

Traveling Beside Aging Parents

Practical
Knowledge &
Tools for Wisdom

Liisa Ogburn
Aging Advisors NC





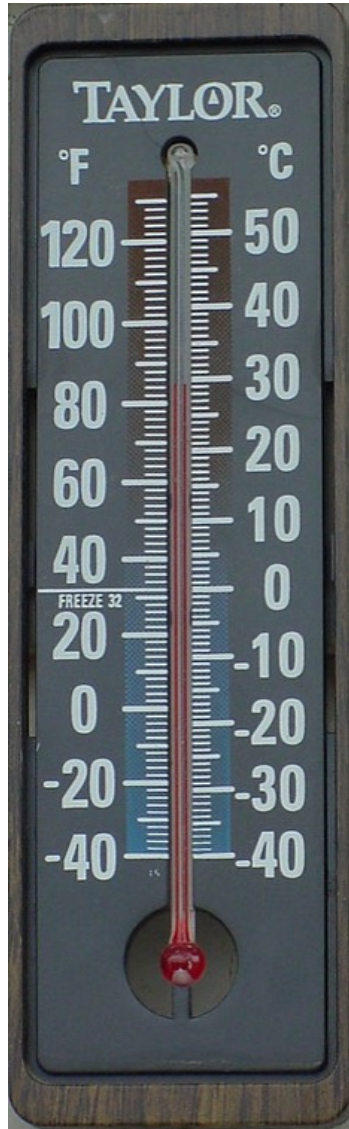
Lessons in Living While Dying, From Pop

BY LIISA OGBURN NOVEMBER 16, 2014 8:19 AM 17





Build an
inner
sanctuary



Red vs. Blue Zone

10

7

5

3

0



Heightened emotion



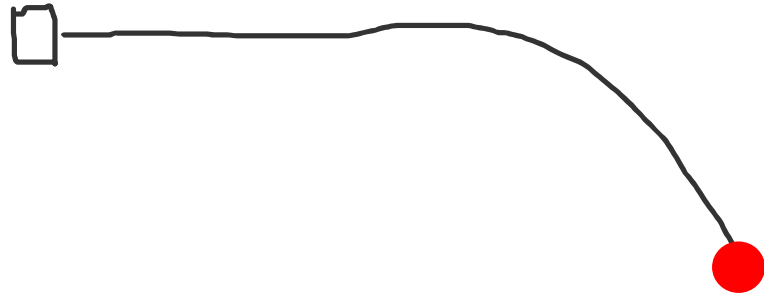
Access to rational mind

Keep in
mind the
long view

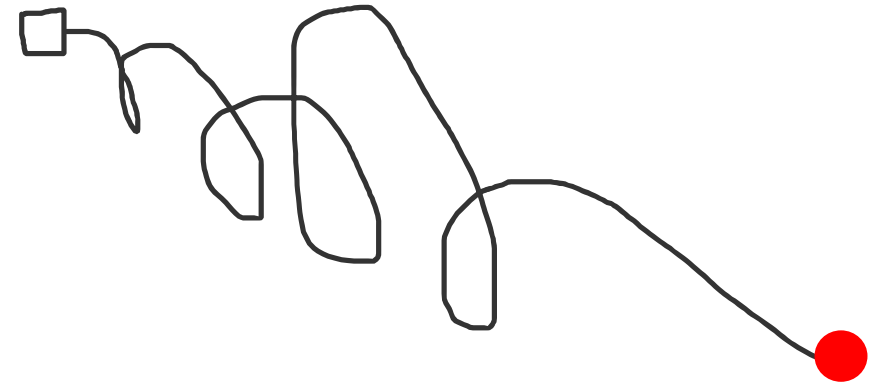


Three Patterns of Decline

The Dive



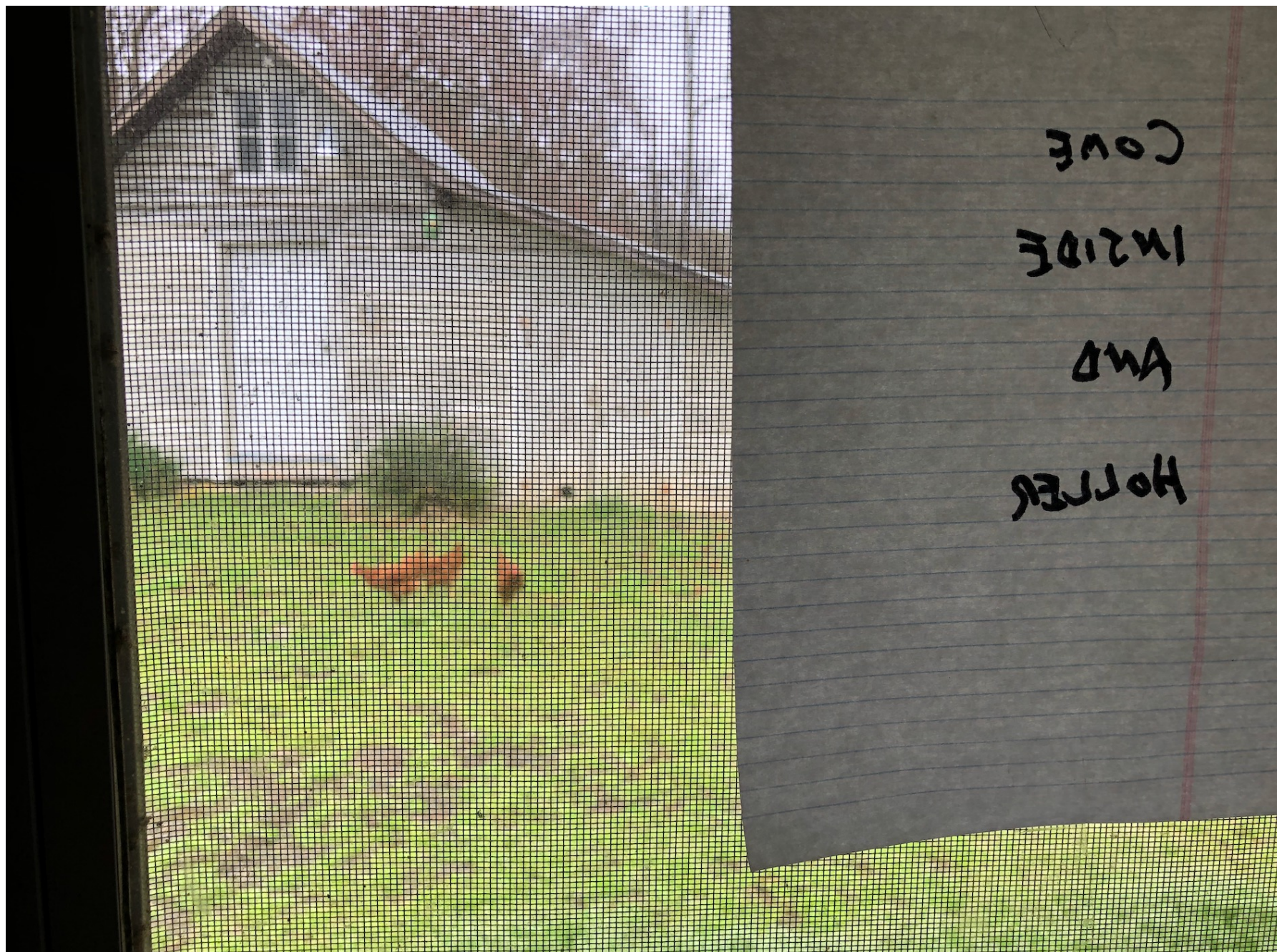
The Rollercoaster



The Fade



Who
knows
what
you'll
find



Some Stats

- Only 25 percent of people older than 65 believe they will need any help in their later years, yet 70 percent do.
- The average senior needs some amount of help for the last eight years of life.
- Men need significant help for an average of 2.2 years
- Women need significant help for 3.6 years.





Identify team &
start the
conversation with
Mom & Dad before
there's a crisis

- Family (who is best for doing what?)
- Friends
- Physicians
- Church
- Paid support

It's a changing puzzle



Legal Documents

STATE OF NORTH CAROLINA

COUNTY OF _____

HEALTH CARE POWER OF
ATTORNEY

NOTE: YOU SHOULD USE THIS DOCUMENT TO NAME A PERSON AS YOUR HEALTH CARE AGENT IF YOU ARE COMFORTABLE GIVING THAT PERSON BROAD AND SWEEPING POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. THERE IS NO LEGAL REQUIREMENT THAT ANYONE EXECUTE A HEALTH CARE POWER OF ATTORNEY.

EXPLANATION: *You have the right to name someone to make health care decisions for you when you cannot make or communicate those decisions. This form may be used to create a health care power of attorney, and meets the requirements of North Carolina law. However, you are not required to use this form, and North Carolina law allows the use of other forms that meet certain requirements. If you prepare your own health care power of attorney, you should be very careful to make sure it is consistent with North Carolina law.*

*This document gives the person you designate as your health care agent **broad powers** to make health care decisions for you when you cannot make the decision yourself or cannot communicate your decision to other people. You should discuss your wishes concerning life-prolonging measures, mental health treatment, and other health care decisions with your health care agent. Except to the extent that you express specific limitations or restrictions in this form, your health care agent may make any health care decision you could make yourself.*

This form does not impose a duty on your health care agent to exercise granted powers, but when a power is exercised, your health care agent will be obligated to use due care to act in your best interests and in accordance with this document.

This Health Care Power of Attorney form is intended to be valid in any jurisdiction in which it is presented, but places outside North Carolina may impose requirements that this form does not meet.

*If you want to use this form, you must complete it, sign it, and have your signature witnessed by two qualified witnesses and proved by a notary public. Follow the instructions about which choices you can initial very carefully. **Do not sign this form until** two witnesses and a notary public are present to watch you sign it. You then should give a copy to your health care agent and to any alternates you name. You should consider filing it with the Advance Health Care Directive Registry maintained by the North Carolina Secretary of State: <http://www.sosnc.gov>.*

GENERAL POWER OF ATTORNEY

Maria M. Lynch
Lynch & Eatman, LLP
Raleigh, NC

I. Introduction. In 2017 the General Assembly enacted a modified version of the Uniform Power of Attorney Act. The Act was effective January 1, 2018. The North Carolina Uniform Power of Attorney Act appears in Chapter 32C of the North Carolina General Statutes. The Act made a number of changes and contains a few mandatory provisions that cannot be overridden in the power of attorney and a number of default provisions which the power of attorney can modify.

II. Designation of Agent.

A. Definition. Section 32C-1-102(1) defines an agent as “a person granted authority to act for the principal under a power of attorney, whether or not denominated an agent, attorney in fact, or otherwise. The term includes an original agent, coagent, successor agent, and a person to which an agent’s authority is delegated.” Throughout the statute the person acting for the principal is called “agent.” In the form attached to this outline, that nomenclature is also used. Use of the term “agent” is not required, but it eliminates some confusion many laypeople experience when using the term “attorney in fact.”

III. Drafting Provisions.

A. Coagents. Section 32C-1-111(a) provides that the principal may designate two or more people to act as coagents. The principal can allow them to act independently or can require them to act together. Allowing agents to act independently could generate inconsistent actions by the agents, but requiring them to act together may impair the utility of the power of attorney.

1. Independent Agents. “I designate A and B as my Agents each to act independently without the knowledge, consent or joinder of the other. If either one of them fails or ceases to act, the other may act alone.”

2. Agents to Act Together. “I designate A and B as my Agents to act jointly with the knowledge, consent or joinder of the other and not independently. If either one of them fails or ceases to act as my Agent, then the other Agent shall act alone.”

B. Designation of Successor Agents. Section 32C-1-111(b) permits the principal to designate one or more successor agents to act if an agent resigns,

Medical Documents

**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any: _____
☐ Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name: _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient **SHOULD NOT** be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician: _____
Printed Name of _____
Address _____
City, State _____
Telephone Number (office) _____
Telephone Number (emergency) _____
Do Not Copy

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Medical Orders for Scope of Treatment (MOST)
This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Section A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR) When not in cardiopulmonary arrest, follow orders in B, C, and D.
Section B Check One Box Only	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation; also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital unless comfort needs cannot be met in current location. Other Instructions: _____
Section C Check One Box Only	ANTIBIOTICS <input type="checkbox"/> Antibiotics if life can be prolonged. Determine use or limitation of antibiotics when infection occurs. <input type="checkbox"/> No Antibiotics (use other measures to relieve symptoms). Other Instructions: _____
Section D Check One Box Only in Each Column	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible. <input type="checkbox"/> IV fluids long-term if indicated <input type="checkbox"/> Feeding tube long-term if indicated <input type="checkbox"/> IV fluids for a defined trial period <input type="checkbox"/> Feeding tube for a defined trial period <input type="checkbox"/> No IV fluids (provide other measures to ensure comfort) <input type="checkbox"/> No feeding tube Other Instructions: _____
Section E Check The Appropriate Box	DISCUSSED WITH AND AGREED TO BY: Basis for order must be documented in medical record. <input type="checkbox"/> Patient <input type="checkbox"/> Patient or guardian if patient is a minor <input type="checkbox"/> Majority of patient's reasonably available parents and adult children <input type="checkbox"/> Health care agent <input type="checkbox"/> Majority of patient's reasonably available adult siblings <input type="checkbox"/> Legal guardian of the person <input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient <input type="checkbox"/> Spouse
MD/DO, PA, or NP Name (Print): _____ MD/DO, PA, or NP Signature (Required): _____ Phone #: _____	
Signature of Person, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file) I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent. <i>If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.</i> You are not required to sign this form to receive treatment. Patient or Representative Name (print) _____ Patient or Representative Signature _____ Relationship (write "self" if patient) _____	
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED	

For EMS

Preferred Hospital: Duke University

Name: John Smith

Birthdate: 9/1/1942

Profession (retired): Chemistry Professor/Department Chair (Duke)

Emergency contact: Carol Smith (wife): 919-111-1111

Healthcare Power of Attorney: Jenny Smith (daughter, local): 919-999-9999

Primary Care Physician:

Other specialists:

Most Relevant Medical Conditions:

Allergies:

Medications:

DNR in place?

Medical Documents, cont.



To my wife, my children, and any physicians, surgeons, attorneys or court officers who may become involved in my medical care in the future,

I would like to express my clear desire, should I be incapacitated by some illness, accident or unforeseen event at some time in the future to the extent that I am not able to communicate my thoughts or desires, not to have my life prolonged by what I consider artificial means, such as pulmonary ventilation, tube, parenteral or hand feedings, etc. if there is no reasonable hope that I will be able to recover and again lead a reasonably active and enjoyable life in the future...

<https://www.wral.com/letter-to-my-children-and-physician-about-my-end-of-life-wishes/18622181/>

Tools & Supports

North Carolina Assistive Technology Program

Accessibility for All Live Events

Visit our event page for more
information.

ACCESSIBILITY FOR ALL



- Concierge physician
- Geriatric psychiatrist
- Zoom Support groups
- Silverlinings Therapy
- Home therapies

Home Care Agency or Private Pay



- 100+ agencies CNAs with RN oversight); Minimum of 4-6 hour shifts; pay \$11-16/hr; charge you \$30-\$35/hour
- Adult Day Programs
- Private pay individuals:
 - NC Registry: <https://www.caregivernc.com/>
 - <https://www.careyaya.com/>
 - <https://acornhcs.com/>
 - <https://www.care.com/>

Navigating Doctor's Visits

- What are top issues to discuss?
- Note any relevant changes
- Adult child may send note ahead of visit if there are critical topics best navigated by physician (ex. Memory concerns, driving abilities, issues that may be helped with a medical order for PT, durable medical equipment, palliative care)
- Permission to share info with adult children
- Medication changes?
- Referrals?



Navigating the Hospital



- What to expect if you call 911
- Triage in the ER
- Admission versus admission for observation
- How to get updates efficiently
- Questions about discharge home versus to rehab
- Choosing a rehab

Navigating Rehab

- With a medical order from the hospital, then rehab is typically covered 100% by Medicare for first 20 days; 80% for next 80 days
- Average rehab: 2-4 weeks
- Must show progress towards goals to continue Medicare coverage
- Family care meeting after first week
- Therapy often follows patient home 3x/week for on average 2 weeks



Navigating Stigma



- Behaviors associated with dementia
- Hoarding
- Mental illness
- Addictions (alcohol, pills)

You are not alone. You might just have to work harder to find the resources.

Navigating Hospice

- Understanding the difference between palliative & hospice
- Avoiding the ER
- Gaining more agency
- Gaining more support
- Hospice team
- Hospice at home versus hospice facility



Loving a Grandpa Right Down to His Toes

BY LIISA OGBURN JANUARY 24, 2016 6:40 AM 20



The author's daughter Sarah Colvin painting the toenails of her grandfather Larry Colvin. Liisa Ogburn

Although the world is full of suffering, it is also full of the overcoming of it.

- Helen Keller

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1

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Go Ask Mom

Aging Well

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LIISA OGBURN


Beginnings and Endings: 10 Lessons Before I Step Down

As Kate Bowler says, "Life is beautiful. Life is hard." Here are some lessons I've learned over the last three years about savoring the beauty and weathering the hard.

Tags: Aging Well, emergency, death, coronavirus, CDC, aging, Alzheimer's

Posted January 3





LIISA OGBURN, WRAL CONTRIBUTOR

Let grief and joy coexist this holiday season

If the last 21 months of the pandemic have taught us anything, it is that life, family and friends are precious, and that there can be joy and gratitude even in the midst of sorrow.