

## Why this Respite Tool is Beneficial?

VA recognizes that having someone, other than yourself, care for your Veteran may be difficult or stressful. This tool is intended to provide a successful experience for you, your Veteran, and the temporary caregiver proving respite care. We know that it can be time consuming to complete an exercise like this, so take your time with this tool and be as thorough as possible.

This tool includes information specific to your Veteran's needs. It provides special considerations for caring for your Veteran, hospital/emergency information, and a section for potential longer-term respite needs. This tool will need to be revisited and modified as your Veteran's needs change.

Please consider including your Veteran in the completion of this tool, which will improve the success of your respite visit(s).

Preparation is the key to reducing stress and creating a positive respite experience as you step away from your caregiving duties.

## **Veteran's Information**

Veteran's Full Name:	
Preferred Name:	
Address:	
Caregiver/Your Name:	
Phone Number:	





## **Veteran's Health Care Providers**

Primary Care Provider:	
Phone Number:	
_	
Home Health/Skilled Ca	re Agency
Name:	
Phone Number:	
In Case of Medica	al Emergency
Preferred Hospital:	
Address:	
Does the Veteran have a	a Do-Not-Resuscitate (DNR) order? YES or NO
Does the veteral have a	The Not Resuscitate (DINI) order.
Where is the paper copy	y of the DNR order located?
1 1 1/	
	has a DNR order from their medical provider, please be sure the paper copy is in a
iocation that is ea	asy to access and emergency services can see. Typically the recommendation is to place on the front of the refrigerator.
Others Willing to Assist	
Are there others who co	ould be contacted to provide care if an alternative caregiver is needed during a
respite visit?	
Name:	
Relationship to Veteran:	
Phone Number:	
Name:	
Relationship to Veteran:	
Phone Number:	





What is considered an emergency? In what situations would you like to be contacted values are being provided?	while respite
Veteran's Allergies	
Please list any allergies to medications, foods, latex, or other items	
Veteran's Medications	
Please keep in mind, not all respite providers are able to administer medications and s may not feel comfortable completing this task.	ome friends/family
Does Veteran need help with managing and taking medications? YES or	NO
PLEASE INCLUDE AN ATTACHMENT OF VETERAN'S MEDICATION	IS
Are there any special instructions for administering the Veteran's medication? (takes wor need the medical crushed)	rith water, pudding
Veteran's Activities of Daily Living (ADL) Needs & Typical Rou	ıtine
Please specify, for each time frame included below, what your Veteran's typical activities Please include what, if any, ADL assistance they may need, including any special devices	
Wake-Up Time:	
Breakfast Time:	
Morning Activities, Routine, & ADL Needs:	Showering, feeding, toileting, dressing, hygiene, oral care, & grooming





Lunch Time:	_			
Afternoon Activities, Routine, & ADL Needs	::			
			Going for a walk, watching a specific television program, listening to music	
Does this include a nap?	Time:	Preferred locat	ion?	
Recliner/bedroom?	_			
Dinner Time:	_			
Evening Activities, Routine, & ADL Needs:				
			Watch the evening news, sit on the porch, read or listen to an audio book	
Bedtime:	_			
Does the Veteran sleep through the nig	ht? YES or	r NO		
Bedtime Activities, Routine, & ADL Needs:		assistand oral care,	Bedtime snack preferences, assistance needed with undressing oral care, environmental preference (i.e. nightlight, blanket/pillows)	
Veteran Safety				
Does your Veteran have any hearing or	visual impairments?	YES or NO		
If yes, explain what devices they use, if	any: or accommodati	ions required?		
Is your Veteran at risk for falls?	YES or NO			
If yes, provide details on any precaution	ns you recommend:			





Are there areas of the home to avoid to promote safety for your Veteran? YES or NO
If yes, explain what areas of home that should be avoided, if any:
Does your Veteran have a memory impairment? YES or NO
If yes, provide details and explain ways to best support the Veteran:
Does your Veteran ever become frustrated, confused or aggressive? YES or NO
If yes, please explain and provide tips on how to calm, support and redirect the Veteran:
Does your Veteran wander? YES or NO  If the Veteran gets restless, please provide tips on how to redirect them:
Veteran Preferences
Preferred Activities
It is beneficial for providers to know how they can best serve the Veteran and help engage them in activities they enjoy. This can include but is not limited to: puzzles, favorite television shows, walking, talking about certain topics, etc. Please list any preferred activities your Veteran has here:





## **Tips & Tricks for a Successful Visit**

It is beneficial for providers to know items to avoid while providing care for your Veteran to help promote the most positive experience possible. This may include but is not limited to: food items, television shows, specific conversation topics, etc. Please include details of activities the Veteran may be reluctant to do (i.e. showering, toileting, etc.) and the assistance that may be needed to encourage the Veteran's participation.
Caregiver Requests
List the duties the respite provider could complete during the respite if time and ability allows (ex. basic meal prep, laundry, light household tasks such as vacuuming).
Suggested Task List

The Caregiver Respite Tool: Veteran's Needs form may need to be updated periodically depending on both the Veteran and caregivers needs. Consider reviewing this document at least annually or more often if needed. You are encouraged to contact the Caregiver Support Program Team and assigned agency to discuss when needs or plans change.





