## Warning Signs That Care is Needed

Sometimes people won't admit they need help to stay at home, and others may be unaware that it is time for some extra help to maintain a healthy and safe home environment. Knowing and watching for signs that could indicate extra assistance is needed may fall on family, friends or advisors. Take note of the following:

| Eating Ha        | bits   | ;  |  |  |  |  |  |
|------------------|--|----|--|--|--|--|--|
|                  | Yes  | No | Has the elderly person changed eating habits?  |  |  |  |  |
|                  | _<br>Yes   | No | Has the elderly person lost weight?  |  |  |  |  |
|                  |  | _  | Yes No   |  |  |  |  |
| Did You<br>Know? |  | -  | Yes No Does the person have the ability to go to the grocery store or are groceries delivered?   |  |  |  |  |
|                  | Losing weight without trying could be a sign that something's wrong. For the elderly, weight loss could be related to many factors, including: |    |  |  |  |  |  |
|                  |  | •  | Difficulty cooking. The person could be having difficulty finding the energy to cook, grasping the tools necessary to cook, reading labels or directions on food products, or getting groceries into the home.   |  |  |  |  |
|                  |  | •  | Loss of taste or smell. Some loss of taste and smell is natural with aging, especially after age 60. In other cases, illness or medication contributes to loss of taste or smell. The person might not be interested in eating if food doesn't taste or smell as good as it used to. |  |  |  |  |
|                  |  | •  | Underlying conditions. Sometimes weight loss is a sign of a more serious underlying condition, such as malnutrition, dementia, depression, or cancer.  |  |  |  |  |
| Hygiene          |  |    |  |  |  |  |  |
|                  | Yes  | No | Is the elderly person taking care of his/her personal hygiene and dress?   |  |  |  |  |
|                  |  | _  | Yes No Are his/her clothes clean?  |  |  |  |  |
|                  |  | -  | Yes No Does he/she appear to be taking care of himself/herself?  |  |  |  |  |
| Did You<br>Know? | Tulide to keep up with duly routines Such as but ling, tooth brashing, and other basic   |    |  |  |  |  |  |



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| Care of Ho       | me       |   |   |  |  |
|------------------|----------|---|---|--|--|
| O Yes            | No No    | Is the home being maintained in good order? |   |  |  |
|                  |          | Yes No                                      | Are the lights working?   |  |  |
|                  |          | Yes No                                      | Is the heat on?   |  |  |
|                  |          | Yes No                                      | Is the air conditioning in working order?   |  |  |
|                  |          | Yes No                                      | Are the bathrooms clean?  |  |  |
|                  |          | Yes No                                      | Is the yard overgrown?  |  |  |
|                  |          | O Yes O No                                  | Is there clutter blocking walkways through the house?   |  |  |
| Did You<br>Know? | For exam | ple, scorched pots co                       | nings are done around the house could provide clues to health. ould mean forgetting about food cooking on the stove. Neglected depression, dementia, or other problems. |  |  |
| Safety / M       | ental A  | ttitude                                     |   |  |  |
| O Yes            | No No    | Is the senior safe in                       | his/her home?   |  |  |
|                  |          | Yes O No                                    | Does the person have difficulty navigating a narrow stairway?   |  |  |
|                  |          | Yes No                                      | Has he/she fallen recently?   |  |  |
|                  |          | Yes No                                      | Is he/she able to read directions on medication containers?   |  |  |
|                  |          | Yes No                                      | Is there adequate lighting for nighttime trips to the bathroom?   |  |  |
|                  |          | Yes No                                      | Has he/she had physical problems such as burns or injury marks resulting from general weakness, forgetfulness, or possible misuse of prescribed medications?            |  |  |
| O Yes            | No No    | Is the older person i                       | n good spirits?   |  |  |
|                  |          | Yes No                                      | Is he/she unusually fatigued?   |  |  |
|                  |          | Yes No                                      | Is he/she connecting with friends?  |  |  |
|                  |          | Yes No                                      | Has he/she maintained interest in hobbies and other daily activities?   |  |  |
|                  |          | Yes No                                      | Is he/she involved in social organizations or clubs?  |  |  |
|                  |          | Yes No                                      | If he/she is religious, does he/she attend regular worship services?  |  |  |
|                  |          | Yes O No                                    | Has he/she changed relationship patterns such that friends and neighbors have expressed concerns?   |  |  |
| Did Va           | A almost |   | r outlook could be a sign of depression or other health consern   |  |  |



A drastically different mood or outlook could be a sign of depression or other health concern.

## **Mobility**

| Yes O No | Is the elderly person having difficulty getting around? |   |  |  |  |
|----------|---|---|--|--|--|
|          | Yes No  | Is he/she reluctant or unable to walk usual distances?                |  |  |  |
|          | Yes No  | Is knee or hip arthritis making it difficult to get around the house? |  |  |  |
|          | Yes No  | Is he/she shuffling, or would he/she benefit from a cane or walker?   |  |  |  |



Muscle weakness, joint problems and other age-related changes can make it difficult to move around. If he is unsteady on his feet, he may be at risk of falling—a major cause of disability among older adults.

## **Behavior**

| Yes No | Has the person exhibited forgetfulness or inappropriate behavior? |  |  |  |  |
|--------|---|--|--|--|--|
|        | Yes No  | Is he/she unusually loud or quiet, paranoid, agitated, making phone calls at all hours?  |  |  |  |
|        | Yes No  | Has his/her forgetfulness resulted in unopened mail, piling newspapers, unfilled prescriptions, or missed appointments?  |  |  |  |
|        | Yes No  | Has he/she mishandled finances such as not paying bills, losing money, paying bills twice or more, or hiding money?  |  |  |  |
|        | Yes No  | Has he/she made unusual purchases such as buying more than one magazine subscription of the same magazine, entering an unusual amount of contests, purchasing an increased amount of items from television advertisements? |  |  |  |
| Yes No | Are multiple medica   | itions from multiple doctors being taken?  |  |  |  |



Sometimes multiple doctors may be treating a person for multiple health conditions. Usually doctors are not in communication about other doctors' prescriptions. Decline in functioning may be due to medication reactions/interactions. Have multiple prescriptions evaluated by a medical doctor skilled in polypharmacy (the knowledge of how various medications interact).

If any of these signs are noted and raise concerns, bring them to the attention of the person's physician and consider additional care in the home. **Assisting Angels Home Care** provides traditional and non-traditional in-home care offerings such as meal preparation, personal care, transportation and Alzheimer's care, whether the needs are daily, weekly, temporary or long-term.

Sources: Mayo Clinic, Eldercare.gov