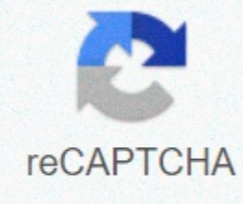




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All i care about is love pdf

Picture: iStock Caring for an aging parent or loved one who is sick or disabled is often deeply rewarding. But it can also consume a lot of time, as well as physical and emotional energy. You may feel overwhelmed by myriad responsibilities – at home, at work, other family needs, and nursing. But it's just as important to take care of yourself before you burn out. Try our five tips below to help you rejuvenate. 1. Recruitment Help: You don't have to do everything yourself. In fact, it is best to have more than one person involved in nursing. Whether it's accompanying your lover to appointments, helping with housework, or cooking dinners one night a week, ask other family members to lend a helping hand. And if anyone asks if he or she can pitch, don't be afraid to say yes! 2. Suppress guilt: Occasionally, you may feel that there's something more you should be doing or something you should do differently. Rather than reumng about what might or should be, give yourself credit for everything you do. If feelings of guilt are particularly strong, it can help talk them over with a counsellor or social worker. 3. Stay active: Frequent exercise brings proven health benefits such as lowering cholesterol and blood pressure - and it can be a powerful energy- and mood-lifter, too. Try to get 30 to 60 minutes of exercise on most days of the week. If this amount doesn't seem doable, don't worry - some exercise is always better than none. 4. Stay connected: Catch up with friends by phone or email, or plan weekly walks or regular lunch or movie. Ask people to break up and visit you or the person you're helping so you can take a break and feel connected to the world outside your nanny. 5. Relax and enjoy: Listen to music you like, indulge in a luxurious bathtub, dabble in creative entertainment or even waste a massage. You can also learn meditation or other relaxation techniques through class, tape, or book (yoga is a great relaxer as well). For more advice on caring for an aging family member or friend, buy the Caregiver's Guide, a special health report from Harvard Medical School. Please note: As a service to our readers, Harvard Health Publishing provides access to our archived content library. Please note the date of the last review or update of all articles. No content on this site, regardless of the date, should ever be used as a substitute for direct medical advice from your doctor or other qualified physician. Providing care for a loved one facing a chronic or life-limiting illness or illness can prove stressful and exhausting, especially when the process of dying begins, but also the ultimate act of love. If you are Whether you're doing, talking, or even thinking about the right thing, this article's practical suggestions can help you take better care of a dying loved one at home. PeopleImages /iStock As the patient begins the journey to death, death, or she will fade and still sleepy. This becomes more pronounced as the dying process continues, and nursing can often be more difficult and work more intensively. As a caregiver, you need to focus on two things as your lover grows weaker: safety and skin care. Improving home safety often starts with regrouping furniture and other items to make it easier for your lover to move around. This is also the time when you should consider getting durable medical equipment such as a hospital bed, walker, wheelchair, or night chest of drawers if you haven't already. Having the right medical equipment, and enough space to use them properly can help prevent falls and other accidents. Skin care is also vital during this time. As your patient still spends time in bed or sitting in a chair, he or she faces a greater risk of developing pressure ulcers on his or her body. Also known as decubitus ulcers or bedsore, pressure ulcers due to reduced blood flow to the area of the body due to constant pressure on the skin. Rubbing on the skin from relocating the patient, sliding them down in bed and/or lack of adequate nutrition can also compound the problem. Thus, it is important to change your beloved position in bed every two hours while you are awake if he or she cannot do it alone. Alternate between laying them on your back and turning to the right and left sides. Keep a lot of pillows at hand because you should place one under your loved ones' backs, another between your knees, and maybe one under your arm as you lay on their side. Check their skin frequently – especially at the base of the spine (skeleton), heels, elbows and hips – and look for any areas of pinkness or redness. Gently massage faded areas with skin to stimulate blood flow. You can also elevate their heels by placing a pillow under the ankles, leaving the legs hanging from the edge. You can relieve pressure on the elbows in much the same way, i.e. place pillows under the upper or lower arm. Make sure that the patient's elbows do not touch the pillows or bed. If your lover already has pressure pain or develops one while you care for them, don't punish yourself. Even with careful care, patients can still develop. Be sure to alert your health care provider about the blow so they can create a plan to care for it properly. They may also recommend an inflatable mattress to provide additional suspension and help relieve pressure. You should also be careful to keep your beloved skin clean and dry. If they are wearing adult diapers, check the diaper at least every two hours when you are awake and change it if it becomes soiled. The patient's already declining appetite may disappear completely as he or she nears the end of life. While your lover may tolerate a small bite soft food or sips of liquid, time may come when he or she refuses to eat or drink at all. It is usually very difficult for a dying person's loved ones to see it because we often liken food to health and feeding people as an act of love. Watching your beloved refuse food and fluids can make their impending death a reality, and the inability to show their love through food can leave them feeling helpless. I assure you that a lack of food and drink is likely to cause more suffering than your dying lover does. Hunger and thirst are rarely an issue at the end of life, so you should continue to offer a variety of soft foods if your lover is conscious (but allow them to refuse). We also continue to offer sips of water or other beverage choices as long as he or she is conscious. While patients rarely complain of thirst at the end of life, dry mouth can be a problem. Wash your loved ones' lips with a small amount of vaseline or lip balm to prevent cracking. You can also moisten your mouth with a few drops of straw water or a moistened swab of toothpaste (a small sponge at the end of the stick), whether it is awake or lost consciousness. Terminal restlessness is a form of delirium often seen in dying patients. Some studies suggest that nearly 80 percent of dying individuals experience anxiety or restlessness to varying degrees. Signs that your lover is restless may include the inability to relax, picking on their clothes or bedding, confusion and restlessness, or trying to climb out of bed. Some causes of terminal restlessness are reversible, such as pain, full bladder, constipation, or side effects caused by medication. If the cause cannot be identified or symptoms persist after treatment, your lover may benefit from anxiolytics such as lorazepam. It is also important to inform your health care provider as soon as symptoms of terminal restlessness start. Identifying the cause of incurable restlessness and treating it early can have a significant impact on your loved one's last moments, as well as on your experience in their care. It is normal for your lover to experience significant temperature changes at the end of life as his body loses the ability to self-regulate. If you notice that your lover has fever and sweating profusely, or feels at ease to touch and shivers, there are some simple steps you can take for one problem. If your lover has a fever but can still swallow the pill, you can give it or give it paracetamol (Tylenol) tablets. If the patient is unconscious, try using a suppository of paracetamol. Acetaminophen is an effective antipyretic (fever reducer), as well as a painkiller. If your lover has a fever and you provide care at home with the help of hospice care/services, have already discussed an action plan if a fever develops. Many hospices use packaged kit medications to treat end-of-life symptoms (sometimes called an emergency kit or hospice comfort kit) and instruct caregivers about their proper use. Most of these kits include paracetamol in some form. Another thing you can do to reduce fever is to use compresses using cool, moist wipes on the patient's forehead, neck and/or armpits. However, you should never place ice or ice cover directly on your bare skin, so wrap ice or ice wrappers in towels before applying them. Make sure that you check the area under the cool cover frequently and remove it after 15 minutes. If the patient has a fever, you can also wear them in a cotton T-shirt or nightgown, or in hospital clothes, if available. If you feel you need to cover them, use only a sheet. In addition, if your lover is doing a lot, check your bed linen frequently and change it if necessary. If your lover is shaking, adding a blanket or two should be enough to improve his comfort. You can also add a pair of soft, comfortable socks. Finally, if you notice that your lover's fingers, fingers, nose and/or lips appear gray or blue, understand that this is normal as the blood circulation of the body slows down. Changes in circulation are often most noticeable on the legs and once they become mottled and blue or purple, the time of death is generally approaching. As a caregiver, it can be difficult to tell if your lover is in pain when his level of consciousness decreases. Recognizing and assessing a patient's pain is vital to ensuring their comfort, however, and your observation of body language and other physical traces will become increasingly important as your lover becomes unable to tell if he feels pain. Here are some of the signs of pain and discomfort that you should be looking for: ConfusionFurrowed browGrimacingGuarding painful areasEmpression in respiratory rate (breaths per minute)Increased heart rate or pulseMoaningRestlessness or restlessness You may notice these symptoms occur during certain movements or activities, such as you are providing care, or may become spontaneous. If your lover has been on a regular schedule of painkillers, it is important to maintain it even if he or she loses consciousness. Your health care provider should have developed a painkiller plan for you if your lover stops responding. If your lover has not been taking painkillers regularly, it is still important to monitor him for signs of discomfort and have medication on hand in case pain suddenly develops. Morphine is often part of the hospice comfort kits, along with the acetaminophen suppositories listed above. Shortness of breath or shortness of breath is often a stressful symptom not only for the dying person, but also for his family, and friends. If your lover breathes fast (more than 24 breaths per minute) and seems uncomfortable, morphine can prove the treatment of choice. Morphine not only offers effective pain-relieving properties, but also does an excellent job in treating dyspnea. It slows down breathing, allowing the patient's body to take more-effective breaths while reducing the feeling of shortness of breath in the brain. If your lover is allergic or intolerant to morphine, other opioid medications can help manage dyspnea. Other treatments that can also help relieve dyspnea include: Administering oxygenDirection fan at low speed towards your beloved faceIt provides fresh air by opening the window Another common and disturbing event at the end of life is known as death rattle. This is basically a loud, wet-sounding form of breathing that happens when saliva and other secretions build up in the patient's throat and airway passages. When he is healthy, most of us can cough, clear our throats, or swallow or spit out these normal secretions, but a dying person loses the ability to clean them effectively. While the resulting sound often proves more stressful for loved ones than a dying person, medications that dry out excess secretions are usually effective in treating the loud breathing associated with death rattle. Finally, as the end of life approaches, you may notice that your lover is breathing irregularly, which is referred to as Cheyne-Stokes breathing. If this occurs, your lover may breathe very quickly at some moments, relatively slowly further, or even temporarily stop breathing (known as apnea). Cheyne-Stokes breathing may not need any treatment, but if your lover seems short of breath, treatment methods for dyspnoea (above) could prove useful. When the patient's death approaches, his breathing usually slows down (or continues with Cheyne-Stokes breathing tirations) until eventually he stops completely. Death occurs when breathing stops and the patient's heart stops beating. At this point, the human body begins many natural processes immediately after death, but here are some of the symptoms that you should look for: Pupils remain firm and enlarged (large) Skin is pale or bluishBody becomes coolEyelids can remain openJaw is slate and drops open There are many things you should do immediately after a loved one's death, including calling 911 or local law enforcement if the patient was not enrolled in a hospice. (If he or she was receiving hospice care, then you should contact hospice agency staff or hospice nurse first.) If you have previously arranged your beloved's end-of-life service, then you will also need to plan a funeral, memorial and/or interment service in the coming days. Most importantly, you need to take care of yourself in the hours, days and weeks ahead. As a caregiver for your loved one, probably experienced caregiver stress to some extent, which can compound the sadness you will naturally feel at this difficult time. Time.

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