



Merrimack Valley Hospice

**Patient and Caregiver
Handbook**



Merrimack Valley Hospice

Affiliated with Home Health Foundation

800-475-8335

MerrimackValleyHospice.org

The members of your hospice team listed below are honored to care for you and your family at this time. Together we will ensure care that is compassionate, dignified and supportive.

Your Hospice Team Members

Clinical Manager

Medical Director

Nurse

Social Worker

Chaplain

Hospice Aide

Volunteer

Bereavement Counselor

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Merrimack Valley Hospice

Merrimack Valley Hospice, the trusted name in end-of-life care, is one of the most respected not-for-profit hospice agencies in the region. Our multidisciplinary team of physicians, nurses, counselors, home health aides, and volunteers work together to provide you and your family with expert clinical care and support with compassion and commitment. We are grateful and honored to support your care at this fragile time of life.

The majority of our patients receive hospice care in the comfort of their home. Because there are times when this is not possible, Merrimack Valley Hospice opened High Pointe House, a hospice and palliative care residence. Located at 360 North Avenue in Haverhill, Massachusetts, High Pointe House provides end-of-life care for patients whose pain and other symptoms can no longer be managed at home. High Pointe House contains 21 private suites for patients with space to accommodate visitors who are welcome 24 hours a day. Amenities include a kitchen and café, libraries, family gathering areas, a spa, and beautiful gardens and walkways." High Pointe House is the only hospice residence in the region licensed to care for children.

This handbook is designed to help explain what you can expect from Merrimack Valley Hospice. Our pledge to you is that at all times staff will:

- Be professionally dressed and wear a picture ID
- Introduce themselves and treat you and your family with the utmost respect.
- Develop a plan of care with you and your family that meets your needs and goals
- Provide excellent care that includes thorough assessments and a plan for pain, symptoms, and emotional relief
- Schedule visits with you in coordination with your family and team, and with consideration of any other appointments and commitments you may have
- Arrive in a timely fashion and conduct a caring, compassionate, and professional visit
- Work with you to provide community support as necessary
- Answer your questions and make certain that your journey is improved because you have our care and support

Please be assured we will support you and your family to live life fully each and every day.

Merrimack Valley Hospice is affiliated with Home Health VNA and HomeCare, Inc. Together the agencies are able to provide comprehensive home health and supportive services to all age groups at any stage of illness. Home Health VNA provides a wide variety of skilled nursing, rehabilitation, and specialty services designed to maximize health, independence, and quality of life. Home Care, Inc. provides homemaker, personal care, and supportive services which enable individuals – elders to newborns – to live safely in their own home and community. Our mission is to create and deliver innovative and responsive community health programs which provide effective and compassionate care.

A Letter from our President and CEO

Dear Patient and Loved Ones,

Thank you for choosing Merrimack Valley Hospice. A part of the community since 1895, our agency has provided hospice care since the inception of hospice more than 40 years ago. We deliver the most advanced, compassionate care to patients and their families today. At Merrimack Valley Hospice, we believe that each day can be filled with joy, peace of mind, and precious moments that can become memories to be treasured. We are here to help make this possible, to assist you with all of your needs, and to support your family and loved ones.

This handbook contains important information about Merrimack Valley Hospice and the many valuable services available. This information will be reviewed with you so that you can take advantage of all hospice has to offer. Your signature on the Informed Consent/Election of Benefits form will indicate that you have read and understand this information.

If you have any questions, or need additional information, any member of your care team will be happy to assist you. Be assured, all of us are committed to providing you with the highest possible quality of care and palliative services.

Sincerely,



Karen Gomes, RN, MS, CPHQ
President and CEO



Philosophy and Goals of Care

Hospice is a special concept of care for patients whose illness is no longer responding to curative treatment. Designed to improve quality of life by offering comfort, personalized service, and a caring community, hospice care is provided by a team of professionals specially trained to provide expert medical care, comprehensive symptom management, and emotional and spiritual support.

Support is also extended to the patient's family throughout the illness and for at least one year beyond. Hospice care can be provided in the patient's home, nursing home, hospital, assisted living facility, or at High Pointe House.

At the center of hospice is the belief that each of us has the right to die in comfort and with dignity, and that our families will receive the necessary support to allow us to do so. The focus is on caring, not curing.

When a patient decides that curative treatment is no longer appropriate or effective, hospice care becomes the compassionate and dignified option.

Whenever possible, the patient receives care in his or her own home, in a long-term care facility, or residential community under their insurance's hospice benefit. Merrimack Valley Hospice's expert team of professionals will visit the patient on a regular basis to provide care, including comprehensive pain and symptom management, personal care, medical advice, guidance, and support throughout the terminal illness. Our medical directors work closely with the hospice team, the family, the patient, and the patient's physician to ensure that the patient's symptoms are optimally managed, and that the family is receiving all the care and support they need.

The Hospice Team

The heart of hospice care is the Interdisciplinary Team or IDT. The patient and family members are important members of the team who work together to ensure that all of the patient's needs are met. The team approach includes the physical, emotional, and spiritual aspects of care. Merrimack Valley Hospice team members include:

Your Personal Physician

Most patients choose to remain with their personal physician. Your doctor will be involved in decisions regarding treatment and medications and must approve your plan of care.

Hospice Medical Director

Our medical directors follow each patient's care closely and are available for consultations and home visits. Our medical directors are in touch with your personal physician as needed.

Nurse

Registered nurses (RNs) and licensed practical nurses (LPNs) coordinate the patient's care and make regular visits to the home to assess the patient's status and needs and provide expert pain and symptom control.

Social Worker

Social workers provide emotional support and counseling, and can help the entire family with day-to-day concerns that often come with a terminal illness. Social workers can help find community resources, arrange nursing home placement, help with funeral arrangements, and assist with advance directives. Social workers can also provide specialized support to children and adolescents as needed.

Chaplain

Chaplains provide non-denominational spiritual support to patients and families, and can act as a liaison with the patient's own religious community. Hospice chaplains respect the faith and beliefs of patients and their families.

Hospice Aide

Hospice aides provide personal care and assistance with activities of daily living, such as dressing and bathing. They can also provide assistance with meals.

Volunteers

Specially trained volunteers provide any number of important services including companionship, running errands, filling in to give caregivers a short, needed break, and light housekeeping. Volunteers cannot transport patients, give medications, or provide personal care.

Bereavement Counselor

Bereavement counselors provide grief support from the time the patient is admitted through the bereavement process, for up to 2 years.

Expressive and Complementary Therapies

Expressive and complementary therapies are an added service available to all patients of Merrimack Valley Hospice.

These therapies include:

Massage can help with relaxation and some types of pain. Merrimack Valley Hospice utilizes licensed massage therapists who practice a variety of massage techniques. The massage therapist will work with you to determine what type of massage therapy would be most beneficial.

Reiki is a Japanese therapy that can help with stress reduction and relaxation. It is administered by “laying on hands.” Reiki often feels like a wonderful glowing radiance that flows through and around you. Reiki treats the whole person, including body, emotions, mind, and spirit, creating a feeling of relaxation, peace, and serenity.

Expressive therapy, also known as creative arts therapy, is the use of the arts as a form of therapy. Unlike traditional art expression, the process of creation is emphasized rather than the final product. Expressive therapy can be used to manage stress, alleviate pain, and express feelings. Expressive therapy modalities used by Merrimack Valley Hospice include music, art, and writing.

If you are interested in expressive or complementary therapy, please contact your nurse or social worker.

Hospice Care in the Nursing Home

Merrimack Valley Hospice also provides end-of-life care in many nursing homes in the region.

Merrimack Valley Hospice and the nursing home staff work together to develop a joint plan of care. Merrimack Valley Hospice will oversee all hospice services provided in the nursing home; however, some services will be provided by Merrimack Valley Hospice staff, and some by nursing home staff. For example, Merrimack Valley Hospice staff may make recommendations regarding medication, diet, and using quiet music to help you relax. The nursing home staff may administer medications, prepare and serve food, and make sure your CD player is in reach.

While at the nursing home, you will be provided with a “communication book.” This book should be used jointly by your family and the staff of Merrimack Valley Hospice to share information about the care and services you are receiving.

In addition to the communication book, families are encouraged to call Merrimack Valley Hospice staff for updates on your care. Merrimack Valley Hospice staff are always willing to meet with families to discuss all care and services being provided.

Any questions and concerns should be brought to the attention of the Merrimack Valley Hospice nurse or social worker. Merrimack Valley Hospice staff will work closely with the nursing home staff to ensure that any issues are promptly resolved.

Hospice Aides

The hospice aide is an important member of the health care team providing your care. Working under the direction and supervision of a Merrimack Valley Hospice nurse, the hospice aide's top priority is providing personal care. The aide assigned to you must complete the plan of care specific to your needs. Your hospice aide must assist you with personal care on each visit. The hospice aide may also perform light housekeeping duties for you, after personal care tasks are completed if there is enough time in the visit.

Scheduling a hospice aide

We will make every effort to schedule your hospice aide visits at your convenience. We will notify you of any changes in your appointment as soon as possible. We are committed to trying to schedule the same hospice aide for each visit. However, due to the number of visits requested by your nurse and the availability of hospice aides, this cannot always happen. The hospice aide scheduler will let you know which days the hospice aide will be coming for your visit. We expect you to contact the hospice aide scheduler if you are not able to keep your scheduled visit.

Hospice aides are supervised during home visits on a regular basis. During these visits, the nurse will assess the quality of care delivered by the hospice aide to ensure the highest quality care.

Hospice aides will:

Perform personal care tasks:

- Sponge or bed baths
- Oral hygiene
- Skin care
- Assist with toileting
- Shave/electric razor
- Other tasks listed on the care plan

After individual instruction by a nurse, the hospice aide may:

- Transfer using a Hoyer lift
- Provide a shower when safety equipment is needed
- Provide ostomy care
- Assist with range of motion exercises
- Change non-sterile dressings
- Complete any other tasks the nurse feels may require individual instruction

Hospice aides may not:

- Cut hair or give permanents
- Cut fingernails or toenails
- Give medication or oxygen
- Perform heavy chore work/housecleaning
- Cash checks
- Make financial arrangements with you
- Witness legal documents
- Accept money or valuable gifts
- Share their home address/phone numbers
- Bring family or friends to your home
- Be assigned to help family members/friends
- Provide personal care to anyone except you
- Run errands/go grocery shopping
- Handle money

If you have any questions regarding the specific duties of hospice aides, please ask your hospice nurse.

Hours of Operation

The regular hours of operation for Merrimack Valley Hospice are Monday through Friday, from 8:00 a.m. to 4:30 p.m. However, hospice services are available 24 hours a day, 7 days a week.

To reach a nurse before or after regular hours of operation, please call 800-475-8335.

Before or after hours, a nurse is always available to answer questions and offer advice over the telephone or to make a visit to the home, if needed.

Before or after hours, you should contact Merrimack Valley Hospice for:

- Pain that is not responding to medication
- Trouble breathing
- Restlessness, agitation, or hallucinations
- Problems with urinating or having a bowel movement, causing pain or discomfort
- Severe nausea, vomiting, or diarrhea
- Uncontrollable bleeding
- High fever over 101F, not responding to Tylenol
- Inability to awaken patient
- Any fall or injury
- Difficulty giving medication
- Feeling you cannot go on caring for the patient at home
- Feeling upset or overwhelmed caring for the patient

Questions or concerns that can be addressed during regular working hours with the members of your team include:

- How to get medication refills
- Changes to the home visit schedule
- How to get supplies such as oxygen, dressings, etc.
- Help with health insurance

In the event of a death, please call as soon as possible and a nurse will make a home visit to assist the family.

High Pointe House

High Pointe House, the hospice and palliative care residence of Merrimack Valley Hospice, located in Haverhill, MA, is a licensed, acute care hospice residence that provides a home-like alternative to hospitalization for patients in need of specialized end-of-life care. A welcoming and uniquely serene, comfortable, and medically supported environment, High Pointe House is committed to addressing multiple end-of-life needs for patients as well as those of visiting family members and friends. Various levels of care, as described by Medicare regulations, are provided.

General Inpatient Care (Acute Care)

General inpatient care is appropriate for patients who require frequent skilled nursing intervention for management of symptoms including pain, respiratory distress, increased agitation and confusion, and uncontrolled nausea and vomiting, and/or those who require continuous monitoring. Medicare and private health insurance typically fully cover this level of care. Once the symptoms are well-managed, the patient may return home or be eligible for routine care.

Routine Care (Non-acute)

Routine care is appropriate for patients who, for a variety of non-medical reasons, require more assistance than is available in their home setting or have a home environment not conducive to their care needs. This level of care is based on a daily medical assessment of the patient's condition. Medicare and private health insurances typically only cover the medical care portion of residential care. At this level of care, patients are assessed a daily charge for room and board. Of course, income eligible patients may apply for a care subsidy which may support all or a portion of the daily charges.

Respite Care

Respite care is short-term inpatient care to relieve the family/primary caregiver for a short period of time to travel or tend to their own health or personal matters. Respite is limited to 5 consecutive days.

Changes in status

The assigned level of care is based on clinical assessment and documentation of need. The hospice medical director or social worker will discuss changes in level of care with the patient and/or family as needed.

The Medicare Hospice Benefit

Medicare will pay for hospice benefits when the following conditions are met:

- You are eligible for Medicare Part A
- Your physician and the Merrimack Valley Hospice medical director agree that you meet hospice eligibility criteria
- You sign the Medicare Hospice Election Form to choose the Medicare Hospice Benefit

Medicare will continue to pay for covered benefits for any health problems that are not related to your hospice diagnosis.

The Medicare Hospice Benefit covers:

- Physician services
- Nursing care
- Medical equipment such as wheelchairs, walkers, and specialized beds
- Medical supplies such as bandages and catheters
- Medications for symptom control or pain relief related to your hospice diagnosis
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech therapy
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care for pain and symptom management
- Short-term respite care
- Any other Medicare-covered services to manage your pain and other symptoms as recommended by your Merrimack Valley Hospice team

The Medicare Hospice Benefit does not cover:

- Curative treatment
- Medications not related to relieving pain/symptoms for your hospice diagnosis
- Room and board in a nursing home or hospice facility for anything other than respite care or short-term inpatient care for pain/symptom management
- Care in an emergency room, hospital, or ambulance transportation unless arranged by your Merrimack Valley Hospice team, or if the care is unrelated to your hospice diagnosis

If you have any questions regarding the coverage of services, please speak with a member of your Merrimack Valley Hospice team.

Where Can I Get More Information?

Get Medicare publications and find helpful phone numbers and websites by visiting [Medicare.gov](https://www.Medicare.gov) or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medications

Merrimack Valley Hospice will supply and pay for all medications that are related to your hospice diagnosis.

Your attending physician and your nurse case manager will manage your medications. Your nurse will contact our pharmacy supplier to order your medications. The supplier will deliver the medications that are related to the hospice diagnosis directly to your home. Caregivers are responsible for obtaining medications not related to your hospice diagnosis, but prescribed by your attending or consulting physician. Merrimack Valley Hospice staff and volunteers are unable to transport medications.

Your nurse will ask you about medications at each visit. He or she will inquire about how medications are working and ask about your supply. It is your responsibility to let the nurse know when refills are needed. Please have your medications available for the nurse to assess at each visit.

Medication Safety

- Keep medications in their original containers, unless using a daily pill planner.
- Keep medications out of the reach of children.
- Take medications as prescribed and instructed by your physician and hospice nurse.

Medication Log

A medication log helps to keep track of which medications have been given and when.

This assists in letting Merrimack Valley Hospice staff know if medications are working the way they are supposed to. Your Merrimack Valley Hospice nurse will help you set up a medication log.

Allergic Reactions and Side Effects

Allergic reactions can be serious and should be reported immediately to your hospice nurse or to the triage nurse. Signs of an allergic reaction may include:

- Skin reactions such as rash, hives, etc.
- Difficulty breathing
- Loss of consciousness
- Swelling of throat/tongue
- Fever
- Muscle aches/pain

Many medications can have side effects such as nausea, constipation, drowsiness, and loss of appetite. Sometimes this can be caused by how different medications work together. Your hospice nurse will ask about any side effects of medications. Depending on how bothersome the side effects are, changes may be made in medications.

Controlled Substances

Certain medications, because of their potential for abuse or diversion, are classified as controlled substances by the federal government. This classification includes many medications used by hospices for pain and symptom relief. These medications are entirely appropriate and safe for use in the hospice setting.

At times, we may require that a Controlled Substances Agreement be signed. This agreement requires that the patient and family/caregivers abide by a set of rules in order to provide some medications.

Equipment & Supplies

Supplies and equipment such as oxygen, dressing supplies, hospital beds, walkers, wheelchairs, or shower chairs needed for safety and comfort will be supplied and paid for by Merrimack Valley Hospice, if they are related to the hospice diagnosis.

Merrimack Valley Hospice works with several suppliers to meet patients' needs. Supplies will be delivered directly to your home. The supplier will review equipment use with you, to ensure that you understand how to use the equipment safely.

When the supplies are no longer needed, Merrimack Valley Hospice will make arrangements for them to be removed. Merrimack Valley Hospice will make every effort to remove unused equipment as quickly as possible.

Proper Disposal of Prescription Drugs

Federal Guidelines

Do not flush prescription drugs down the toilet unless the label or accompanying patient information specifically instructs doing so.

Take unused, unneeded, or expired prescription drugs out of their original container, place them in a plastic bag, mix them with an undesirable substance such as kitty litter or coffee grounds, and throw them in the trash.

Before throwing out a prescription drug container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.

Some communities have pharmaceutical take back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

There are a small number of prescription drugs that may be especially harmful and, in some cases, fatal if they are used by someone other than the person for whom the medicine was prescribed. The U.S. Food and Drug Administration (FDA) advises that these drugs be flushed down the toilet instead of thrown in the trash.

Some examples include:

- Actiq (fentanyl citrate)
- Avinza Capsules (morphine sulfate)
- Daytrana Transdermal Patch (methylphenidate)
- Duragesic Transdermal Patch (fentanyl)
- Morphine Tablets
- OxyContin Tablets (oxycodone)
- Percocet (Oxycodone and Acetaminophen)
- Xyrem (Sodium Oxybate)
- Fentora (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions for proper drug disposal.

Source: U.S. Food and Drug Administration, November, 2013

Appointments with Other Healthcare Providers

Merrimack Valley Hospice is responsible for all care and services related to the hospice diagnosis. Please notify your nurse if you have an appointment related to the hospice diagnosis with any other healthcare provider. We need this information so that we can communicate important information about your care to your other healthcare providers.

Services related to the hospice diagnosis which are provided by anyone other than Merrimack Valley Hospice or the attending physician must be part of the patient's "plan of care." If they are not part of the plan of care, they cannot be paid for by Merrimack Valley Hospice. Services that are not related to the hospice diagnosis will continue to be paid for by regular Medicare or insurance.

Sometimes you may need to go to the hospital, or to High Pointe House, for treatment of pain or symptoms related to the hospice diagnosis that cannot be managed in the home. When this happens, your hospice nurse will make arrangements for the hospitalization, including transportation if necessary. Hospitalization will be provided at hospitals contracted by Merrimack Valley Hospice.

Home Safety

General Safety

Lifting

- Do not lift anything that is too big or heavy to lift alone. Get someone to help you.
- Stand close to what you are lifting with your feet apart for good balance. Keep your knees slightly bent and your back as straight as possible.
- Avoid any fast, twisting motions.

Bathroom

- Use a rubber mat or non-slip decals in tub/shower.
- Securely fasten grab bars for tub/shower.
- Install adequate lighting on paths to bathroom and in the bathroom.
- Set water temperatures at appropriate levels to prevent burns.
- Never use electrical appliances while in the bathtub or shower.
- Keep towels, shampoo, and soap within easy reach.
- Have a tub seat available, if needed.

Kitchen

- Install good lighting throughout the kitchen.
- Store toxic products (such as cleaners and detergents) in their original containers and store separately from food.
- Turn pot handles away from the edge of the stove and avoid clothing with loose, flowing sleeves while cooking.
- Have easy access to a fully charged fire extinguisher.
- Keep drawers and cabinet doors closed.
- Keep electrical appliance cords away from the edge of a counter.
- Keep stove in good repair. Have clearly understandable controls.
- Store objects within easy reach or use sturdy step stool (not a chair).

Bedroom

- Use nightlights.
- Light switches should be within reach of the bed.
- The bed should be an appropriate height.
- A clear path between the bed and the door should be maintained.
- Before getting out of bed or standing, check legs for numbness.
- Place the telephone within easy reach.
- If you use an electric blanket, never fold it, keep anything on top of it, or tuck the coils under the mattress.
- Keep a flashlight by your bed in the event of a power outage.

Electrical Safety

- Watch for early trouble signs such as overheating, a burning smell, or sparks. Unplug the appliance and get it checked right away.
- Keep cords and electrical appliances away from water.
- Do not put cords under rugs, through doorways, or near heaters.
- Do not overload outlets with too many plugs.

What to do if you smell gas:

- Open windows and doors.
- Shut off appliances.
- Do not use matches, candles, or turn on electrical switches.
- Do not use the telephone.
- Leave your home and call the gas company from the home of a friend or relative.

Handling of Sharps and Medical Waste

Needles & Other Sharp Objects

Merrimack Valley Hospice staff members are responsible for the disposal of needles and other sharp items, such as lancets, that they bring into the home. Patients and families are responsible for the disposal of all other needles and sharp objects.

For the disposal of needles and other sharps, observe the following procedures:

- Use puncture-resistant plastic or metal containers such as empty detergent containers with a screw-on or tightly secured lid.
- You may purchase sharps disposal containers at many pharmacies.
- Do not use clear plastic or glass containers.
- Drop used needles/sharps into the disposal container immediately after use.
- Dispose of syringes as one unit; do not attempt to remove, bend, break, or recap the needle.
- Do not overfill the container.
- Store the container out of the reach of children.
- Tightly seal the container when full and reinforce the lid with heavy duct or electrical tape.
- Contact your local board of health for trash disposal rules and further instructions, or ask your hospice nurse.
- Do not recycle or reuse your syringes. Each syringe should be used only once and thrown away immediately.
- Do not place the container with the needles and sharp objects with your recyclable waste.
- Do not place containers where they may fall or spill open.
- Do not dispose of needles or syringes in the toilet or trash.

Laundry & Medical Equipment Cleaning

- Wear disposable gloves when handling material soiled with body waste.
- Bed linens, towels, or clothing that is soiled with body waste should be washed separately with chlorine bleach diluted per manufacturer's instructions.
- Toilets, commodes, walkers, bath seats, and other equipment used by the patient should be cleaned as needed using a solution of 1 cup of bleach to 10 cups of water.

Blood/Body Fluid Spills

Wear gloves and wipe up spills with paper towels. Clean the area with a solution of 1 cup of bleach to 10 cups of water. Double-bag gloves and paper towels for disposal.

Disposal of Used Supplies and Other Waste

Double-bag any soiled dressings, sanitary pads, diapers, or used gloves. Flush any liquid or semi-liquid fluids down the toilet, and then clean the toilet.

Preventing Infection

Hand-washing is the most important thing you can do to prevent infection.

Hands should be washed:

- After coughing, sneezing, or blowing nose
- After removing disposable gloves
- Before handling or eating food
- After using the bathroom, changing a diaper, or touching pets, money, or uncooked food

Proper hand-washing means:

- Use lots of warm, running water.
- Thoroughly rinse off soap, hands pointing down.
- Vigorously scrub soap over the entire hand and wrist surface for 15 seconds.
- Dry with a clean paper or cloth towel and use moisturizer for dry, cracked skin.

To prevent the spread of respiratory infections:

- Cover mouth when sneezing or coughing.
- Use tissues to handle secretions.
- Dispose of tissues immediately after use.

Methicillin Resistant Staph Aureus (MRSA)

The Centers for Disease Control and Prevention recommends other kinds of precautions when certain diseases are present, such as Tuberculosis or Methicillin Resistant Staph Aureus (MRSA). A frequent cause of minor skin infection is a bacteria called Staphylococcus aureus (Staph). However, staph bacteria can also cause serious blood and respiratory infections that do not respond to, or are resistant to, antibiotics. A MRSA skin infection can be a pimple, rash, or open wound. Signs and symptoms include redness, warmth, swelling, and tenderness of skin. MRSA can rub off the skin of an infected person onto the skin of others during skin-to-skin contact. Or it can come off the skin onto a shared object such as razors, towels, athletic equipment, and personal care products.

Preventing MRSA:

- Wash hands.
- Keep cuts and other open areas clean with soap and water.
- Avoid skin contact and sharing personal items with others who may have a MRSA infection.

If you have MRSA:

- Keep the infected area covered with clean and dry bandages. Pus and drainage from wounds is very infectious.
- Wash hands frequently, especially after changing bandages or touching infected skin.
- Dispose of used bandages in separate, tightly closed bag.
- Do not share items.
- Regularly clean personal items and wash clothes in hot water and bleach.

Planning for Emergencies

Weather Emergencies

Merrimack Valley Hospice is committed to providing continuous service regardless of weather conditions. In the event of severe weather, staff will continue to make visits. When there is advance warning of a storm, your primary nurse will help you in planning ahead for emergency supplies, including medications. If a community disaster is declared and travel is not possible, Merrimack Valley Hospice staff will make telephone contact to assist with emergency preparations.

Keep emergency telephone numbers available and close to your telephone. These include telephone numbers for Merrimack Valley Hospice, local police, fire department, and ambulance services serving your area. Report the loss of heat or electricity to your utility company immediately. This is especially critical during periods of extreme cold or heat.

- When possible, stock up on emergency supplies, including a one to two-week supply of bottled water, canned food, flashlights and candles, first aid supplies, heating fuel, and medications.
- Ensure that your smoke detectors are in good working order, and review your fire safety and emergency plan with your primary nurse or social worker.
- Keep your car filled with gasoline and properly serviced.
- Keep emergency supplies in the car: container of sand, shovel, windshield scraper, flares, blanket, and flashlight.
- Ensure that you have batteries and a radio to monitor local radio stations for instructions and updates.

Other emergency contacts include:

- Elder Services of the Merrimack Valley 800-892-0890
- New Hampshire Division of Elderly and Adult Services 800-351-1888

Advance Directives

Massachusetts, New Hampshire, and federal law give every competent adult, 18 years or older, the right to make their own health care decisions, including their right to decide what medical care or treatment to accept, reject, or discontinue. If you do not want to receive certain types of treatment, or you wish to name someone to make health care decisions for you, you have the right to make these desires known and to have these rights respected.

If you become unable to make these decisions or choices for yourself, advance directives are documents that can be used to determine your choices about medical treatment or whom you wish to make those decisions for you. They are called “advance” directives because they are signed in advance, to let your doctor and other health care providers know your wishes concerning medical treatment. Through advance directives, you can make legally valid decisions about your future medical care.

It is important to remember that (1) you will receive care even if you do not have an advance directive, and that (2) these directives take effect only when you can no longer make your own health care decisions.

Massachusetts law recognizes the health care proxy that allows you to name someone you know and trust to make health care decisions for you, if you become unable to make or communicate those decisions.

New Hampshire law identifies two types of legal documents used for advance directives: the living will and the durable power of attorney for health care. The living will provides instructions concerning life-sustaining procedures to be followed in the event you have been diagnosed, and certified in writing, to have a life-limiting condition or will become permanently unconscious. The durable power of attorney for health care is a document that delegates the authority to make health care decisions to an agent who will act on your behalf.

Your Merrimack Valley Hospice social worker can assist you with advanced directives and can answer any questions you may have.

Patient Rights and Responsibilities Statement

As a patient of Merrimack Valley Hospice, you have the right to:

- Exercise your rights as a patient of Merrimack Valley Hospice.
- Not be subjected to discrimination or reprisal for exercising your rights.
- Considerate and respectful care for you and respect for your property.
- Have your complaints resolved. If you are not satisfied with the services provided by Merrimack Valley Hospice, please contact your nurse immediately.
- Call Merrimack Valley Hospice at 800-475-8335 and ask to speak with the clinical manager for your team if you continue to feel your needs are not being met.
- Lodge complaints with any other person, organization or agency, the Consumer Protection Division of the Attorney General's Office, or the Massachusetts Department of Public Health Hotline at 800-462-5540 (or 603-271-4592 in New Hampshire) if complaints are not resolved to your satisfaction.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of your property.
- Be treated by the physician of your choice, participate in the planning of your care, and communicate with your physician and any other persons responsible for the planning of your care.
- Know the identity and professional status of all those providing services either directly or indirectly on behalf of Merrimack Valley Hospice.
- Make informed decisions concerning your medical care, including the right to accept or refuse any treatment or medications and the right to formulate advance directives.
- Receive effective pain management and symptom control for conditions related to the hospice diagnosis.
- Personal privacy, confidentiality of information, and access to your records maintained by Merrimack Valley Hospice regarding your medical care.
- Have your communication needs met and receive a prompt response to all reasonable inquiries, including inquiries concerning your clinical record or possible consequences for refusing to accept medication or treatments.
- Be included in resolving ethical issues concerning your care.
- Withdraw from Merrimack Valley Hospice or transfer to a different hospice program or health care provider at any time.
- Receive information about the scope of services that Merrimack Valley Hospice will provide and specific limitations on those services.
- Receive accurate information regarding services covered by Medicare, Medicaid, and other public/private third party payers.

As a patient of Merrimack Valley Hospice, you have the responsibility to:

- Treat Merrimack Valley Hospice staff with respect and consideration.
- Be as accurate as possible when providing information about your medical history or condition and to inform your nurse or physician of any medication reactions or changes in your condition.
- Participate in developing and implementing your plan of care and revising it as necessary.
- Ask for pain relief, help your nurse assess your pain, and report if your pain is not relieved.
- Assist hospice staff in providing and maintaining a safe environment in which care can be provided.
- Inform hospice staff of the existence of and any changes made to advance directives.
- Have a caregiver who can meet your needs between hospice care visits.
- Keep animals in a separate room when staff are visiting.
- Notify Merrimack Valley Hospice prior to seeking treatment outside the plan of care to include emergency room or hospital visits, physician visits related to your hospice diagnosis, or other curative treatments.
- No smoking while clinician is in home.

Caregiver Helpers Section

The Caregiver Helpers section is designed as a guide to help caregivers when patients are experiencing pain or other symptoms that may occur with life-limiting illnesses. Please contact Merrimack Valley Hospice at 800-475-8335 with questions or concerns.

Comfort Pack Teaching Instructions

Upon admission to Merrimack Valley Hospice, most patients will receive a Comfort Pack. This package is a sample pack of medications that are used to treat emergent symptoms for comfort. Our pharmacy vendor will deliver the Comfort Pack to your home once your doctor has approved its use.

When this package has been delivered, it is not necessary to do anything with it except place it in a safe place away from children or pets. Your hospice nurse will review the contents and uses of these medications during the next visit.

If you experience any unusual symptoms related to pain, nausea, anxiety, or fever prior to the review of this Comfort Pack, the on-call hospice nurse can assist you in its use over the telephone. Please call the on-call nurse at 800-475-8335 for assistance.

Medications included in your Comfort Pack may vary to accommodate individual needs, but may include:

Morphine Sulfate (Roxanol) or Hydromorphone (Dilaudid)

Morphine (Roxanol) or Hydromorphone (Dilaudid) is used for pain, labored breathing, shortness of breath, or “air hunger.” After drawing it up in the syringe, administer medicine by placing under the tongue or in the pocket of the cheek. The dose is _____ every two hours as needed for pain or respiratory distress.

Concentration: 20 milligrams per milliliter (20 mg/ml)

- 0.25 ml = 5 mg
- 0.5 ml = 10 mg
- 0.75 ml = 15 mg
- 1.0 ml = 20 mg

Lorazepam (Ativan)

Lorazepam (Ativan) is used for anxiety, agitation, and helps promote sleep.

It also helps lessen nausea and relieves seizure activity as well. Administer under the tongue or in the pocket of the cheek. The dose is _____ every six hours as needed for anxiety or agitation.

Concentration: 2 milligrams per milliliter (2 mg/ml)

- 0.125 ml = 0.25 mg
- 0.25 ml = 0.5 mg
- 0.5 ml = 1.0 mg

Hyoscyamine (Levsin)

Hyoscyamine (Levsin) is used for the relief of upper airway congestion and excessive secretions. Place the medicine under the tongue or in the pocket of the cheek. The dose is _____ every four hours as needed for respiratory congestion.

Concentration: 0.25 milligrams per milliliter (0.25 mg/ml)

- 0.5 ml = 0.125 mg

Acetaminophen (Tylenol) Suppository

Acetaminophen (Tylenol) Suppository is used to relieve fever. Each suppository has 650 mg of Tylenol. One suppository may be inserted in the rectum every four hours as needed for fever.

If medicine doesn't seem to be helping, please call the hospice nurse for further instructions at 800-475-8335.

Constipation

Some of the signs of constipation may include:

- Difficulty or pain when passing stool
- No bowel movement for 2-3 days
- Stool is hard
- Abdominal discomfort, bloating, nausea, feeling of fullness, hemorrhoids, or even diarrhea may also be present

There are many things that can cause constipation, including:

- Decrease in the amount of food eaten
- Decrease in the amount of fluid intake
- Medications, especially some pain medication
- Decrease in activity
- Weakness
- Pain
- Disease process

What you can do:

Follow the directions of your hospice nurse for the treatment of constipation.

Your hospice nurse can set up a "bowel regimen" that may include stool softeners or laxatives, dietary changes, or changes in medication.

Let your hospice nurse know if the patient is experiencing the symptoms of constipation.

Delirium

The patient becomes confused "all of a sudden," or may be agitated, combative, restless, have hallucinations, be uncooperative, lethargic, or withdrawn.

Delirium can be caused by some medications, infection, the disease process, pain, vision/hearing impairment, depression, and other factors. Sometimes delirium can be caused by a combination of factors. Even if the cause is not found, there are effective ways to treat delirium.

- Give medications as instructed by the hospice nurse or physician.
- Have materials like clocks and calendars nearby to reorient the patient.
- Limit the number of visitors.
- Identify anyone coming into the patient's room.
- Limit stimulation to control the amount of noise.
- Play soothing music.
- Use a gentle touch.

When to call Merrimack Valley Hospice:

- This is the first episode of delirium, or you think it might be.
- The patient has not been calmed by giving medications and controlling the environment.
- You are feeling exhausted or overwhelmed.

Dry Mouth

The lips and mouth are very sensitive and can become uncomfortable when dry.

You may notice:

- Dried, flaky, whiteish colored saliva in the mouth
- Thick saliva or mucus that stays attached to the lips like strings
- Dry, cracked or chapped lips
- Difficulty swallowing

A dry mouth can be caused by:

- Decreased fluid intake
- Decreased saliva
- Mouth breathing
- Use of oxygen
- Some medications
- Treatments such as chemotherapy or radiation

Keeping the mouth and lips moist and clean can help provide comfort and help prevent infection.

- Clean the mouth and lips with a soft toothbrush or foam swab every morning, after meals, and at bedtime.
- Do not use abrasive or alcohol-based mouth rinses. Try a mix of a teaspoon of baking soda and ¼ teaspoon of salt in warm water as a mouth rinse.
- Encourage fluids with meals, after meals, and in between meals.
- Try food such as popsicles, frozen juices, or ice cream, if able; otherwise, crushed or shaved ice.
- Use a washcloth with ice chips or frozen juice if swallowing is difficult. The patient can suck on the washcloth.
- Avoid foods that are salty, drying, or irritating, such as hard bread, toast, crackers, potato chips/pretzels, or spicy or acidic foods such as citrus juices.
- Try sugarless gum or hard candy, if patient is alert and oriented.
- Apply KY jelly or lip balm to lips every two hours. Avoid petroleum-based products if oxygen is in use.

Let your hospice nurse know if the patient's mouth remains dry and uncomfortable after trying the suggestions above.

When to call Merrimack Valley Hospice:

- Increase in mouth discomfort or pain
- Sores in the mouth
- Bleeding gums, rash, or pinpoint dots on the mouth or tongue
- Foul odor
- Drainage
- White patches on the tongue or in the mouth

Nausea & Vomiting

Nausea and/or vomiting can prevent eating and drinking and can cause discomfort and decreased quality of life.

Nausea and vomiting may be caused by:

- Medications such as antibiotics, aspirin, and others
- Chemotherapy
- Damage to the stomach and intestinal lining from the disease process or from disease treatments
- Anxiety
- Uncontrolled pain
- Some infections
- Constipation or diarrhea
- Coughing – especially with thick secretions
- Some foods
- Strong odors

Provide small, frequent meals of foods that are appealing. Try bland and easily digestible foods such as:

- Toast and crackers
- Sherbet
- Chicken without skin – baked or broiled
- Fruits or vegetables that are soft or bland, such as potatoes and canned peaches
- Ginger or other herbal remedies; discuss with your hospice nurse before using, as they may interfere with medications

Avoid the following foods which may aggravate nausea/vomiting:

- Fatty, greasy, and fried foods
- Spicy, hot foods
- Dairy products, including milk and ice cream
- Foods with strong odors
- Foods containing caffeine, such as coffee and chocolate

Other ways to help control nausea/vomiting are:

- Eat foods at room temperature or cooler. Hot foods may trigger nausea.
- Suck on ice chips or take frequent sips of a liquid such as ginger ale.
- Avoid drinking liquid with meals.
- Avoid alcohol and tobacco.
- Eat meals in a pleasant atmosphere. Avoid rooms that are hot and stuffy, or that have food or cooking odors.
- Try relaxation techniques such as deep, controlled breathing and focusing on pleasant thoughts.
- Do not force eating any food when nauseated.
- Rest after meals. Sitting up is best, for one to two hours.
- If nausea is a problem in the morning, try eating dry toast or crackers before getting up.
- Wear loose-fitting clothes.
- If nausea occurs during chemotherapy or radiation therapy, avoid eating for one to two hours before treatment.
- Try to keep track of when nausea/vomiting occurs and what causes it.

To control vomiting:

- Turn patient on side, or turn the head to prevent choking.
- After vomiting, rinse the mouth or brush teeth to freshen the mouth.
- Let your hospice nurse know about nausea/vomiting that does not get better after following the advice above.
- There are specific medications which can often help nausea and vomiting.

When to call Merrimack Valley Hospice:

- Vomiting more than two times in two hours
- Vomiting that looks like coffee grounds or looks like it is bloody
- Weakness, dizziness, and/or thirst
- Unable to take anti-nausea (anti-emetic) medication
- Pain or discomfort

Pain

Pain may be caused by the disease process, by complications of the disease process, or by some treatments.

What can you do:

- Let the patient know that reporting pain is not complaining. The sooner pain is treated, the better it can be controlled.
- Don't be concerned about addiction to pain medication. Properly prescribed pain medication works on the pain receptors, which is different from people who take drugs to get "high."
- Make sure that pain medication is taken as prescribed to keep pain under control.
- Keep your hospice nurse informed about any pain – the type of pain, what makes it better, and what makes it worse.

Ask your hospice nurse about alternative treatments for pain that may include:

- Breathing and relaxation exercises
- Imagery and visualization
- Cold packs
- Warm, moist heat
- Massage
- Rest
- Prayer/meditation
- Distractions such as music, movies, television, crafts, hobbies, or visitors
- Humor

When to call Merrimack Valley Hospice:

- The pain is worsening or not relieved after taking the medication
- The patient experiences a rash, dizziness, or other concerning symptoms after taking the medication

Seizures/Convulsions

A seizure is an involuntary movement of muscles and a change in level of consciousness. Seizures range from mild to severe. A seizure can be "twitching" with the patient briefly losing touch with their surroundings, or it can involve thrashing and uncontrolled movements of arms and legs with loss of consciousness.

Seizures can be caused by:

- High fever or infection
- Extremely low blood sugar in a patient with diabetes
- Damage to the brain from stroke, disease, or head injury
- Withdrawal from alcohol or medications
- Tumor growth in the spine or brain

What you can do:

1. If you can do so safely, roll the patient on his or her side to prevent choking on any fluids or vomit.
2. Cushion the head.
3. If the patient is in a bed with rails, place pillows or blankets along the rails.
4. Loosen any tight clothing around the neck.
5. Keep the airway open. If necessary, grip the patient's jaw gently and tilt the head back.
6. Do not restrict the patient from moving unless he or she is in danger.
7. Do not put anything into the patient's mouth, not even medicine or liquid. These can cause choking or damage to the jaw, tongue, or teeth. (Contrary to widespread belief, people cannot swallow their tongues during a seizure or any other time.)
8. Remove any sharp or solid objects that the patient might hit during the seizure.
9. Note how long the seizure lasts and what symptoms occurred so you can tell your hospice nurse.
10. Stay with the patient until the seizure ends.
11. After the seizure, give medications as directed by your hospice nurse.
12. Following a seizure, the patient may experience confusion or may fall asleep or lose urine or stool.
13. Orient the patient to surroundings and give reassurance and support.

When to call Merrimack Valley Hospice:

- This is a first seizure or you think it might be
- The seizure lasts longer than 5 minutes
- The patient does not begin breathing again or does not return to consciousness after the seizure stops
- Another seizure starts before the patient regains consciousness
- The patient is injured during the seizure

Shortness of Breath

There is a feeling of having difficulty getting air in and out of the lungs. Shortness of breath is also called dyspnea, breathlessness, or air hunger. The patient may also experience:

- A restless or anxious feeling
- A feeling as though they are not getting enough air
- Tiredness
- A faster breathing rate
- Feelings of fear, nervousness, sadness, helplessness, anger, or frustration

Things that may cause or increase shortness of breath include:

- Anxiety
- Movement
- Exercise
- Posture
- Cough

- Secretions
- Climate – especially heat and humidity
- Infection
- Lung disease

What you can do:

- Provide medications for shortness of breath as directed by your hospice nurse.
- If oxygen has been provided, use the oxygen as directed by your hospice nurse.
- Eliminate allergens such as smoke, dust, or mold.
- Use a cool mist humidifier to increase the moisture in the room.
- Use a small fan to keep air circulating.
- Keep the room cool.
- Elevate the patient’s head with pillows or ask your hospice nurse about an adjustable bed.
- Adjust position to help with chest expansion. Sit upright and lean forward to help move air in and out of the lungs.
- Sometimes lying on one side more than the other will help.
- Conserve energy. Rearrange the environment to reduce exertion.
- Plan activities to conserve energy and schedule activities to allow time to rest.
- Minimize emotional upsets.
- Try relaxation techniques, including music and visualization. Ask your hospice team for help.
- Have the patient wear clothing that is loose and lightweight around the neck/chest.

When to call Merrimack Valley Hospice:

- When medication and/or oxygen or use of suggestions above do not bring relief

Urinary Incontinence

The patient is unable to control urination. The patient may leak urine, or may not be able to hold their urine at all.

There are many things that cause urinary incontinence, including:

- Use of medications, including diuretics and sedatives
- Use of alcohol
- Difficulty getting to bathroom
- Weakened pelvic muscles
- Constipation
- Change in mental status/confusion
- Anxiety
- Urinary tract infection
- Disease progression involving the bladder
- Side effects of radiation treatments

What you can do:

- If the patient takes a diuretic, try taking it early in the day.
- Clear the path to the bathroom and move the patient closer, if possible.
- If the patient is no longer able to get to the bathroom, keep a urinal and/or commode close by.
- Ask the patient if he/she needs to urinate at least every two hours.

- Check the patient for wetness every 2 hours.
- Use diapers or pads to catch the urine.
- To prevent skin breakdown, change wet diapers, pads, and linens immediately. Clean the perineal area with soap and water and apply any cream recommended by your hospice nurse.
- Be supportive. Offer assistance and understanding.

When to call hospice:

- If there is blood in the urine, or if the urine is cloudy
- If the patient complains of burning, pain, or pressure when urinating
- The patient is urinating in small, frequent amounts
- The patient cannot urinate

End of Life

As a person nears death, there will probably be changes such as decreased appetite, increased weakness, withdrawal from family/friends, and an increase in sleeping. Other changes may include:

- Difficulty in waking
- Difficulty swallowing, refusing food, liquids, or medications
- Changes in urinary function – loss of bladder control or decrease in the amount of urine
- Elevated temperature
- Breathing may become irregular, noisy, or labored
- Feet, hands, arms, and legs can become cool to the touch and have a bluish color
- Confusion or disorientation
- Speaking to people who have died before them

This is the natural slowing of the body's physical and mental systems. Each person will have their own process, which can last from hours to days.

- Always assume the person can hear you.
- Be a comforting presence by touching the person gently.
- Speak softly and be reassuring.

When to call Merrimack Valley Hospice:

- Increased pain or other symptoms that are distressing or uncomfortable
- You feel like you don't know what to do

When Patient Passes:

Once patient has passed, please contact Merrimack Valley Hospice at (800) 475-8335.

Merrimack Valley Hospice will:

- Contact patient's physician
- Contact the funeral home
- Contact durable medical equipment provider to pick up supplies
 - Please ensure that a family member/contact person's information on file is correct so that a pickup can be scheduled
 - Pickups may or may not take place the same day

Funeral Planning

Funeral directors can be a very valuable resource for families who would like assistance planning a funeral or memorial service. A funeral director can help make decisions regarding the type and location of service, obituary, burial or cremation, choice of cemetery or mausoleum, and other details that will need attention. The funeral director will coordinate plans with your priest, minister, rabbi, or other spiritual advisor.

Funeral directors are also familiar with the types of legal and governmental notifications that must be done after a death and can provide information on how to make these notifications.

By contacting a funeral director in advance, you can plan and coordinate services in advance, easing the burden following a death. If you would like assistance in finding a local funeral home, please contact your social worker.

Bereavement Services

Each of us experiences grief differently. For most, there is an initial state of shock, numbness, and disbelief, followed by deep pain and a sense of unending loss. The intensity and duration of these feelings may depend on the relationship with the deceased and the circumstances surrounding the death.

Normal grief has no calendar or timetable. The ways in which adults and children experience grief are many and varied. Bereavement services are designed to help caregivers/family understand that all of their feelings after the death of a loved one are natural and normal, so that they can grieve in their own time and in their own way.

Because there are such individual differences in reaction to a loss, Merrimack Valley Hospice offers a variety of services to help in the healing process.

Bereavement services are provided for up to 2 years, and are based on individual needs.

Bereavement services include:

- Telephone “check in” call approximately 1 month (or sooner, depending on needs) after the death of the patient
- Home visits by bereavement counselor for support when requested
- Informational mailings at regular intervals to help the bereaved understand the grieving process and coping with loss
- Referral to a Merrimack Valley Hospice support group or other community resources

For more information about bereavement services, please contact the Merrimack Valley Hospice Bereavement Coordinator at 978-552-4904.

How to Give

Merrimack Valley Hospice makes a difference. You can, too!

Our not-for-profit family of agencies – including Merrimack Valley Hospice, a provider of Home Health Foundation – is dedicated to providing the highest quality, compassionate care and services to patients and families. Charitable support or a memorial gift in the name of a loved one will provide a lasting tribute that can touch many other lives.

There are many ways you can provide support:

Tribute Gifts – Donations made in recognition of a caregiver, in memory of someone who has passed away, or in celebration of a milestone – such as a birthday or anniversary – are very special ways to offer annual support that continues a legacy of caring for the community.

Planned Gifts – Consider making a gift to Merrimack Valley Hospice through your will. There are many ways to accomplish this, but the simplest is to name a specific bequest amount or perhaps leave a percentage of your remaining estate after all other bequests have been paid. Your legal advisor can help you determine a plan of giving that best suits your wishes.

Annual Gifts – Support and awareness through annual fundraising events including Candles of Remembrance and our popular Food, Wine, and Beer Sampling & Silent Auction offer opportunities for you to join with our staff and other community friends and neighbors in support of our agencies. You can also support the important work of hospice by donating to one of our direct mail fundraising appeals, which offers you an easy way to establish an annual tradition of charitable giving to Merrimack Valley Hospice.

Hosting Your Own Friend/Fundraising Event – You can support and have fun by organizing a third party fundraiser. Examples include fundraising parties, dances, bake sales, garage sales, etc. The path to launching a third party event typically begins with an idea and plan of action. You can apply to host an event by contacting our office for more information.

Vehicle Donation Program – Call our vehicle recycling partner, Donate for Charity, at 866-392-4483 or online at DonateForCharity.com to donate your car, truck, van, boat with trailer, RV, or motorcycle.

For more information on how you can make a difference through charitable support, please contact our Development Office at 978-552-4927 or visit us online at MerrimackValleyHospice.org/donate.

Donations can be mailed to:

**Merrimack Valley Hospice
360 Merrimack Street, Suite 425
Lawrence, MA 01843
Attn: Development Office**

Volunteering and Family Survey

Volunteering with Merrimack Valley Hospice

Families often ask about volunteer opportunities with Merrimack Valley Hospice. If you are interested in volunteering as a direct service volunteer working with patients and families, we suggest you wait approximately a year after the death. However, there are other wonderful opportunities for volunteers such as administrative duties or helping with special community or fundraising events, including our annual Candles of Remembrance service and Food, Wine, and Beer Sampling & Silent Auction. If you are interested in volunteering, please call our Volunteer Department at 978-552-4586.

Family Survey

Merrimack Valley Hospice continually strives to improve and enhance services for patients and families. Your feedback is important to us. Approximately two months after the death of your loved one, you will receive a Family Survey to rate your experience with Merrimack Valley Hospice on a wide range of issues. Please take a few minutes to complete the survey so that we can learn what we are doing well, as well as areas that may need improvement. Your feedback is very important to us, and we appreciate your participation as we strive to be a 10.

Thank you.

Important Telephone Numbers

FOR EMERGENCIES OR IMMEDIATE DANGER, DIAL 911

Help for Abuse/Neglect/Domestic Relations Concerns

Children:

National: 1-800-4-A-CHILD (1-800-422-4453)

Massachusetts: 1-800-792-5200

New Hampshire: 1-800-894-5533 (8 a.m. - 4:30 p.m. M-F)

1-866-644-3574 (after hours)

Women and Children:

National: 1-800-799-SAFE (1-800-799-7233)

1-800-787-3224 (TDD for hearing impaired)

Massachusetts: 617-248-0922

1-877-785-2020 (multilingual)

617-423-7233 (lesbian, transgender)

New Hampshire: 603-224-8893

1-866-644-3574

Disabled Adults:

Massachusetts: 1-800-426-9009

New Hampshire: 1-800-351-1888

Elders:

National: 1-800-922-1660

Massachusetts: 1-800-922-2275 (in MA only)

New Hampshire: 1-800-351-1888 (in NH only)

Other Domestic Relations:

Massachusetts: 1-800-832-1901 (gay men)

617-423-7233 (lesbian, transgender)

New Hampshire: 1-866-644-3574

Thank you for choosing Merrimack Valley Hospice.

Our expert staff are available
to answer your questions and
provide the important care
you deserve

Merrimack Valley Hospice

360 Merrimack Street, Suite 425

Lawrence, MA 01843

General Information

800-475-8335

High Pointe House

360 North Avenue

Haverhill, MA 01830

978-377-9100