HOSPICE RESPITE CARE is for the purpose of retaining a rest period for the caregiver. This admission is for no longer than five days.

The following protocols are to be followed by the nursing staff when a hospice patient is admitted for RESPITE CARE.

A hospice nurse may accompany the patient to the hospital and will bring copies of the care plan, physician’s orders, DNR, etc. with them. They also will visit or call the floor on a daily basis regarding the patient’s condition and to answer any questions that arise.

Often questions arise about care or treatments to be implemented during the admission. Some guidelines are listed for consideration by the staff. A hospice nurse can be reached at any time to answer your questions. The nurse can be reached at 518-891-0606 during weekdays and on weekends/evenings/nights and holidays.

VITAL SIGNS are unnecessary during a respite admission. Respite care is implemented when the caregiver at home is fatigued or must go out of town for some reason. The interdisciplinary team care plan for respite hospital admission, provided by hospice will be reviewed with the staff regarding this and other needs during the hospital stay.

If the patient’s condition changes during this admission, i.e. pain uncontrolled, fever, or deterioration) please notify the hospice nurse immediately. If these new symptoms require active treatment or diagnostic tests, the patient’s care level will be changed to Acute Symptom Management and the hospital stay may continue beyond the five days.

SUCTIONING may be indicated only if this intervention was being implemented at home. If the patient’s condition is deteriorating, implement care to provide comfort, and call the hospice nurse.

DIAGNOSTIC TESTS are not indicated during a respite admission. Routine tests such as CBC, U/A, etc, would not be appropriate if the patient is admitted for respite. All orders as provided at home will be provided by hospice. Also the last physician visit note will be placed on the chart and a new History and Physical is not needed.

DISCHARGE PLANNING begins immediately as frequently the patient / family goal is to die at home. The hospice social worker and nurse will work closely with the patient and family to assure there is a smooth transition back home when the caregiver is again available to care for the patient.