or she believes to be in my best interest.

**MENTAL HEALTH
LIMITATIONS**

LIMITATIONS ON MENTAL HEALTH TREATMENT

My health care agent may not admit or commit me on an inpatient basis to an institution for mental diseases, an intermediate care facility for the mentally retarded, a state treatment facility or a treatment facility. My health care agent may not consent to experimental mental health research or psychosurgery, electroconvulsive treatment or other drastic mental health treatment procedures for me.

**ADMISSION TO NURSING HOMES OR COMMUNITY-BASED
RESIDENTIAL FACILITIES**

My health care agent may admit me to a nursing home or community-based residential facility for short-term stays for recuperative care or respite care.

If I have initialed "Yes" in the following, my health care agent may admit me for a purpose other than recuperative care or respite care, but if I have initialed "No" to the following, my health care agent may not so admit me:

1. A nursing home: Yes ____ No ____
2. A community-based residential facility: Yes ____ No ____

If I have not initialed either "Yes" or "No" immediately above, my health care agent may only admit me for short-term stays for recuperative care or respite care.

PROVISION OF A FEEDING TUBE

If I have initialed "Yes" to the following, my health care agent may have a feeding tube withheld or withdrawn from me, unless my physician has advised that, in his or her professional judgment, this will cause me pain or will reduce my comfort.

If I have initialed "No" to the following, my health care agent may not have a feeding tube withheld or withdrawn from me.

My health care agent may not have orally ingested nutrition or hydration withheld or withdrawn from me unless provision of the nutrition or hydration is medically contraindicated.

Withhold or withdraw a feeding tube: Yes ____ No ____

If I have not initialed either "Yes" or "No" immediately above, my health care agent may not have a feeding tube withdrawn from me.

**INITIAL TO
INDICATE YOUR
HEALTH CARE
AGENT'S
ADMISSION
POWERS**

**IF YOU WANT TO
GIVE YOUR AGENT
THE POWER TO
REFUSE TUBE
FEEDING ON YOUR
BEHALF, INITIAL
"YES"**

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WISCONSIN ADVANCE DIRECTIVE - PAGE 6 OF 9

HEALTH CARE DECISIONS FOR PREGNANT WOMEN

IF YOU WANT YOUR AGENT TO MAKE MEDICAL DECISIONS FOR YOU IF YOU BECOME INCAPACITATED DURING PREGNANCY, INITIAL "YES"

If I have initialed "Yes" to the following, my health care agent may make health care decisions for me even if my agent knows I am pregnant. If I have initialed "No" to the following, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

Health care decision if I am pregnant: Yes _____ No _____

If I have not initialed either "Yes" or "No" immediately above, my health care agent may not make health care decisions for me if my health care agent knows I am pregnant.

ADD OTHER INSTRUCTIONS, IF ANY, REGARDING YOUR ADVANCE CARE PLANS

STATEMENT OF DESIRES, SPECIAL PROVISIONS OR LIMITATIONS

THESE INSTRUCTIONS CAN FURTHER ADDRESS YOUR HEALTH CARE PLANS, SUCH AS YOUR WISHES REGARDING HOSPICE TREATMENT, BUT CAN ALSO ADDRESS OTHER ADVANCE PLANNING ISSUES, SUCH AS YOUR BURIAL WISHES

In exercising authority under this document, my health care agent shall act consistently with my following stated desires, if any, and is subject to any special provisions or limitations that I specify. The following are specific desires, provisions or limitations that I wish to state (add more items if needed):

(attach additional pages if needed)

ATTACH ADDITIONAL PAGES IF NEEDED

INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

Subject to any limitations in this document, my health care agent has the authority to do all of the following:

- (a) Request, review and receive any information, oral or written, regarding my physical or mental health, including medical and hospital records.
- (b) Execute on my behalf any documents that may be required in order to obtain this information.
- (c) Consent to the disclosure of this information.

PART III

PRINT YOUR NAME

PART III. DECLARATION TO PHYSICIANS

I, _____,
(print name)

being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician honor this document as the final expression of my legal right to refuse medical or surgical treatment.

Automatic revocation under Wis. Stat. § 155.40(2) of the Power of Attorney for Health Care in Part II due to the principal's divorce, annulment of marriage, or termination of domestic partnership with his or her health care agent shall have no effect on this Declaration, Part III, which shall survive the invalidation of Part II.

1. If I have a **TERMINAL CONDITION**, as determined by two physicians who have personally examined me, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

_____ YES, I want feeding tubes used if I have a terminal condition.

_____ NO, I do not want feeding tubes used if I have a terminal condition.

(If you have not initialed either box, feeding tubes will be used.)

2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by two physicians who have personally examined me, the following are my directions regarding the use of life-sustaining procedures:

_____ YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

_____ NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

(If you have not initialed either box, life-sustaining procedures will be used.)

INITIAL THE
STATEMENT THAT
BEST REFLECTS
YOUR WISHES
REGARDING
FEEDING TUBES
IN THE EVENT YOU
HAVE A TERMINAL
CONDITION

INITIAL THE
STATEMENT THAT
BEST REFLECTS
YOUR WISHES
REGARDING
LIFESUSTAINING
PROCEDURES
IN THE EVENT
YOU ARE IN A
PERSISTENT
VEGETATIVE
STATE

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INITIAL THE
STATEMENT THAT
BEST REFLECTS
YOUR WISHES
REGARDING
TUBE FEEDING IN
THE EVENT YOU
ARE IN A
PERSISTENT
VEGETATIVE
STATE

3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by two physicians who have personally examined me, the following are my directions regarding the use of feeding tubes:

_____ YES, I want feeding tubes used if I am in a persistent vegetative state.

_____ NO, I do not want feeding tubes if I am in a persistent vegetative state.

(If you have not initialed either box, feeding tubes will be used.)

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

DIRECTIVES TO ATTENDING PHYSICIANS

1. This document authorizes the withholding or withdrawing of life-sustaining procedures or of feeding tubes when two physicians, one of whom is the attending physician, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.
2. The choices in this document were made by a competent adult. Under the law the patient's stated desires must be followed unless you believe the withholding or withdrawing of life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.
3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician who will comply. Refusal or failure to do so constitutes unprofessional conduct.
4. If you know that the patient is pregnant, this document shall have no effect during her pregnancy.

LOCATION OF COPIES

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

_____	_____
_____	_____

ADD PEOPLE WHO
YOU PLAN TO GIVE
COPIES OF YOUR
DOCUMENT

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WISCONSIN ADVANCE DIRECTIVE - PAGE 9 OF 9

PART IV

SIGN AND DATE
YOUR DOCUMENT
AND PRINT YOUR
NAME

THE PRINCIPAL AND
THE WITNESSES
ALL MUST SIGN THE
DOCUMENT AT THE
SAME TIME

WITNESSES MUST
SIGN AND PRINT
THEIR NAMES,
DATE, AND
ADDRESSES HERE

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PART IV. EXECUTION

Signature _____ Date _____

Printed Name _____

(The signing of this document by the principal revokes all previous powers of attorney for health care and declaration to physicians documents.)

STATEMENT OF WITNESSES

I know the principal personally and I believe him or her to be of sound mind and at least 18 years of age. I believe that his or her execution of this power of attorney for health care is voluntary. I am at least 18 years of age, am not related to the principal by blood, marriage or adoption and am not directly financially responsible for the principal's health care. I am not a health care provider who is serving the principal at this time, an employee of the health care provider, other than a chaplain or a social worker, or an employee, other than a chaplain or a social worker, of an inpatient health care facility in which the declarant is a patient. I am not the principal's health care agent. To the best of my knowledge, I am not entitled to and do not have a claim on the principal's estate.

Witness No. 1:

Signature _____

(print) Name _____ Date _____

Address _____

Witness No. 2:

Signature _____

(print) Name _____ Date _____

Address _____

Courtesy of CaringInfo
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org, 800-658-8898

WISCONSIN ORGAN DONATION FORM - PAGE 1 OF 1

ANATOMICAL GIFTS
(OPTIONAL)

ANATOMICAL GIFTS (OPTIONAL)

Upon my death:

_____ I wish to donate only the following organs or parts:

(specify the organs or parts)

_____ I wish to donate any needed organ or part.

_____ I wish to donate my body for anatomical study if needed.

_____ I refuse to make an anatomical gift. (If this revokes a prior commitment that I have made to make an anatomical gift to a designated donee, I will attempt to notify the donee to which or to whom I agreed to donate.)

Failing to initial any of the lines immediately above creates no presumption about my desire to make or refuse to make an anatomical gift.

SIGN AND PRINT
YOUR NAME AND
THE DATE

(signature of principal)

(date)

(printed name of principal)

You Have Filled Out Your Health Care Directive, Now What?

1. Your Wisconsin Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your agent(s), doctor(s), clergy, family, and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. Wisconsin does not maintain an Advance Directive Registry. However, you may record your advance directive with the registry of probate in the county of your residence.
5. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
6. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
7. Remember, you can always revoke your Wisconsin document.
8. Be aware that your Wisconsin document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives, called "do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

Wisconsin law authorizes such orders. We suggest you speak to your physician if you are interested in obtaining one. **CaringInfo does not distribute these forms.**



State of Wisconsin
Department of Health Services

This Power of Attorney for Finances form allows you to plan for future financial decision-making even if you are unable to make your own decisions. More information is available to assist you in filling out this form¹. This form is not the answer for everyone. Only select someone you trust to be your agent. You may wish to consult with an attorney to explore other financial planning tools such as a Power of Attorney for Finances drafted by an attorney, or special accounts or trusts.

This is an important legal document. Do not sign it until you, and your chosen agent, understand the powers being granted. By signing this document, you are not giving up any powers or rights to control your finances or property. Instead, you are giving your agent, in addition to yourself, the authority to handle your finances and property. While it is not required that you sign this document in the presence of a notary, acknowledged signatures create a lawful presumption of genuineness and will be more easily accepted by businesses and financial institutions.

This document is effective immediately when executed unless you state a future date or occurrence that will activate the powers expressed in this form.

This Power of Attorney for Finances is “durable” (does not terminate upon the principal’s incapacity) unless you specifically state that it terminates if you become incapacitated.

If you name your spouse or domestic partner as your agent and the marriage or domestic partnership is terminated (annulment or divorce), this document becomes invalid unless the special instructions in this document state that such an action will not terminate the authority given to the agent.

If you used a former state Power of Attorney for Finances form, that form is still valid. Executing a new Power of Attorney for Finances does not, automatically, revoke a prior document.

If you wish to change this Power of Attorney for Finances in the future, you must complete a new document and revoke this one. You may revoke this document at any time; a suggested method is a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your agent and any other persons or entities that have a copy.

In general, an agent who is not the principal’s spouse or domestic partner may not use the principal’s property for the benefit of the agent or a person to whom the agent owes an obligation of support. Gifting to others is also generally not allowed².

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This document does not give your agent the power to make medical, long-term care or other health care decisions for you.

Once your Power of Attorney for Finances form is completed and signed, send a copy of this document to your financial contacts (e.g. your bank, stockbroker, mortgage company, insurance agent, etc.) Give a copy to your agent and alternate agents as well as to trustworthy family members and/or to your attorney. Finally place a copy in a safe place in your home along with a list of who has a copy of the document.

¹ Greater Wisconsin Agency on Aging Resources: Guardianship Support Center (www.gwaar.org)

² For more information on gifting, see Wis. Stats. §244.57

**WISCONSIN STATUTORY
POWER OF ATTORNEY FOR
FINANCES AND PROPERTY
IMPORTANT INFORMATION**

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

Recording Area ↑

Name and Return Address

Parcel Identification Number (if any)

DESIGNATION OF AGENT

I, _____ (name of principal), name the following person as my agent:

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

☐	Real property
☐	Tangible personal property
☐	Digital property
☐	Stocks and bonds
☐	Commodities and options
☐	Banks and other financial institutions
☐	Operation of entity or business
☐	Insurance and annuities
☐	Estates, trusts, and other beneficial interests
☐	Claims and litigation
☐	Personal and family maintenance
☐	Benefits from governmental programs or civil or military service
☐	Retirement plans
☐	Taxes

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature _____ Date _____

Your name printed _____

Your address: _____

Your telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by name of principal _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

IMPORTANT INFORMATION FOR AGENT AGENT'S DUTIES

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- (2) Act in good faith.
- (3) Do nothing beyond the authority granted in this Power of Attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

_____ (principal's name) by _____ (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

- (1) Death of the principal
- (2) The principal's revocation of the Power of Attorney or your authority.
- (3) The occurrence of a termination event stated in the Power of Attorney.
- (4) The purpose of the Power of Attorney is fully accomplished.
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
- (6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney.

Agent's signature _____ Date _____

Attached:

- (1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
- (2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property:

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY**

State of: _____

County of: _____

I, _____ (name of agent), certify under penalty of perjury that
_____ (name of principal) granted me authority as an agent or
successor agent in a power of attorney dated _____ .

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.
- (4) _____
(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature _____ Date _____

Agent's name printed _____

Agent's address: _____

Agent's telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by (name of agent) _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

Clear / Reset Entire Form

APPENDIX
Power of Attorney for Finances and Property
Statutory Authority Definitions

244.44 Real property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to real property authorizes the agent to do all of the following:

- (1) Demand, buy, lease, receive, accept as a gift or as security for an extension of credit, or otherwise acquire or reject an interest in real property or a right incident to real property.
- (2) Sell; exchange; convey with or without covenants, representations, or warranties; quit claim; release; surrender; retain title for security; encumber; partition; consent to partitioning; subject to an easement or covenant; subdivide; apply for zoning or other governmental permits; plat or consent to platting; develop; grant an option concerning; lease; sublease; contribute to an entity in exchange for an interest in that entity; or otherwise grant or dispose of an interest in real property or a right incident to real property.
- (3) Pledge or mortgage an interest in real property or right incident to real property as security to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.
- (4) Release, assign, satisfy, or enforce by any lawful means a mortgage, deed of trust, conditional sale contract, encumbrance, lien, or other claim to real property which exists or is asserted.
- (5) Manage or conserve an interest in real property or a right incident to real property owned or claimed to be owned by the principal, including by doing any of the following:
 - (a) Insuring against liability or casualty or other loss.
 - (b) Obtaining or regaining possession of or protecting the interest or right by litigation or otherwise.
 - (c) Paying, assessing, compromising, or contesting taxes or assessments or applying for and receiving refunds in connection with taxes or assessments.
 - (d) Purchasing supplies, hiring assistance or labor, and making repairs or alterations to the real
- (6) Use, develop, alter, replace, remove, erect, or install structures or other improvements upon real property in or incident to which the principal has, or claims to have, an interest or right.
- (7) Participate in a reorganization with respect to real property or an entity that owns an interest in or right

incident to real property and receive, hold, and act with respect to stocks and bonds or other property received in a plan of reorganization, including by doing any of the following:

- (a) Selling or otherwise disposing of the stocks, bonds, or property.
- (b) Exercising or selling an option, right of conversion, or similar right with respect to the stocks, bonds, or property.
- (c) Exercising any voting rights in person or by proxy.
- (8) Change the form of title of an interest in or right incident to real property.
- (9) Dedicate to public use, with or without consideration, easements or other real property in which the principal has, or claims to have, an interest.

244.45 Digital property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to digital property authorizes the agent, subject to s. 711.06 (1), to do all of the following:

- (1) Find, access, manage, protect, distribute, dispose of, transfer, transfer ownership rights in, or otherwise control digital devices, and any digital property stored thereon, with digital devices to include desktop, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device, either currently in existence or that may exist as technology develops.
- (2) Access, manage, distribute, delete, terminate, transfer, transfer ownership rights in, or otherwise control my digital accounts, other than the content of electronic communications, as defined in s. 711.03 (6), with digital accounts to include my bank or other financial institution accounts, electronic mail accounts, blogs, software licenses, social network accounts, social media accounts, file-sharing and storage accounts, financial management accounts, domain registration accounts, domain name service accounts, Web hosting accounts, tax preparation service accounts, online store accounts, and affiliated programs currently in existence or that may exist as technology develops.
- (3) Access, manage, distribute, delete, transfer, transfer ownership rights in, or otherwise control any digital property the principal may own or otherwise possess rights to, other than the content of electronic

communications, as defined in s. 711.03 (6), regardless of the ownership of the digital device on which the digital property is stored or the ownership of the digital account within which the digital property is stored.

244.45 Tangible personal property. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to tangible personal property authorizes the agent to do all of the following:

- (1) Demand, buy, receive, accept as a gift or as security for an extension of credit, or otherwise acquire or reject ownership or possession of tangible personal property or an interest in tangible personal property.
- (2) Sell; exchange; convey with or without covenants, representations, or warranties; quit claim; release; surrender; create a security interest in; grant options concerning; lease; sublease; or otherwise dispose of tangible personal property or an interest in tangible personal property.
- (3) Grant a security interest in tangible personal property or an interest in tangible personal property as security to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.
- (4) Release, assign, satisfy, or enforce by litigation or otherwise, a security interest, lien, or other claim on behalf of the principal, with respect to tangible personal property or an interest in tangible personal property.
- (5) Manage or conserve tangible personal property or an interest in tangible personal property on behalf of the principal, including by doing any of the following:
 - (a) Insuring against liability or casualty or other loss.
 - (b) Obtaining or regaining possession of or protecting the property or interest, by litigation or otherwise.
 - (c) Paying, assessing, compromising, or contesting taxes or assessments or applying for and receiving refunds in connection with taxes or assessments.
 - (d) Moving the property from place to place. (e) Storing the property for hire or under a gratuitous bailment.
 - (f) Using and making repairs, alterations, or improvements to the property.
- (6) Change the form of title of an interest in tangible personal property.

244.46 Stocks and bonds. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to stocks and bonds authorizes the agent to do all of the following:

- (1) Buy, sell, and exchange stocks and bonds.
- (2) Establish, continue, modify, or terminate an account with respect to stocks and bonds.
- (3) Pledge stocks and bonds as security to borrow, pay, renew, or extend the time of payment of a debt of the principal.
- (4) Receive certificates and other evidences of ownership with respect to stocks and bonds.
- (5) Exercise voting rights with respect to stocks and bonds in person or by proxy, enter into voting trusts, and consent to limitations on the right to vote.
- (6) Exercise in person or by proxy, or enforce by litigation or otherwise, a right, power, privilege, or option the principal has or claims to have as the holder of stocks and bonds.
- (7) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party concerning stocks and bonds.

244.47 Commodities and options. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to commodities and options authorizes the agent to do all of the following:

- (1) Buy, sell, exchange, assign, settle, and exercise commodity futures contracts and call or put options on stocks or stock indexes traded on a regulated option exchange.
- (2) Establish, continue, modify, and terminate option accounts.

244.48 Banks and other financial institutions. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to banks and other financial institutions authorizes the agent to do all of the following:

- (1) Continue, modify, and terminate an account or other banking arrangement made by or on behalf of the principal.

(2) Establish, modify, and terminate an account or other banking arrangement with a bank, trust company, savings and loan association, credit union, thrift company, brokerage firm, or other financial institution selected by the agent.

(3) Contract for services available from a financial institution, including renting a safe deposit box or space in a vault.

(4) Withdraw, by check, order, electronic funds transfer, or otherwise, money or property of the principal deposited with or left in the custody of a financial institution.

(5) Receive statements of account, vouchers, notices, and similar documents from a financial institution and act with respect to them.

(6) Enter a safe deposit box or vault and withdraw or add to the contents.

(7) Borrow money and pledge as security personal property of the principal necessary to borrow money or pay, renew, or extend the time of payment of a debt of the principal or a debt guaranteed by the principal.

(8) Make, assign, draw, endorse, discount, guarantee, and negotiate promissory notes, checks, drafts, and other negotiable or nonnegotiable paper of the principal or payable to the principal or the principal's order; transfer money, receive the cash or other proceeds of those transactions; and accept a draft drawn by a person upon the principal and pay it when due.

(9) Receive for the principal and act upon a sight draft, warehouse receipt, or other document of title whether tangible or electronic, or other negotiable or nonnegotiable instrument.

(10) Apply for, receive, and use letters of credit, credit and debit cards, electronic transaction authorizations, and traveler's checks from a financial institution and give an indemnity or other agreement in connection with letters of credit.

(11) Consent to an extension of the time of payment with respect to commercial paper or a financial transaction with a financial institution.

244.49 Operation of entity or business. Subject to the terms of a document or an agreement governing an entity or business or an entity or business ownership interest, and unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to operation of an entity or business authorizes the agent to do all of the following:

(1) Operate, buy, sell, enlarge, reduce, or terminate an ownership interest.

(2) Perform a duty or discharge a liability and exercise in person or by proxy a right, power, privilege, or option that the principal has, may have, or claims to have.

(3) Enforce the terms of an ownership agreement.

(4) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party because of an ownership interest.

(5) Exercise in person or by proxy, or enforce by litigation or otherwise, a right, power, privilege, or option the principal has or claims to have as the holder of stocks and bonds.

(6) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to which the principal is a party concerning stocks and bonds.

(7) With respect to an entity or business owned solely by the principal, do all of the following:

(a) Continue, modify, renegotiate, extend, and terminate a contract made by or on behalf of the principal with respect to the entity or business before execution of the power of attorney.

(b) Determine all of the following:

1. The location of its operation.

2. The nature and extent of its business.

3. The methods of manufacturing, selling, merchandising, financing, accounting, and advertising employed in its operation.

4. The amount and types of insurance carried.

5. The mode of engaging, compensating, and dealing with its employees and accountants, attorneys, or other advisors.

(c) Change the name or form of organization under which the entity or business is operated and enter into an ownership agreement with other persons to take over all or part of the operation of the entity or business.

(d) Demand and receive money due or claimed by the principal or on the principal's behalf in the operation of the entity or business and control and disburse the money in the operation of the entity or business.

(8) Put additional capital into an entity or business in which the principal has an interest.

(9) Join in a plan of reorganization, consolidation,

conversion, domestication, or merger of the entity or business.

(10) Sell or liquidate all or part of an entity or business.

(11) Establish the value of an entity or business under a buy-out agreement to which the principal is a party.

(12) Prepare, sign, file, and deliver reports, compilations of information, returns, or other papers with respect to an entity or business and make related payments.

(13) Pay, compromise, or contest taxes, assessments, fines, or penalties and perform any other act to protect the principal from illegal or unnecessary taxation, assessments, fines, or penalties, with respect to an entity or business, including attempts to recover, in any manner permitted by law, money paid before or after the execution of the power of attorney.

244.50 Insurance and annuities. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to insurance and annuities authorizes the agent to do all of the following:

(1) Continue, pay the premium or make a contribution on, modify, exchange, rescind, release, or terminate a contract procured by or on behalf of the principal which insures or provides an annuity to either the principal or another person, whether or not the principal is a beneficiary under the contract.

(2) Procure new, different, and additional contracts of insurance and annuities for the principal and the principal's spouse or domestic partner, children, and other dependents, and select the amount, type of insurance or annuity, and mode of payment.

(3) Pay the premium or make a contribution on, modify, exchange, rescind, release, or terminate a contract of insurance or annuity procured by the agent.

(4) Apply for and receive a loan secured by a contract of insurance or annuity.

(5) Surrender and receive the cash surrender value on a contract of insurance or annuity.

(6) Exercise an election.

(7) Exercise investment powers available under a contract of insurance or annuity.

(8) Change the manner of paying premiums on a contract of insurance or annuity.

(9) Change or convert the type of insurance or annuity with respect to which the principal has or claims to

have authority described in this section.

(10) Apply for and procure a benefit or assistance under a statute, rule, or regulation to guarantee or pay premiums of a contract of insurance on the life of the principal.

(11) Collect, sell, assign, hypothecate, borrow against, or pledge the interest of the principal in a contract of insurance or annuity.

(12) Select the form and timing of the payment of proceeds from a contract of insurance or annuity.

(13) Pay, from proceeds or otherwise, compromise or contest, and apply for refunds in connection with, a tax or assessment levied by a taxing authority with respect to a contract of insurance or annuity or its proceeds or liability accruing by reason of the tax or assessment.

244.51 Estates, trusts, and other beneficial

interests. (1) In this section, "estates, trusts, and other beneficial interests" means a trust, probate estate, guardianship, conservatorship, escrow, or custodianship or a fund from which the principal is, may become, or claims to be, entitled to a share or payment.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to estates, trusts, and other beneficial interests authorizes the agent to do all of the following:

(a) Accept, receive, receipt for, sell, assign, pledge, or exchange a share in or payment from an estate, trust, or beneficial interest.

(b) Demand or obtain money or another thing of value to which the principal is, may become, or claims to be, entitled by reason of an estate, trust, or beneficial interest, by litigation or otherwise.

(c) Exercise for the benefit of the principal a presently exercisable general power of appointment held by the principal.

(d) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to ascertain the meaning, validity, or effect of a deed, will, declaration of trust, or other instrument or transaction affecting the interest of the principal.

(e) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation to remove, substitute, or surcharge a fiduciary.

(f) Conserve, invest, disburse, or use anything received for an authorized purpose.

(g) Transfer an interest of the principal in real property, stocks and bonds, accounts with financial institutions or securities intermediaries, insurance, annuities, and other property to the trustee of a revocable trust created by the principal as settlor.

(h) Sign a waiver or consent in a probate matter. (i)

Reject, renounce, disclaim, release, or consent to a reduction in or modification of a share in or payment from an estate, trust, or beneficial interest.

244.52 Claims and litigation. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to claims and litigation authorizes the agent to do all of the following:

(1) Assert and maintain before a court or administrative agency a claim, claim for relief, cause of action, counterclaim, offset, recoupment, or defense, including an action to recover property or other thing of value, recover damages sustained by the principal, eliminate or modify tax liability, or seek an injunction, specific performance, or other relief.

(2) Bring an action to determine adverse claims or intervene or otherwise participate in litigation.

(3) Seek an attachment, garnishment, order of arrest, or other preliminary, provisional, or intermediate relief and use any available procedure to effect or satisfy a judgment, order, or decree.

(4) Make or accept a tender, offer of judgment, or admission of facts, submit a controversy on an agreed statement of facts, consent to examination, and bind the principal in litigation.

(5) Submit to alternative dispute resolution, settle, and propose or accept a compromise.

(6) Waive the issuance and service of process upon the principal, accept service of process, appear for the principal, designate persons upon which process directed to the principal may be served, execute and file or deliver stipulations on the principal's behalf, verify pleadings, seek appellate review, procure and give surety and indemnity bonds, contract and pay for the preparation and printing of records and briefs, receive, execute, and file or deliver a consent, waiver, release, confession of judgment, satisfaction of judgment, notice, agreement, or other instrument in connection with the prosecution, settlement, or

defense of a claim or litigation.

(7) Act for the principal with respect to bankruptcy or insolvency, whether voluntary or involuntary, concerning the principal or some other person, or with respect to a reorganization, receivership, or application for the appointment of a receiver or trustee which affects an interest of the principal in property or other thing of value.

(8) Pay a judgment, award, or order against the principal or a settlement made in connection with a claim or litigation.

(9) Receive money or other thing of value paid in settlement of or as proceeds of a claim or litigation.

244.53 Personal and family maintenance. (1) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to personal and family maintenance authorizes the agent to do all of the following:

(a) Perform the acts necessary to maintain the customary standard of living of the principal, the principal's spouse or the principal's domestic partner, and the following individuals, whether living when the power of attorney is executed or later born:

1. The principal's children.

2. Other individuals legally entitled to be supported by the principal.

3. The individuals whom the principal has customarily supported or indicated the intent to support.

(b) Make periodic payments of child support and other family maintenance required by a court or governmental agency or an agreement to which the principal is a party.

(c) Provide living quarters for the individuals described in par. (a) by doing any of the following:

1. Purchasing, leasing, or entering into a contract.

2. Paying the operating costs, including interest, amortization payments, repairs, improvements, and taxes, for premises owned by the principal or occupied by those individuals.

(d) Provide normal domestic help, usual vacations and travel expenses, and funds for shelter, clothing, food, appropriate education, including postsecondary and vocational education, and other current living costs for the individuals described in par. (a).

(e) Pay expenses for necessary health care and custodial care on behalf of the individuals described in par. (a).

(f) Act as the principal's personal representative under 42 USC 1320d, the Health Insurance Portability and Accountability Act, and applicable regulations, in making decisions related to the past, present, or future payment for the provision of health care consented to by the principal or anyone authorized under the law of this state to consent to health care on behalf of the principal.

(g) Continue any provision made by the principal for motor vehicles or other means of transportation, including registering, licensing, insuring, and replacing the vehicles, for the individuals described in par. (a).

(h) Maintain credit and debit accounts for the convenience of the individuals described in par. (a) and open new accounts.

(i) Continue payments incidental to the membership or affiliation of the principal in a religious institution, club, society, order, or other organization or to continue contributions to those organizations.

(2) Authority with respect to personal and family maintenance is neither dependent upon, nor limited by, authority that an agent may or may not have with respect to gifts under this chapter.

244.54 Benefits from governmental programs or civil or military service. (1) In this section, "benefits from governmental programs or civil or military service" means any benefit, program or assistance provided under a statute, rule, or regulation, including social security, Medicare, and Medicaid.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to benefits from governmental programs or civil or military service authorizes the agent to do all of the following:

(a) Execute vouchers in the name of the principal for allowances and reimbursements payable by the United States or a foreign government or by a state or subdivision of a state to the principal, including allowances and reimbursements for transportation of the individuals described in s. 244.53 (1) (a), and for shipment of their household effects.

(b) Take possession and order the removal and shipment of property of the principal from a post, warehouse, depot, dock, or other place of storage or safekeeping, either governmental or private, and execute and deliver a release, voucher, receipt, bill of lading, shipping ticket, certificate, or other instrument for that purpose.

(c) Enroll in, apply for, select, reject, change, amend, or discontinue, on the principal's behalf, a benefit or program.

(d) Prepare, file, and maintain a claim of the principal for a benefit or assistance, financial or otherwise, to which the principal may be entitled under a statute, rule, or regulation.

(e) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation concerning any benefit or assistance the principal may be entitled to receive under a statute, rule, or regulation.

(f) Receive the financial proceeds of a claim described in par. (d) and conserve, invest, disburse, or use for a lawful purpose anything so received.

244.55 Retirement plans. (1) In this section, "retirement plan" means a plan or account created by an employer, the principal, or another individual to provide retirement benefits or deferred compensation of which the principal is a participant, beneficiary, or owner, including the following plans or accounts:

(a) An individual retirement account under section 408 of the Internal Revenue Code.

(b) A Roth individual retirement account under section 408A of the Internal Revenue Code.

(c) A deemed individual retirement account under section 408 (q) of the Internal Revenue Code.

(d) An annuity or mutual fund custodial account under section 403 (b) of the Internal Revenue Code.

(e) A pension, profit-sharing, stock bonus, or other retirement plan qualified under section 401 (a) of the Internal Revenue Code.

(f) A plan under section 457 (b) of the Internal Revenue Code.

(g) A nonqualified deferred compensation plan under section 409A of the Internal Revenue Code.

(2) Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to retirement plans authorizes the agent to do all of the following:

(a) Select the form and timing of payments under a retirement plan and withdraw benefits from a plan.

- (b) Make a rollover, including a direct trustee-to-trustee rollover, of benefits from one retirement plan to another.
- (c) Establish a retirement plan in the principal's name.
- (d) Make contributions to a retirement plan.
- (e) Exercise investment powers available under a retirement plan.
- (f) Borrow from, sell assets to, or purchase assets from a retirement plan.

244.56 Taxes. Unless the power of attorney otherwise provides, language in a power of attorney granting general authority with respect to taxes authorizes the agent to do all of the following:

- (1) Prepare, sign, and file federal, state, local, and foreign income, gift, payroll, property, Federal Insurance Contributions Act, and other tax returns, claims for refunds, requests for extension of time, petitions regarding tax matters, and any other tax-related documents, including receipts, offers, waivers, consents, including consents and agreements under 2032A of the Internal Revenue Code, closing agreements, and any power of attorney required by the Internal Revenue Service or other taxing authority with respect to a tax year upon which the statute of limitations has not run and the following 25 tax years.
- (2) Pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or other taxing authority.
- (3) Exercise any election available to the principal under federal, state, local, or foreign tax law.
- (4) Act for the principal in all tax matters for all periods before the Internal Revenue Service, or other taxing authority.



Section 3: Wisconsin and National Caregiver Resources

Overview

Aging and Disability Resource Centers (ADRCs) are the primary resource hubs for older adults, people with disabilities, and their caregivers. Funded through the Centers for Medicare and Medicaid Services (CMS), ADRCs around the country provide people of all incomes and ages with counseling, a full range of support options, and trusted information about local services.

Wisconsin is considered to be one of the pioneers of the ADRC concept of establishing a single point of entry (“no wrong door”) to local, state, and federal support programs and benefits. Operating in every county of the state (in some cases through multi-county collaborations), Wisconsin ADRCs provide or connect people and their caregivers with services such as:

- Adult day and respite services
- Caregiver Support
- Dementia and Alzheimer’s Resources
- Financial, legal, and benefits assistance and counseling
- Health, nutrition, and home-delivered meal programs
- Health insurance, Medicare, Medicaid, and Social Security access
- Healthcare Access Assistance
- Home Health (In-home personal care and nursing services)
- Housing options
- Housekeeping and chore services
- Home modifications and adaptive equipment resources
- Palliative and hospice care services
- Mental health services
- Transportation services
- Veterans services

This toolkit section includes: The below link to a county-by-county list of Wisconsin ADRC websites, phone numbers, emails, and ADRC community resource guides; a handout with links to various other Wisconsin state-wide caregiver resources; and a handout with links to national caregiver resources.

Wisconsin ADRC community resource guides and contact information:

http://www.rwhc.com/Portals/0/PDF/WI_ADRC_Contact_Information_01_14_2021.pdf



Wisconsin Caregiver Resource Links

24/7 Crisis Resource

- <http://www.211.org/>

Caregiver Support

- Aging and Disability Resource Centers: <https://www.dhs.wisconsin.gov/adrc/index.htm>
- Up-to-date links to ADRC websites, community resource guides, and contact info: http://www.rwhc.com/Portals/0/PDF/WI_ADRC_Contact_Information_01_14_2021.pdf
- Wisconsin's Family Caregiver Support Program: <http://wisconsincaregiver.org/>

Dementia/Alzheimer's Resources

- Alzheimer's Association—Wisconsin Chapter: <https://www.alz.org/gwwi>
- Alzheimer's and Dementia Alliance of Wisconsin: <https://www.alzwise.org/>
- Wisconsin Dementia Care Specialist Program: <https://www.dhs.wisconsin.gov/adrc/dementia-care-specialist-program.htm>
- Alzheimer's Family and Caregiver Support: <https://www.dhs.wisconsin.gov/aging/alzfcgsp.htm>
- Dementia-friendly employer's toolkit: <https://www.dhs.wisconsin.gov/dementia/employers.htm>

Elder Support

- Wisconsin AARP: <https://local.aarp.org/wi/>
- Coalition of Wisconsin Aging: <https://www.cwagwisconsin.org/>
- Guardianship Support Center: <https://gwaar.org/guardianship-resources>

Elder and Disability Law

- Greater Wisconsin Agency on Aging Resources: <https://gwaar.org/about>
- Disability Rights of Wisconsin: <http://www.disabilityrightswi.org/>
- Legal Action of Wisconsin for low income residents: <https://www.legalaction.org/>
- Elder Rights Project for elder abuse victims: <https://www.legalaction.org/services/elder-rights-project-elder-abuse-victims>

Financial Assistance

- Low Income Assistance: <https://psc.wi.gov/Pages/ForConsumers/LowIncomeAssistance.aspx>
- Need Help Paying the Bills: https://www.needhelppayingbills.com/html/wisconsin_assistance_programs.html
- Wisconsin Access (to benefits): <https://access.wisconsin.gov/>

Healthcare Access

- Wisconsin Medicaid for low income and disabled Wisconsin residents: <https://www.dhs.wisconsin.gov/medicaid/index.htm>

- Badgercare Plus for low income Wisconsin residents: <https://www.dhs.wisconsin.gov/badgercareplus/index.htm>
- SeniorCare Prescription Drug Assistance for the elderly: <https://www.dhs.wisconsin.gov/seniorcare/index.htm>
- FamilyCare for Long Term Care Services: <https://www.dhs.wisconsin.gov/familycare/index.htm>

Home Health

- Home Health Agencies: <https://www.dhs.wisconsin.gov/regulations/hha/introduction.htm>

Home Energy Assistance

- Wisconsin Division of Energy Services: <http://www.homeenergyplus.wi.gov/>
- Keep Wisconsin Warm Fund: <http://www.kwwf.org/>

Hospice and Palliative Care Services

- Finding a Hospice: <https://www.dhs.wisconsin.gov/guide/hospice.htm>
- Palliative Care Network of Wisconsin: <https://www.mypcnow.org/>
- Agrace Caregiver Education: <https://www.agrace.org/find-care/caregiver-education/>

Housing Services

- Wisconsin Housing Assistance Programs: <https://www.dhs.wisconsin.gov/disabilities/physical/housing-assist.htm>
- Finding an Assisted Living Facility: <https://www.dhs.wisconsin.gov/guide/assisted-living.htm>

Nutrition Services

- FoodShare: <https://www.dhs.wisconsin.gov/nutrition/index.htm>

Respite Care

- Respite Care Association of Wisconsin: <https://respitecarewi.org/live/>

Transportation

- Elderly and Disabled Transportation Assistance: <https://wisconsindot.gov/Pages/doing-bus/local-gov/astnce-pgms/transit/county-eld.aspx>

Veterans Services

- Wisconsin Department of Veterans Affairs: <https://dva.wi.gov/Pages/Home.aspx>



National Caregiver Resource Links

24/7 Crisis Resource

- <http://www.211.org/>

Caregiver Support

- AARP: <https://www.aarp.org/caregiving/>
- Caregiver Action Network: <https://caregiveraction.org/family-caregiver-toolbox>
- Center for Aging Research and Education: <https://care.nursing.wisc.edu/>
 - Agefully Tool for Caregivers: <https://care.nursing.wisc.edu/products/agefully/>
- Family Caregiver Alliance: <https://www.caregiver.org/resources-health-issue-or-condition>
- National Institute of Aging—Caregiving: <https://www.nia.nih.gov/health/caregiving>
- United Hospital Fund—Next Step in Care: https://www.nextstepincare.org/Caregiver_Home/

Dementia/Alzheimer's

- Alzheimer's Foundation of America: <https://alzfdn.org/caregiving-resources/fact-sheets-information/>
- Dementia Friendly Toolkit—Center for Aging Research and Education: <https://care.nursing.wisc.edu/dementia-friendly-toolkit/>
- Dementia Resources—Family Caregiver Alliance: <https://www.caregiver.org/fact-sheets>
- National Institute of Aging—Alzheimer's: <https://www.nia.nih.gov/health/alzheimers>

Elder Support

- AARP: <https://www.aarp.org/>
- Eldercare Locator: <https://eldercare.acl.gov/Public/Index.aspx>

Elder and Disability Law

- Legal Advocates for Seniors and People with Disabilities: <https://mylegaladvocates.org/>
- National Center on Elder Abuse: <https://ncea.acl.gov/>

Financial Assistance

- Benefits Finder: <https://www.benefits.gov/>
- Eldercare Guide to Senior Benefits: <https://eldercare.acl.gov/Public/Resources/brochures/docs/Guide-to-Benefits-access.pdf>
- National Council on Aging Benefits Checkup: <https://www.benefitscheckup.org/>
- Social Security: <https://www.ssa.gov/>

Group Caregiving

- Share The Care: <https://www.sharethecare.org>
 - “How to Organize a Group to Care for Someone Who Is Seriously Ill”: https://www.amazon.com/Share-Care-Organize-Someone-Seriously/dp/0743262689/ref=tmm_pap_swatch_0?encoding=UTF8&qid=&sr=

Healthcare Access

- Medicare: <https://www.medicare.gov/>

- State Health Insurance Assistance Programs: <https://www.shiptacenter.org/>

Home Health

- Home Health Compare: <https://www.medicare.gov/homehealthcompare/search.html>

Home Energy Assistance

- Eldercare Home Energy Tips for Older Adults:
https://eldercare.acl.gov/Public/Resources/brochures/docs/Winter_Tips.pdf

Home Modifications

- Eldercare Locator Home Modification Factsheet:
https://eldercare.acl.gov/Public/Resources/Factsheets/Home_Modifications.aspx

Hospice and Palliative Care

- National Hospice and Palliative Care Organization: <https://www.nhpco.org/>

Housing Services

- National Council on Aging: <https://www.ncoa.org/older-adults/benefits/housing-utilities/home-equity>
- National Center for Assisted Living:
<https://www.ahcancal.org/ncal/about/assistedliving/Pages/default.aspx>
- U.S. Department of Housing and Urban Development: <https://www.hud.gov/>

Long Distance Caregiving

- Help for Long-Distance Caregivers—AARP: <https://www.aarp.org/caregiving/care-guides/long-distance/>
- Getting Started with Long-Distance Caregiving—National Institute on Aging:
<https://www.nia.nih.gov/health/getting-started-long-distance-caregiving>
- Handbook for Long-Distance Caregivers—Family Caregiver Alliance:
<https://www.caregiver.org/handbook-long-distance-caregivers>
https://www.caregiver.org/uploads/legacy/pdfs/Long_Distance_handbook.pdf

Nutrition Services

- USDA Food and Nutrition Services: <https://www.fns.usda.gov/program/assistance-people-all-ages>

Respite Care

- National Respite Network and Resource Center: <https://archrespice.org/consumer-information>

Transportation

- National Aging and Disability Transportation Center: <https://www.nadtc.org/>

Veterans Services

- Veterans Benefits: <https://www.ebenefits.va.gov/ebenefits/homepage>



Section 4: Caregiver Self-Care Resources

Overview

According to a 2015 AARP research report, 38% of caregivers consider their caregiving situation to be emotionally stressful, while only 16% have been asked by health care providers what they needed to take care of themselves. Additionally, caregivers are much more likely than the general population to report that their health is *fair* or *poor*.^{vi}

This section of the toolkit includes self-care resources to help caregivers better manage the stress and associated health issues that can often accompany caregiving. Topics include nutrition, exercise, avoiding burnout, managing stress, bereavement support, signs and symptoms of caregiver depression, and various others.



CAREGIVER LIFE BALANCE: Ask for help

Friends, family and religious groups may be eager to assist and are only waiting to be asked and directed. Doing everything yourself deprives others of an opportunity to serve.

Taking care of an aging or ill family member can be enormously rewarding and, at the same time, exhausting and emotionally draining. As a caregiver, you feed and read, clean up, make meals, change sheets, and offer comfort and good cheer. You manage your own life during the short, sometimes unpredictable lulls in your loved one's schedule. Small wonder 38 percent of family caregivers rate their job as emotionally stressful.

Plowing through might feel doable in the short term, but too much time without a break can lead to caregiver burnout, depression and health problems. Short breaks help you make it through the long haul.

Step by Step: Design a Custom Respite Plan

Step 1: Know your needs and theirs

- What do you need? Three hours off, twice a week? Twenty-four hours away from the house? A regular caregiver's day (or night) out with your spouse or friends? A combination of the above?
- What does your loved one need? Companionship? Meals? Light housekeeping? Personal care? Help transitioning to a wheelchair? Daily walks? Therapy? An aide with special skills? List every job, large and small.

Step 2: Compile a list of possible pinch-hitters

- Cast a wide net. List family, near and far, your friends and your loved one's friends.

Step 3: Call a family meeting

Gather siblings, adult children, nieces and nephews, aunts, uncles and other extended family. Include out-of-town family via Skype, FaceTime, Google Hangouts or other video-chat technology.

- Explain. Tell the group you need regular and as-needed time away from the family member you share. Do not wear your superhero cape or expect them to intuit your needs. Be specific about the caregiving the family member requires.
- Be flexible. If you need coverage on the same day at the same time, every week, say so — but remember, flexibility makes it easier for family to pitch in.

- Encourage questions. Many people expect caregiving to be overwhelming or fear making a mistake. Be specific about what's required. For example: Make meals, give prescribed medicines, and offer compassion, conversation, comfort and assistance.

If an aide or medical professional is part of treatment, assure your helpers that they will arrive as scheduled. If a family member is uneasy about administering personal care, consider arranging to have a home health aide come in the morning and evening.

If your loved one has mobility issues, demonstrate how to assist the person.

If family members are worried that a health crisis will happen on their watch, tell them it's possible and that if it does, they should call 911 right away. For a nonemergency concern, they should call the doctor.

Step 4: Stop talking

Silence will give everyone time to consider how they can help or join forces to cobble together a solution. Group brainstorming can motivate a reluctant helper.

Step 5: Offer options

- If family members beg off because work and kids eat up weekdays, ask if they can cover Friday nights or the early morning run to adult day care. The sibling who can't contribute time may be able to contribute money to cover a car service or a once-a-week professional caregiver. Your out-of-town sister and her family can come to stay for a week while you take a vacation.

- If you're doing all the heavy lifting but family dynamics would make for a stressful meeting — or past efforts were unproductive — invest in professional direction from an eldercare mediator.

Step 6: Make it simple

When everyone is onboard, join a free online scheduler like Lotsa Helping Hands or CareCalendar that lets you specify what you need so others can sign up to provide services. Use the notes feature to update news about your loved one's condition.

Step 7: Spread the word

After you create your calendar, email the link and any ID or password needed to open it. Send to your family, friends, your loved one's friends, your neighbors and your loved one's neighbors. (Longtime friends and neighbors are often glad to spend a few hours a month with someone with whom they have a shared history.)

Step 8: Go away!

Leave written instructions about meals, medicine and phone numbers for a backup home health aide or personal care provider and for your loved one's medical team.

Other Resources:

How can I get a break or respite as a caregiver for my family member or friend?

<https://www.aarp.org/caregiving/answers/info-2017/caregivers-break-respite.html>

How do I get my siblings to share caregiver duties and responsibilities?

<https://www.aarp.org/caregiving/answers/info-2017/family-caregiving-with-siblings.html>

Adapted from:

A Caregiver's Guide to Creating a Respite Care Plan: <https://www.aarp.org/caregiving/life-balance/info-2017/respice-care-plan.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014

<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Avoiding Caregiver Burnout

Caring for a loved one can be rewarding but stressful. Here are 7 tips for avoiding caregiver burnout that really work:

1. Remind yourself that your work has value.

Never forget that what you do is worthwhile, in all sorts of ways. According to an AARP Public Policy Institute report, about 40 million family caregivers provided 37 billion hours of care for parents, spouses, partners and other adult loved ones worth an estimated \$470 billion in 2013, up from \$450 billion in 2009. How much is \$470 billion? It's nearly as much as the total sales of the world's largest companies, including Walmart (\$485.9 billion for the fiscal year ending Jan. 31, 2017).

2. Find ways to mass communicate.

Of course everyone wants to know how your dad's surgery went, but it can be exhausting trying to inform people individually over the phone or by email. Sites such as [CaringBridge](#) allow you to send messages to everyone all at once. Other similar sites include [PostHope](#) and [MyLifeLine.org](#).

3. Join a support group.

The Family Caregiver Alliance has a family care navigator tool to help you locate resources, including support groups near you, and also gives you the ability to join an online caregiver group. You can chat online with other caregivers in the same situation on AARP's website, too. Services and support in your area can also be found through [Eldercare Locator](#), a public service of the U.S. Administration on Aging. In addition, the [Alzheimer's Association](#) and [CancerCare](#) websites offer information on support groups. The [Well Spouse Association](#) is another good source if you need help connecting with other caregivers.

4. Get organized.

Seek out simple tools like calendars and to-do lists that can help you prioritize your responsibilities. Work with your loved one to create an inventory of where important items are kept. It's essential to know the location of certain documents: Social Security cards, marriage and birth certificates, a will or trust, the deed to the house, and insurance and bank account records. Staying organized will give you peace of mind and leave you better prepared down the road.

5. Nurture the positive relationships in your life.

You may be overwhelmed, but take time to talk with friends and family you are closest to. Spend an evening with someone who is a good listener. Limit your interactions with negative people who will drag down your mood and perspective. Surround yourself with those who appreciate you and really care.

6. Give yourself a break.

You can't keep going 24/7. Everyone [needs a break](#) — even caregivers. Ask a friend or relative to take over for a few hours every so often so that you can take a walk, catch a movie or go out to dinner. Eldercare Locator also can help by providing area-specific recommendations for services such as home care, meal plans and transportation options. Find out about adult-day-care centers in your community, which sometimes provide care in a group setting for older people who need supervision.

7. Don't forget to take care of your own health.

Set a goal to establish a good sleep routine and to exercise a certain number of hours every week. Be sure to eat healthy and drink plenty of water. And see your doctor for recommended immunizations and screenings. Tell your physician that you're a caregiver, and bring up any concerns you may have. A [daily relaxation and meditation](#) practice can be beneficial, as well.

VIDEO:

Other Resources:

AARP Health Tools: https://www.aarp.org/health/health_tools/

How to Lower Caregiver Stress: <https://www.aarp.org/caregiving/life-balance/info-2017/stress-management-bjj.html>

Adapted from:

7 Tips for Avoiding Caregiver Burnout That Really Work by Shelley Emling, AARP, October 18, 2017: <https://www.aarp.org/caregiving/life-balance/info-2017/avoid-caregiver-fatigue-fd.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014 <https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Bereavement

Grief is a complex emotion. And when you're in the throes of it, you may find it difficult to do almost anything else, even complete simple tasks. It's common to feel indecisive, even about trivial matters. Many people just want the pain to end but are convinced it never will.

But life goes on, and you, the one grieving, need to go on, too. Though you may not be able to function at pre-loss capacity for a while, there are steps you can take to ensure that your life doesn't fall apart while you're in the midst of your grief. Here's what the experts advise.

What to do

Be patient with yourself. Expect, for a time, that your functioning will be impaired. Sometimes it helps to let those around you know about your grief. Ask for help in staying focused. Find someone who can even take over some mundane or basic tasks until you are yourself again.

Find a listening post. Good listeners don't tell you to get over it, give advice, regale you with stories of their own or tell you how to fix it. If it were that easily done, you would have done it by now. Look for someone who is patient and kind. You may identify good listeners through a grief support group, religious adviser, best friend, sibling, sympathetic colleague or psychotherapist.

Remember that grieving is not completed in a day or a month or a year. You are not just grieving the lost person or job or health or hometown. You are letting go of an integral part of yourself that was a large part of who you are. It takes time — sometimes a very long time. As time passes, your pain will begin to subside. Be prepared, however, to experience periods of rawness — usually when least expected.

Talk about it, cry about it and sit with it. When you have done enough talking, thinking and finding ways to cope with your loss, you will notice the emotional charge begins to dissipate. It doesn't have to be a moment of awakening where you suddenly find enlightenment; you will simply begin to feel different. You will be forever changed by your experience, but you will feel that you can finally get back to being yourself.

What not to do

Don't be too strong for your own good. Surround yourself with people for whom you don't have to put on a brave front. In a work setting that may mean soliciting an understanding colleague to run interference for you. It also may mean opting out of everyday tasks for a time. Grieving is an act of great courage and strength; it is not for the weak.

Don't push yourself when you are tired. The more significant the loss, the more profound it is and the longer the recovery process. To function as well as possible, get enough rest. Cut yourself some slack while you slowly adapt to your new reality.

Don't expect to feel one emotion. Expect a range of emotions. Your feelings may run the gamut from sad to mad to despair to occasional glimpses of happiness — and back again. If you are able to feel only sad, you will get stuck in perpetual despair. This is not a good place to be; it invites depression, helplessness and a feeling that nothing matters. If you are able to feel merely mad, your rage will have you stuck in a lonely trap as it pushes everybody away from you. Focus on the occasional, if rare, happy things that inevitably flutter through your mind.

Don't blame yourself for what happened. Taking responsibility for mistakes helps us to learn and to grow. Survivor's guilt, however, does not. A certain amount is normal, initially. But if you find you are continuing to blame yourself for not being able to save or heal a deceased or disabled loved one, a normal grief reaction becomes counterproductive.

Don't alienate yourself. Grief is a lonely enough process without also isolating yourself. You'll need all the help you can get to muddle through this in-between time. You may feel that you aren't what you were, you're not sure who you are, and you're not yet who you will be after you have recovered from the loss.

But you have begun the process. And the only way forward is to put one step in front of the other.

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Other Resources:

5 Surprising Truths About Grief: <https://www.aarp.org/caregiving/basics/info-2017/truth-about-grief.html?intcmp=AE-HF-IL>

Grief and Loss: <https://www.caregiver.org/grief-and-loss>

Adapted from: Coping With Loss—One Step at a Time <https://www.aarp.org/caregiving/basics/info-2017/grieving-death-bereavement.html#quest1>



CAREGIVER LIFE BALANCE: Caring from a distance

An estimated 11 percent of family caregivers live at least an hour away from their loved one. Many have the same concerns and pressures local caregivers have — and then some. They tend to spend more of their own money on caregiving, for instance, because they're more likely to need to hire help, take time off work (which may not be paid) and pay for travel. The most significant challenge they face, however, can simply be staying informed and assured that the person needing care is in good hands. A few things a long-distance caregiver can't do without: good communication and a solid team on the ground.

Establish access

Having proper access to information and the legal authority to make decisions is important for all primary caregivers, but it's even more so for those handling care from a distance. Example: You'll need signed documents permitting doctors to share information with you. Much of the arranging is best handled during an in-person visit, when you can work with your loved one to locate, organize and fill out necessary paperwork — and there will be plenty.

Quick Tips:

- **Start the discussion.** It's often difficult to discuss finances, but you need to get the lay of the land. You and your loved one will need to strategize over how to pay for health care costs and other everyday expenses. Consider how much is on hand in savings and investments, the size of major payments like housing and whether they have long-term care insurance.
- **Request access to information.** Ask whether your loved one can sign the forms or make the calls necessary to give doctors, hospitals and health insurance companies' permission to share information with you or another trusted family member. Don't forget things like banks and utilities: You may end up becoming the bill payer.
- **Address legal issues.** If your loved one hasn't already designated a durable power of attorney for health care and financial decisions, ask whether she'd like you or someone else she unequivocally trusts to take on that crucial role. If there's no power of attorney and they become physically or cognitively unable to choose one, the courts will have to step in.
- **Know emergency basics.** You need to know how you or someone else can get into the home in an urgent situation. Is an extra set of keys (including car keys) stashed somewhere? Is there a burglar alarm code? Keep a friendly neighbor's phone number handy, and ask the neighbor to do the same with yours.

Create a team

While there are plenty of important tasks that can be handled remotely, such as paying bills, ordering prescriptions and coordinating team members, you'll still need others to be your eyes and ears (and

hands!) when you're caring from afar. It's natural for long-distance caregivers to feel guilty about delegating certain jobs, but — especially when trying to manage more serious or complicated health problems — you simply cannot do it all.

Quick Tips:

- **Start to build your team.** Beyond medical professionals, it's important to reach out to friends, family and community resources to form a larger network of caregiving helpmates. Remember to consider your loved one part of the team.
- **Determine roles.** Ask what tasks team members are willing and able to do — large or small. A neighbor might be happy to cut the lawn, while another family member might volunteer to drive to doctor's appointments.
- **Keep a roster.** Compile and keep up to date a list of contact info for everyone — including hired helpers such as the housecleaner and the dog walker — and be sure they know how to reach you as well.

Find a local coordinator

When caring from afar, it can be especially useful to have a local care manager who can supply local knowledge and help with caregiving logistics. One option is to hire a reputable professional — often called a geriatric care manager or eldercare navigator/coordinator. They can be especially valuable as objective mediators when family members disagree on care decisions and when you're facing tough choices, such as whether it's no longer safe for your loved one to live at home.

Quick Tips:

- Find someone reliable. Many people who identify themselves as care managers are unqualified for such a crucial role, so verify credentials. Consider years of experience and professional certifications. Resources include www.guardianship.org, www.csa.us and www.cmsa.org.
- Discuss what they can do and their areas of expertise. You can hire them for a few hours' consultation to develop a care plan or they can manage nearly the whole kaboodle: from hiring and overseeing caregivers to taking on power of attorney for a loved one who is reluctant to designate a family member and may prefer a professional.
- Consider cost. Health insurance does not cover their services, and they typically charge anywhere from \$50 to \$200 an hour. But an experienced care manager may be able to save your family time, money and stress with even a brief consultation.

Stay in the loop

Establish regular ways to communicate with your local team and loved one, whether through various organization apps, group emails or social tools like FaceTime or Skype. If doctors don't have the time or inclination to follow up with you after meeting with your loved one, you'll need to be both assertive and creative to stay plugged in.

Quick Tips:

- **Make good use of technology.** With your loved one's permission (or her legal proxy's), you can implement tools like video monitors and wearable activity trackers. Also available: remote door

locks (to prevent wandering in case of dementia) and even electronic pill dispensers that can notify you if someone has taken their medications.

- **Stay clued in to doctors' orders.** The person you're caring for might not remember everything important discussed during a doctor's appointment (who does?). You might suggest taking a digital recorder so that you can listen later, or to bring a friend to take notes.
- **Consider easy ways to coordinate.** Set up an email group you can use to keep everyone up to date. You might use an online scheduling tool such as Lotsa Helping Hands to organize and stay current on who's doing what and when.
- **Look into workplace leave policies.** You may be eligible for time off from work for caregiving under the Family and Medical Leave Act (if you work for a small company or haven't worked for your employer long, you may not be). As a compromise, some caregivers arrange to work remotely when they leave town for a caregiving visit.

Make the most of visits

Nothing replaces an in-person visit. So when you can manage one, come with a list of things you need to know or discuss. Try to stretch the visit so you can spend time with your loved one, but also are able to schedule key face-to-face appointments related to his well-being. Sitting down to chat with someone is far more personal and revealing than a phone call can ever be.

Quick Tips:

- **Meet current and potential service providers.** You may want to interview potential home aides or housecleaners, or meet with social workers or other health care professionals involved in caregiving to discuss any concerns.
- **Note where new help is needed.** Is a faucet dripping or the lawn overgrown? Does your loved one appear to be having trouble doing certain chores, such as laundry or grocery shopping? You can help with some tasks while you're there, but may now need to find someone local to assist day-to-day.
- **Look for signs of abuse.** Ask your loved one if you can see his checking account and look for abnormalities. Other red flags: bruises and other unexplained injuries, or an abrupt change in personality. Be very concerned if he mentions someone you've never met who visits often and has been "helpful."
- **Have fun together.** While you might have many practical tasks to check off your list, it's important to spend quality time with your loved one, who may have decreased mobility and feel isolated. Set aside a few hours to go out to eat or to the movies, or maybe invite neighbors over for a potluck dinner.

Other Resources

- Help for Long-Distance Caregivers—AARP: <https://www.aarp.org/caregiving/care-guides/long-distance/>
- Getting Started with Long-Distance Caregiving—National Institute on Aging: <https://www.nia.nih.gov/health/getting-started-long-distance-caregiving>
- Handbook for Long-Distance Caregivers—Family Caregiver Alliance: <https://www.caregiver.org/handbook-long-distance-caregivers>



CAREGIVER LIFE BALANCE: Eat well-balanced meals

Planning ahead and making multiple servings of simple healthy meals are important time-savers for caregivers on the go, according to Chef Daniel Thomas.

When you're a caregiver, taking care of yourself can sometimes fall by the wayside. But keeping yourself healthy is equally important. If you don't eat healthy, your mind isn't as sharp as it needs to be for the people who need you most. When I was a caregiver for both my grandparents and later for my aunt, I was able to work a healthy-eating routine into my life. Here's how you can, too.

Always eat breakfast

Eating breakfast is a key part of getting through a morning routine as a caregiver. Without this meal, you can get lethargic and make a bad food decision because you merely want something fast later in the day. But you shouldn't eat just anything for breakfast. Make sure whatever you have has protein to give you some long-term energy; eggs and turkey sausage are excellent choices.

Keep snacks on hand

We all get hungry in between meals sometimes, especially when we're using a lot of our energy to look after someone. That's why it's important to have healthy snacks available. Nuts, such as almonds and cashews, are great, as are crackers with peanut butter.

Maintain good portion control

If you eat too much, you can get sluggish. There are simple ways to trim down your portions. If you're eating a sandwich for lunch, cut one slice of bread in half, instead of using two. If you're having a bagel or muffin in the morning, eat half and save the rest for the next day. And when you're dining out, have the server box up half your meal for you to take home. Restaurant portions are often bigger than necessary, and a lot of times, one order can make two servings. By having half your meal boxed up before it is brought out, you won't be tempted to eat all of it when it's served. It takes our brain about 20 minutes to feel full, so even if you think you're still hungry after finishing a meal, just wait and your hunger will dissipate.

Sometimes "healthy" just means "healthier"

You don't have to be perfect when trying to eat healthy as a caregiver, but try to stay away from processed foods, eat whole grains, and stick to vegetables, whether they're frozen or fresh. Frozen vegetables are especially versatile because you can use them in cooking and put them into smoothies without having to add ice, which waters them down.

Prepare meals ahead of time

Caregiving means being on the move, so often we don't have the time to spend cooking and preparing a meal for our loved ones and ourselves. That's why it's crucial to plan ahead and make multiple servings of simple healthy meals that you can grab and take with you. One of the best and easiest foods to prepare ahead of time is boiled eggs. They're packed with protein, and you can boil a dozen at a time. You can also prepare a big batch of soup or stew to stick in the fridge, or freeze to keep long term. Below is a great chicken soup recipe that's easy to make on the stove top or in a Crock-Pot.

Use an electric cooking pot

Caregiving can be a full-time job, so it's important to use tools that let us focus on our loved ones. You can leave a Crock-Pot on overnight, and in the morning have lunch or dinner readily available to serve, sometimes for more than one day. And there's a bonus: A long-simmering meal is one of the best smells there is.

Here's one of my favorite Crock-Pot recipes that's hearty, healthy and easy.

Slow & Low Lentil Soup

- 2 cups dried lentils
- 8 cups vegetable stock
- 2 small Spanish onions, diced
- 3 celery spears, chopped very small
- 1 whole carrot, chopped
- 1 whole bay leaf — dry (in the spice aisle of a grocery store)
- 9 cloves garlic, chopped
- 1/2 teaspoon kosher salt
- 1/8 teaspoon white pepper
- 1/2 teaspoon dried leaf oregano
- 1/2 teaspoon fresh thyme sprigs
- 1/4 teaspoon crushed red pepper flakes (optional—add to vegetable stock in the beginning, if used)
- 1 tablespoon chopped cilantro (optional—add to vegetable stock, if used)
- 1/4 cup parsley, chopped (optional—add at the end, 5 minutes before serving, if used)
- 1/4 lemon, cut into a wedge
- 1 medium fresh tomato, chopped small

Preparation:

Soak lentils overnight; if you do not have enough time, soak for 2 hours.

Rinse lentils and drain soaking water. Place in cooker. Add 8 cups of vegetable stock and remaining ingredients except tomatoes, parsley and lemon. Cook on low for 8 to 10 hours or overnight. Add tomatoes.

Turn to high and cook 15 minutes longer, until hot. Squeeze the lemon wedge into the soup before serving. You can also add some parsley 5 minutes before it is to be served. If you want to really bring out all the flavors before you add them to the pot, get a medium sauté pan and heat it on medium heat. Add 1 tablespoon extra-virgin olive oil, and add all of your ingredients except the lemon, tomato and half of the salt, and sauté for 3 minutes, then add to your pot.

Chicken Noodle-Cilantro-Lime-Garlic Soup, Low and Slow Style

1 teaspoon extra-virgin olive oil
1/3 cup onion, chopped
7 cloves garlic, minced
1/2 cup carrots, diced
1/3 cup celery, chopped
5 ounces cooked chicken breast, chopped
3 cups low-sodium chicken broth
1 cup vegetable broth
1/8 teaspoon oregano
1/2 teaspoon kosher salt
1/4 teaspoon fresh ground or cracked pepper
1 tablespoon chopped parsley
1/4 teaspoon dried basil
1/4 teaspoon dried thyme
1/4 teaspoon dried rosemary
1/2 bay leaf
1/8 teaspoon hot sauce (optional)
1/4 cup lime juice, freshly squeezed
2 tablespoons cilantro, chopped
1 cup egg noodles, cooked

Place a medium pot on the stove. Turn your flame or heat dial to medium. Add extra-virgin olive oil and toss in onion, garlic, carrots and celery, and cook, stirring constantly, for 5 minutes. Add chicken and broths, plus oregano, kosher salt, black pepper, parsley, basil, thyme, rosemary, bay leaf and hot sauce (optional). Bring to a boil, then reduce heat and simmer 1 hour. Let sit 3 minutes before serving.

Add cooked egg noodles to each separate bowl and pour the soup on top of the noodles. (If you have leftovers and reheat them, your noodles will not turn into mush.) When done, stir in lime juice and cilantro right before serving.

Crock-Pot version

Place uncooked chicken and all other ingredients, except the cooked noodles, into the pot. Set on medium heat and let cook for 4 hours or until chicken has reached an internal temperature of 165 degrees. Serve with noodles.

Egg noodles

In a small soup pot, heat 4 cups of water to a boil; add noodles. Cook for 7 to 8 minutes and stir every 2 minutes, or until tender. Cool under running water, drain and set to the side until needed. To make sure the noodles don't stick to one another while they cool, either lightly spray them with nonstick cooking spray and stir, or mix in 1/2 teaspoon extra-virgin olive oil.

Serves: 3

Other Resources:

Creating nutritious meals: <https://www.aarp.org/caregiving/health/info-2018/healthy-meals.html>

Eat Right: <https://www.eatright.org/-/media/files/eatrightdocuments/nnm/smartsnackingforadultsandteens.pdf>

Healthy eating while caregiving: <https://www.aarp.org/caregiving/health/info-2017/healthy-eating-caregiving.html>

Adapted from:

Healthy Eating While Caregiving: Chef Daniel Thomas offers up healthy eating tips and easy recipes to keep you at the top of your game by Chef Daniel Thomas, AARP Healthy Living Chef, [AARP](#), November 8, 2017: <https://www.aarp.org/caregiving/health/info-2017/healthy-eating-caregiving.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014
<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Exercise every day

Caregivers have little spare time for themselves. So when you do get a break, you're probably craving rest, rather than thinking of exercise. Yet, of the two, exercise could be a far better choice. It may prevent you from getting sick, help you sleep better and is almost certain to give you more energy — three things of prime importance to a caregiver.

Your well-being can affect the quality of care you provide to your loved one, says Wendy Lustbader, M.S.W., a national lecturer and the coauthor of *Taking Care of Aging Family Members: A Practical Guide*. "It is better to get a break, if you can, as you're taking care of two lives," she says. Also, research has found that caregivers are more vulnerable to illness and can get sicker if they don't take care of themselves.

Here are a few steps you can take to get yourself moving:

Keep it simple

Going to the health club may be attractive, but it may not be realistic if you squander precious time on packing appropriate clothes, traveling to and from the gym, and arranging alternative care for your loved one while you're there.

Instead, you can keep exercise as simple as a brisk walk around the block. "I recommend not thinking big. Just take a walk," Lustbader says. "[Caregivers] are often overwhelmed from a busy workday, so just walking as exercise may be the most they can do. It's a great release and way to be alone, recharge, meditate and collect oneself." Don't think of this as "inferior" exercise. Many studies have demonstrated that regular walking is one of the best things you can do to improve physical and mental health.

Another option is to use exercise videos at home. Your loved one may be able to sit on the couch and watch you work out, or you can try to schedule your video during nap time or when he or she is otherwise occupied. You can always stop a video quickly if your loved one needs your immediate attention.

Get enough

Exercise recommendations are much the same for anyone. Your goal should be 30 to 40 minutes of moderately intense exercise at least three times a week.

Ideally, you'll want to exercise continuously for 30 minutes or more. (Some research says this gives you the maximum benefit). However, taking that much time off may not be an option unless you have backup help.

It's OK to get your exercise "here and there" throughout the day. Research shows that even little bursts of activity are beneficial. Park the car farther away from the grocery store to get some extra steps in, or

take the stairs instead of the elevator. Build up to more time as you begin to see and feel the benefits of exercise.

Challenge yourself for a good workout

Your exercise goals may include losing weight or toning certain body parts. Or you may be seeking to release stress and regain energy, stamina and strength. Try to get the most from the time you exercise. When you take a walk you should move briskly, to get your heart rate elevated. You should feel that you've exerted yourself a bit. Working up a sweat is one way to tell that you are getting a good workout. Another clue is to listen to your breathing. — it should become shorter, but you should be able to hold a conversation. If you can't have a conversation (even with yourself), slow down. And, remember, check with a health professional before beginning any exercise program.

Walk and work out with purpose

Pick a destination, and time yourself to get there. Change the destination and path frequently to prevent boredom and to challenge your body.

Write down your goals and stick to them. Using an electronic or a manual pace counter can help you track your progress and stay motivated. Competing against yourself (or against a friend) can make exercise a fun and interesting challenge.

Don't forget strength training

On days when you can't walk outside or visit the fitness center, make time for strength training. Caregivers responsible for lifting loved ones in and out of bed or chairs require a strong core. Your core is the area around your trunk and pelvis and is where your center of gravity is located.

This story was previously published by Johnson & Johnson.

Other Resources:

Finding the motivation to exercise: <https://www.aarp.org/home-family/caregiving/info-2014/caregiving-exercise-fitness-health.html>



CAREGIVER LIFE BALANCE: Get your zzz's

Strive for a minimum of seven to eight hours of consecutive sleep in a 24-hour period. Nap when your loved one naps.

Adequate sleep — generally seven to eight hours per night — has restorative powers. Too little sleep has been associated with increased appetite, higher rates of depression and anxiety, more frequent traffic accidents, memory problems and more. But a 2014 National Sleep Foundation survey found that 45 percent of Americans reported they had too little or poor sleep at least once in the previous week.

Many family caregivers, contending with their role's responsibilities and challenges, sleep even less than most — though it's so crucial to maintain your own health when you're caring for another. There are a few steps you can take to help yourself fall and stay asleep. Here are some ideas from our book *AARP Meditations for Caregivers*:

- 1. Create a nighttime environment for sleeping, not caregiving.** Unless it is essential that you sleep in the same room as the person you're caring for, you should sleep in a separate room. Protect that room as a sanctuary. It should be cavelike — cool, dark and relatively quiet — to help elicit your natural sleep response. Keep it free from anxiety-provoking stimuli, such as insurance forms and medical reports. If you must listen for your loved one in another room, then use a baby monitor.
- 2. Worry intentionally during a specific "anxious hour."** Many caregivers have difficulty falling or staying asleep because they have a head full of worries about their loved one's care. Rather than worrying at night when it's time for sleep, you can purposely worry at more convenient times during the day. Set an hour during the early evening to write down a to-do list as well as all the concerns that are troubling you. Then put the writing away in a drawer until the next morning. This simple action may have the effect of depositing your anxieties for the night, helping you relax and fall asleep.
- 3. Prompt sleep with good habits.** Just as children need bedtime stories and lullabies, many adults need routines before sleep. Playing video games and watching TV can be too stimulating. Drinking alcohol may drop you into slumber but won't keep you asleep all night. Gentle stretching, reading or listening to relaxing music or guided imagery will help you attain a more restful frame of mind and promote more restorative sleep. Try to keep your sleep cycle regular by getting into bed at night and rising in the morning at the same times every day.
- 4. Use your breath.** Yoga and meditation are based on the power of deep breathing. Sleep can be, as well. By taking deep, slow, regular breaths, you can slow your heart rate and begin to relax your muscles — all necessary physiological changes for falling asleep. It helps to keep your focus on your breathing by counting your breaths or feeling the air pass in and out of your nose and mouth. When your mind drifts

back to your anxieties, just remember that staying awake and worrying doesn't make you a better caregiver or help you solve the next day's problems. It only makes you tired. Let sleep overtake you so you can face the coming challenges with your best energies.

VIDEO: 4 Stretches to Help You Sleep Better - AARP Wellness Ambassador Denise Austin shows you a stretch routine to help you get a good night's rest:

<https://videos.aarp.org/detail/video/5255484367001/4-stretches-to-help-you-sleep-better---aarp?autoStart=true&q=sleep?intcmp=AE-HEA-DS-EOA3-VID-FD>

Other Resources:

Can't Sleep? Here Are 11 Surprising Causes: <https://www.aarp.org/health/conditions-treatments/info-2019/have-trouble-sleeping.html>

Caregiver Health and Wellness <https://familydoctor.org/caregiver-health-and-wellness/>

Good Sleep Habits <https://www.sleephealthfoundation.org.au/pdfs/Good-Sleep-Habits.pdf>

Adapted from:

Barry J. Jacobs, a clinical psychologist, family therapist and healthcare consultant, is the co-author of the book AARP Meditations for Caregivers (Da Capo, 2016).

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014

<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Chuckle more often

Laugh, reminisce and share stories of happy times.

Laughter as a tool

Since the 1960s, the healing powers of laughter have been explored in a branch of science called gelotology—from the Greek *gelos*, meaning “laughter.”

The knowledge that laughter and humor contribute greatly to good health has led to the development of techniques that use laughter as a tool for relaxation and improved health.

“Through laughter, my patients get motivated and feel more energized,” says Erika Ruiz, a certified laughter yoga teacher who specializes in working with older people in Miami. “It helps lower their blood pressure. It’s also an aerobic activity that makes them expend energy, as in exercise, and finally it helps them improve the relationships they have between each other.”

When we laugh, she explains, we generate endorphins, decreasing levels of cortisol and adrenaline — the stress hormones. Endorphins are chemicals that act on the nervous system and help reduce feelings of pain.

“They’re that pleasant sensation after having ice cream or eating chocolate,” Ruiz, 46, says. “But with laughter, they’re fat free.” And when we laugh unconditionally for at least 10 minutes, we generate enough endorphins to benefit health. The giggles and laughter can be simulated, she says: “The brain doesn’t really differentiate between fake or real, spontaneous laughter.”

So laughter therapy is gaining popularity, in workplaces, nursing homes and hospitals. Laughter therapy complements traditional cancer treatment and psychotherapy. Even nuns are getting in the act. “Everyone can laugh,” says Ruiz. And everyone can benefit.

Do try this at home

Some people, though, may find it silly to pay for laughter. Don’t want to go to a comedy club or laughter therapist? Says Ruiz: “Laughter already comes installed in your body.” We should all be laughing more in our daily lives—especially older people. Research shows that as we age, we laugh less, perhaps because we just don’t play as much.

So try your own version of laughter therapy. “Start in the morning with a light ha, ha, ha, ho, ho, and then increase in intensity,” says Ruiz. “If we want a healing laughter, we have to practice and laugh every day.” But you don’t need to force it. Surround yourself with people who make you laugh. When a child laughs, join in. Most important: Find the funny in your own life.

VIDEO:

AARP Studios Presents ‘Care to Laugh’: <https://www.aarp.org/caregiving/stories/info-2018/care-to-laugh-jesus-trejo.html>

Other Resources:

Laughter is the Best Medicine: <https://www.helpguide.org/articles/mental-health/laughter-is-the-best-medicine.htm>

Adapted from:

Laughter for Health by Gustavo Martínez Contreras, AARP VIVA, Summer 2011:
<https://www.aarp.org/health/healthy-living/info-06-2011/laughter-health.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014
<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Don't ignore your emotions

Pay attention to your own feelings and emotions, and seek counseling if needed. Vent feelings to trusted family members or friends. As a caregiver, you need to accept that you will have conflicting feelings. If caring for a loved one leaves you frustrated and angry at times, that's normal — but you don't have to go it alone.

1. Put worries into words

Throughout the caregiving years, all family members worry to some degree or another. It's a natural response to uncertainty; it's also a proven means of preparing for the challenges ahead. When family members hesitate to speak up, however, they often start to internalize their angst. If only they would voice their concerns! Doing so enables relatives to gauge (and possibly correct) each other's unrealistic anxieties, thereby gaining reassurance. In short, sharing worries can activate a family's comfort and support systems.

2. Announce annoyances

The irks and quirks of everyday living — finding dirty dishes in the sink, for example, or missing another's cue that he or she needs attention — don't come to a halt with the onset of an illness. Instead, they multiply. Caregivers don't want to compound the suffering of the afflicted, obviously, so they often keep their grievances to themselves. Yet this robs family interactions of *mutuality* — the notion that loved ones have expectations of (and are committed to caring for) each other. Caregivers who refuse to say what's bothering them may eventually brim over with resentment — a sure sign of impending burnout.

The healthier alternative? Caregivers should calmly and constructively express their annoyance to care recipients; just because someone is sick doesn't mean they stop being a fully-fledged member of the family. This is a better way to air and settle gripes, because it largely restores the give-and-take of family life before the illness. Caregivers who vent don't resent.

3. Don't suppress sadness

If there's one negative emotion that family caregivers and care recipients seem to avoid the most, it's sadness. Some people fret it's the first step on the path to depression. Others tamp it down because they're afraid it will be seen as a sign of defeat or resignation.

But as anyone who has ever attended a moving funeral service knows, expressing sadness can bring family members closer. Discussing their losses — both actual and anticipated — can bond caregivers and care recipients, giving each a sense that they will face whatever comes together. What's left said, not unsaid, is the real silver lining of this dark cloud.

4. Different kinds of support groups to consider

A good caregiver support group can be a lifeline, providing a place — in person, on the phone or online — to share feelings confidentially, make new friends, get help navigating the health care system and learn from others who have walked a similar path.

Condition-specific groups. These include groups for people caring for loved ones with ALS or Lou Gehrig's disease; Alzheimer's and dementia; cancer; diabetes; fibromyalgia and chronic pain; heart and stroke conditions; multiple sclerosis and muscular dystrophy.

Groups targeting different kinds of caregivers. They might bring together people in specific caregiving situations/relationships, such as those caring for a spouse or partner, or adult children caring for elderly parents. Other groups are for millennials, men, Spanish speakers and more.

Peer-led support groups. The Well Spouse Association, with about 30 support groups around the country, was founded 25 years ago when caregivers often felt invisible, says Dorothy Saunders, association co-president, a caregiver for 40 years and a support group leader. "We've been in their shoes, and we can share. Someone may be thinking, 'I'm really losing my patience. I'm always at his beck and call.' That's normal," Saunders says.

Groups led by a trained facilitator. The facilitator could be a social worker, clergy person or psychologist who helps keep the discussion on track and stop one person from monopolizing the conversation. They also should be able to steer participants toward useful educational programs with elder law or legal aid attorneys, adult day-care providers and other professionals.

Online and telephone caregiver groups. These groups can offer priceless support to people who can't travel to a face-to-face meeting, or need to talk to someone during off-hours. (The middle of the night can be a vulnerable time for many people; the Caregiver Action Network's Internet Forum and other online resources are often at their busiest between 2 and 3 a.m.)

Support groups for young caregivers. These serve an often-overlooked subset of the family caregiver population, people under the age of 18. (There are more than you may suspect: About 1,100 middle and high school students caring for ill, elderly or disabled family members participate in the Caregiving Youth Project in Palm Beach County, Fla., for example.)

Tips for finding one that fits

Get out of your comfort zone. Caregiver support groups are underutilized, often because people think they don't have the time or feel self-conscious about speaking about personal subjects with strangers. As Jacobs puts it, "There are a lot of introverts in this world." Try to push yourself through your resistance and take the plunge.

Check out eldercare.gov and other key resources. At eldercare.gov, you can use the Eldercare Locator (type in your ZIP code) to find your local Office on Aging and other resources or search for caregiver services. The Alzheimer's Association and CancerCare websites also offer support group information.

Find out what the format is. Does the group have a facilitator? Some groups have a trained leader, others don't. You may prefer one over the other. And ask about the group's confidentiality policy. You'll want one that follows Las Vegas-style rules: What's said in the group stays in the group.

Know that most groups are free to join. "I would be wary if a fee is being charged," says John Schall, chief executive officer of Caregiver Action Network, a national organization working to improve the lives of the nation's 90 million family caregivers. Some, though, may ask you to join their association and pay dues. That's the case with the nonprofit Well Spouse Association, but Saunders says they don't turn away anyone who can't pay. (Note that you typically don't need to belong to a church or synagogue or have been treated in a medical center to join a caregiver support group there. Call first if you're concerned, but most likely they'll welcome you with open arms.)

Don't feel obligated to stay with a group if it doesn't feel right for you. "Try out different groups," says Ashley Chapman Kenneth, chair of the Virginia Caregiver Coalition, a grassroots network of 200 groups. "Every group is different, and every caregiver is different."

Keep an open mind. Especially if you don't have many options in your area, don't dismiss a support group just because it's not perfectly targeted to you. Give it a try. About 80 percent of caregiving challenges are similar — including emotional stress, navigating the health care system and juggling medications — regardless of the medical condition or other factors, so a well-run general caregiver group may meet your needs just fine.

The important thing is to find a space where you can share stories, feelings and advice with people who can relate, without judgment. Knowing that you are not alone can make a world of difference.

Video: Why Male Caregivers Shouldn't Hang Tough <https://www.aarp.org/caregiving/life-balance/info-2018/male-caregivers-support-emotion.html>

Other Resources:

AARP The Unexpected Joys of Caregiving: <https://www.aarp.org/home-family/caregiving/info-2014/caregiving-happiness-confidence-compassion.html>

Caregiver Action Network: www.caregiveraction.org

Well Spouse Association: www.wellspouse.org

Saying 'Yes' to Offers of Help: <https://www.caregiver.org/print/343>

A Guide to Taking Care of Yourself: <https://www.caregiver.org/print/151>

How to Lower Caregiver Stress: <https://www.aarp.org/caregiving/life-balance/info-2017/stress-management-bjj.html>

Adapted from:

The Healing Power of Negative Emotions by Barry J. Jacobs, AARP: <https://www.aarp.org/home-family/caregiving/info-09-2013/caregiving-stress-sadness-depression-jacobs.html>

Caregiver Support Groups Offer Valuable Help - Tips for finding one that's right for you by Marsha Mercer, AARP, October 26, 2016: <https://www.aarp.org/caregiving/life-balance/info-2017/support-groups.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014 <https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>



CAREGIVER LIFE BALANCE: Take time for yourself

Use relaxation or stress management methods such as meditation, visualization and yoga. Books and videos are available to guide you in these techniques.

Healing breaths. As you sit quietly in a comfortable position, count your breaths from 1 to 10, and repeat, breathing deeply and evenly while trying to remain focused on the present moment. Try not to get frustrated if your mind begins to drift, just ease it back on track. With practice you will be able to better still your thoughts.

Visualization. For many caregivers in my psychology practice, just sitting and breathing feels awkward and uncomfortable, especially at first. For many of them, I recommend they try deep and even breathing for five or 10 minutes while visualizing a favorite relaxing scene — lying on the beach on a summer's day or walking through a cool, tree-shaded glen. The power of those visual scenes to engage the mind provides a kind of mental vacation. Many say they emerge from these reveries feeling replenished and refreshed.

Walkabout. Some caregivers are simply too antsy to sit, breathe and visualize. They need a more active way to relax. For them, I suggest a walking meditation — literally, to take a trek in the neighborhood. But this is not just any idle stroll. It means breathing deeply while focusing intently on the sensations you're experiencing — the smell of clipped grass, a dog's bark, a slightly swaying branch. The more deeply you can immerse yourself in the present, the lighter and more buoyant you will feel when you return home.

Creative act. Artists have long known that the deep concentration that comes with creative activity can produce a kind of high afterward. We all have our own creative outlets. When I write articles such as this one, I breathe deeply and lose myself in finding the proper phrases with the right sounds and meanings on the page. This is my mindfulness. Take time for your own, and you are likely to feel renewed and more calm.

Adapted from:

<https://www.aarp.org/caregiving/life-balance/info-2017/stress-management-bji.html> Barry J. Jacobs

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014

<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>

Guided Meditation Videos:

Meditations for Caregivers co-author Julie Mayer offers five short guided meditations to relieve stress and stay calm and focused.

2-Minute Affirmations: *Quiet those negative voices many of us hear in our heads and increase your feelings of self-worth.* [View Video](#)

5-Minute Body-Scan Relaxation: *Relax your body and calm your mind so you feel refreshed, focused, and at peace.* [View Video](#)

5-Minute Guided Imagery – The Beach: *Whenever you have a few minutes, wherever you are, be transported to a peaceful place where you feel relaxed and calm.* [View Video](#)

10-Minute Guided Imagery – The Garden: *Let this guided imagery take you to a relaxing spot, providing relief and rejuvenation for mind and body.* [View Video](#)

Other Resources:

How to meditate: <https://www.mindful.org/how-to-meditate/>

What is meditation: <https://www.headspace.com/meditation-101/what-is-meditation>

Caregivers Need Care Too: 3 Steps to Self-Care: <https://psychologybenefits.org/2016/11/14/caregivers-need-care-too-3-steps-to-self-care/>

Going with the Tai Chi flow: <https://www.aarp.org/health/healthy-living/info-2019/tai-chi.html>

Kick up your daily stroll a notch: <https://www.aarp.org/health/healthy-living/info-2019/nordic-walking.html>

Meditations for Caregivers: Practical, Emotional, and Spiritual Support for You and Your Family
<https://www.aarp.org/entertainment/books/bookstore/home-family-caregiving/info-2016/meditations-for-caregivers.html>

10 Ways for Caregivers to Nurture Themselves <https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>

Make Yourself a Priority, Too: Tips for Caregivers <https://www.nia.nih.gov/health/infographics/make-yourself-priority-too-tips-caregivers>

Caregiver Self-Care: Caring for You: <https://www.caregiver.org/print/22497>



CAREGIVER LIFE BALANCE: Signs and symptoms of caregiver depression

Irritability, fatigue, a loss of appetite and an inability to concentrate are all symptoms of depression. There are steps we can take to help both those suffering from depression and their friends or family members — if we know what to look for. Here are seven key things to keep in mind about this increasingly common condition:

1. You can get a free diagnosis

Screening tools in a doctor's office "can give people a way to get the treatments they need to stop suffering."

2. Antidepressants aren't always the answer

While meds can be effective, "the belief that medications will solve the problem is too simple. Depressed patients who take medication and do nothing else are not very likely to have a full, lasting recovery," says psychologist Stephen Ilardi, Ph.D., associate professor of clinical psychology at the University of Kansas and author of *The Depression Cure*. Probably the simplest, healthiest and most effective treatment for depression in older adults is exercise, according to a 2013 study in the *British Journal of Psychiatry*. Going for a brisk walk every day, hitting the driving range or signing up for a dance class can be a natural mood elevator.

3. Depression is pain

Depression has a number of physical symptoms such as low energy level and appetite suppression. These signs can also indicate serious medical problems such as heart disease.

4. Hormones may play a role

Women are diagnosed with depression twice as often as men, possibly because they're more at risk because of hormonal changes, including menopause. However, testosterone may also play a role in men's depression. According to research published in the journal *Drugs and Aging*, the age-related decline in testosterone levels could lead to an increase in depressive symptoms in men.

5. Depression increases the risk of stroke

Depression was linked to a more than twofold increase in stroke risk for women between the ages of 47 and 52, according to a study published in *Stroke*, the journal of the American Heart Association. "It's unclear why depression is so strongly linked to stroke ... but it is thought that the body's inflammatory

processes and their effects on blood vessels may play a part," says Caroline A. Jackson, Ph.D., researcher and epidemiologist in the School of Population Health at the University of Queensland. She encourages older adults with depression to seek medical help and maintain or adopt a healthy lifestyle to minimize their stroke risk.

6. Older white men are among those with the highest risk of suicide

In white adults over 65, the rate of male suicides is more than five times greater than female suicides. While suicide rates for women decline after age 60, for men, the odds of taking their own life increase with age. Men over 85 had a suicide rate more than twice that of their younger counterparts. Part of the problem may be that no one realizes they're so severely depressed. One of the leading causes of suicide in older adults is undiagnosed or untreated depression.

7. There is hope

Depression is an illness characterized by feelings of hopelessness, but Kales is quick to point out the good news: "Depression in older adults is generally highly treatable," she says. In fact, a study published in the *Harvard Review of Psychiatry* found a 48 percent reduction in symptom severity among people over age 55 who received antidepressant medications as treatment for depression. Research also found that 72 percent of patients over age 65 who participated in cognitive behavioral therapy sessions found it useful. "A combination of medication and psychotherapy is highly effective for helping patients feel better," Kales says.

Other Resources:

Caregiver Depression: A Silent Health Crisis: <https://www.caregiver.org/caregiver-depression-silent-health-crisis>

Caregiver Mental Health: <https://adaa.org/resources/caregivers>

Adapted from:

7 Things You Should Know About Depression: <https://www.aarp.org/health/conditions-treatments/info-09-2013/depression-what-you-should-know.html>



CAREGIVER LIFE BALANCE: Talking to the Doctor and Medical Team

As a caregiver for your parent or loved ones, one of your most important challenges is becoming an effective advocate with their doctors and medical team. Effective communication between the caregiver and the health care team will ensure that the right information is shared and that good care is delivered promptly.

Use these 6 tips to effectively manage your loved one's medical care

1. Designate one family member as a point of contact. Imagine how confusing and frustrating it would be if three people were bombarding you with different versions of the same story. That's how a doctor might feel if various family members all try to communicate at once. The truth is doctors simply don't have the time to deal with multiple contacts or to become involved in family squabbles.

Figure out one point person who will speak for the family and possess the legal authority to consult with the doctor and make medical decisions with a medical power of attorney. Find out how the doctor likes to be contacted — by phone message or email — and what time of day is best. If you leave a message with doctor and want to be called back, minimize telephone tag: Make sure you say the best time to reach you.

2. Get to know the doctor, nurses and social workers. Establish a positive relationship with your loved one's entire health care team. It may be a cliché, but it is true that it's easier to attract bees with honey than with vinegar. Make it your business to be at every doctor's appointment. Also, make sure that each doctor treating your parent knows what every other doctor treating him or her is doing, and be sure that all doctors have copies of current laboratory and x-ray reports.

3. Obtain an Advance Health Care Directive and HIPAA Agreement. It's important to have an advance directive, which gives instructions for your parent's care if they are unable to do so. The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of patients. A patient must sign the HIPAA document when admitted to a hospital or visiting a doctor. Make sure your parent or loved one's paperwork designates the caregiver as a person who can receive medical information about the patient. Otherwise, the doctor can discuss treatment options and other issues only with the patient, and the caregiver is restricted from getting the information needed to make prudent decisions.

4. Ask direct questions. If you ask general questions, you will get general answers. Don't ask, "How's my mother doing?" or "How long does she have to live?" Instead, ask specific questions aimed at specific concerns. For example: "She's been having diarrhea. Could it be caused by her medicine? Should we change her diet?"

5. Keep an updated list of medications. Keeping track of medications — when and how often they should be taken and what they are taken for — can be confusing, even for the most organized caregiver. Refresh your parent's medicine list frequently, and include any over-the-counter medicines, vitamins and supplements. If possible, keep the list of medicines on a spreadsheet that notes daily doses; this will make it easier for medical professionals to review them. If your parent is mobile, he or she should carry this list in a wallet.

6. Cut costs on medications. It's no secret that prescription drugs can be expensive, but there are often alternatives that will save you money. Ask the doctor if there are generics available for your parent's prescriptions and work with the doctor on finding an appropriate, less expensive medication if one is available.

Other Resources:

Family Caregiver Alliance: Communicating with Your Doctor <https://www.caregiver.org/communicating-your-doctor>

Institute for Healthcare Improvement: Ask Me 3 <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>

Adapted from:

AARP Family Caregiving: Talking With Doctors <https://www.aarp.org/caregiving/health/info-2017/dealing-with-doctors.html>

10 Ways for Caregivers to Nurture Themselves by Johnson and Johnson, AARP, March 14, 2014
<https://www.aarp.org/caregiving/life-balance/info-2017/nurture-yourself.html>

End Notes

ⁱ Caregiving in the U.S., AARP Public Policy Institute and National Alliance for Caregiving, 2020 (p.3): <https://www.caregiving.org/caregiving-in-the-us-2020/>

ⁱⁱ *Resources for Caregiving in Rural Communities*, University of Minnesota Rural Health Research Center, 2018 ⁱⁱⁱ *Perspectives on Rural Caregiving Challenges and Interventions*, University of Minnesota Rural Health Research Center, 2018

^{iv} *Home Alone Revisited: Family Caregivers Providing Complex Care*, John A Hartford Foundation and AARP, 2019

^v Caregiving in the U.S., AARP Public Policy Institute and National Alliance for Caregiving, 2020 (p.28): <https://www.caregiving.org/caregiving-in-the-us-2020/>

^{vi} Ibid