

Hospice for Dementia/Alzheimer's Patients

Reasons to choose Missouri Palliative & Hospice Care for Dementia/Alzheimer's Patients



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DEMENTIA

Our Mission is to provide the highest level of comfort and care, honoring and respecting the dignity of each individual, and enhancing the quality of living at the end of life, under the guidance of Christian Principles.



INDIVIDUALIZED CARE PLANNING

We develop individualized plans of care as dementia progresses, patients lose the ability to express their needs. We will design a plan that addresses pain, hydration, nutrition, skin care, recurrent infection and agitation—all common problems associated with dementia.

We care for patients wherever they call home –whether in their own home, a caregiver's home, a long term care facility or an assisted living community.

We will coordinate the individualized plan of care with the advice and consent of the patient's physician. The case manager will ensure that information flows between all physicians, nurses, social workers, aides, volunteers, and, if appropriate, clergy.

We will supply all medications, medical supplies and medical equipment related to the diagnosis to ensure patients have everything they need.

We will support the patient as well as the family emotionally and spiritually providing the resources to help both maintain their emotional and spiritual well-being.

We will train the caregiver on how to provide basic care to ensure the patient is comfortable and safe in the home. As the patient gets weaker, symptoms increase and communication becomes more difficult, we educate on how to best continue care.

DEMENTIA HOSPICE CRITERIA

All should be present:

- ◆ Unable to ambulate independently
- ◆ Unable to dress without assistance
- ◆ Unable to bathe without assistance
- ◆ Incontinence of urine and stool (occasionally or more frequently)
- ◆ Unable to speak or communicate meaningfully (vocabulary of 6 intelligible words or less)

Should have experienced at least one of the medical complications of dementia in the last year (the conditions should have been severe enough to warrant hospitalization, whether or not hospitalization occurred).

- ◆ Aspiration pneumonia
- ◆ Fever recurrent after antibiotics
- ◆ Upper UTI
- ◆ Serum albumin <2.5
- ◆ Septicemia
- ◆ Decubitus ulcer, stage 3-4
- ◆ Inability or unwillingness to take food or fluids sufficient to sustain life