

Home Health Aide and Hospice questions example

- **Some brief info regarding current symptoms:** Example: Right arm is gone; left arm weakening. Needs support in standing and sitting; left arm and back. Lung vital capacity is 15 %. Oxygen saturation very good. High anxiety over breathing and fear of choking.
- **What type of patients have you cared for?**
- **Any familiarity w/ALS?**
- **Professional caregivers? What is education background?**
- **Can we change caregivers if necessary?**
- **Caregiver preference: Male or Female**
- **Staff Turnover?**
 - Nurses
 - Aides
 - Others
- **What type of tasks performed? Are there any tasks you can not assist with?**
- **Any limitations? Things not do, weight restrictions, etc.**
- **Do you do anything in care coordination? Continuity of care? w/primary care-giver/husband, nurse, primary physician; Hospice, Palliative, etc**
- **Are you familiar with:**
 - **These are examples:**
 - Bi-Pap
 - Suction machine
 - Cough Assist
 - Vest
 - Boluss feeding though mic-port
- **Reference task list. Can you do all?**
 - Example:
 - Prep food/feeding
 - Cook meals
 - Grocery shopping
 - Light cleaning
- **Current comfort issues:**
 - Neck and shoulder
- **Anxiety/Depression/Pain**
 - Don't push pills
- **Are you available 8:30 to 11:30/Noon. M-F?**
 - Use times you need!
- **Services (type, amount):**
 - Nurse
 - Doctor
 - Aide
 - Therapists
 - PT
 - Respiratory
- **Have you ever coordinated with other health aides to ensure coverage? Who would you recommend? What happens if you are not available a given day? What if there is an emergency situation (road closure, etc)?**
- **Cost (hourly?)? Give us a receipt? Paid daily, weekly?**
- **References**