



Nazareth Care Australasia

CLINICAL/NURSING SYSTEMS

Respite Information

Respite information sheet

Thank you for choosing Nazareth House for your period of respite care.

Our aim is to provide you with support to keep as well and independent as you are until returning to your own home/community.

The following is information you need and a checklist of items you are required to bring with you for your stay.

**Please report to Nazareth House reception on at _____
am/pm**

Before you arrive:

| | Completed |
|---|-----------|
| Please let your doctor know you are going to Nazareth House for respite care. Ascertain he/she is willing to provide care you may need while in respite care. If they are unable to, Nazareth House may request the 'House Doctor' or the After Hours Clinic on-call doctor be in attendance if needed. | |
| Please request your doctor to complete a medication prescription chart and medical diagnoses form 2 days prior to arrival; these are enclosed. | |
| Arrange with your pharmacy to ensure you have enough medication to last for your entire stay. These need to be in blister packed or single dose packaging please. Bring these with you on the day of arrival. | |
| If you are receiving Nurse Maude or other Community Service provider support for wound and/or catheter care, this will continue while you are in respite care, unless by prior arrangement. If the latter applies you are required to bring dressing/catheter/ostomy supplies with you for your stay. | |
| If you require your laundry to be done during your stay please ensure all clothing is well marked with your name. | |
| If you would like your own paper delivered please arrange this before your stay. However there are newspapers available in the Café for communal use. | |



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| What do I bring with me? | ✓ |
| Continence products including catheters, catheter bags, night bags where applicable. Ostomy management supplies where applicable. | |
| Medications (blister/single dose packs); enough for entire stay, including the last day of arranged respite. | |
| Any mobility aids; walking frame, stick, wheelchair | |
| Any other aids that assist you with your daily living; modified cutlery, dressing aids, hip protectors etc. | |
| Clothing; please name clearly | |
| Toiletries | |
| Wound dressings if applicable | |
| What additional services am I required to pay for? | |
| Doctors visits if required | |
| Any prescription costs arising from adjustments to medication needs | |
| Podiatry care if utilised | |
| Continence products/catheter/ostomy supplies in excess of your own supply | |
| Dressing supplies in excess of your own supply | |
| Transportation costs if needed; e.g. ambulance, taxis | |
| Care provision: | |
| The Unit Manager or Registered Nurse will meet with you and your representative to discuss assistance and any special requirements for your care during your stay. An interim care plan will be developed from the information you provide, assessments by the Registered Nurse, and from the information from your community service provider (if applicable). | |



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Personal Care Workers will be appraised of the assistance you require and any special considerations, through your care plan and handovers

Care Provision (cont):

The Registered Nurse will discuss with you if you wish to self-medicate and advise you where your medications are to be kept in your room securely.

If you wish to have your medications administered by the nurses, you will be advised of the times of medication rounds. Medications out of these times will be available as you require them; e.g pain medication.

Going home:

The Unit Manager/Registered Nurse will meet with you and your representative prior to discharge to discuss arrangements for going home; this will include any changes to your level of independence, any changes to your medications, and any changes to your care plan/assistance needs.

Your doctor will be notified of your discharge date and any changes made to your medications, your independence and care assistance needs.

Community care services will be notified of your discharge date and to recommence their visits to you in your home, where applicable.

Discussion and arrangements for future respite care can be initiated prior to discharge; while there may be limitations on set time frames due to the availability of a vacancy, your expression of interest is noted for future reference and communication.

We hope you enjoy your stay at Nazareth House

Feedback is always very much appreciated and can be expressed on the mauve coloured forms available at reception and Nurses stations.