Facts about Concussion and Brain Injury

WHERE TO GET HELP

About Concussion

Signs and Symptoms

Getting Better

Where to Get Help

Resources

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Facts about Concussion and Brain Injury

WHERE TO GET HELP

ABOUT CONCUSSIONS

ABOUT CONCUSSION 2

Medical Help 3

Danger Signs—Adults 4

Danger Signs—Children 4

SYMPTOMS OF CONCUSSION 5

Persons of All Ages 5

Young Children 6

Older Adults 7

GETTING BETTER 8

Tips for Healing—Adults 10

Tips for Healing—Children 11

WHERE TO GET HELP 13

Help for People with Concussion 13

Help for Families and Caregivers 14

Resources 15

"Facts about Concussion and Brain Injury: Where to Get Help," is a publication of the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. See www.cdc.gov/TraumaticBrainInjury.

A concussion is a mild form of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head to move rapidly back and forth. Doctors may describe these injuries as "mild" because concussions are usually not life-threatening. Even so, their effects can be serious. Understanding the signs and symptoms of a concussion can help you get better more quickly.

Leading causes of concussion

(seen in emergency departments):

- falls
- motor vehicle-related injury
- unintentionally being struck by or against an obstacle
- assaults
- playing sports

After a concussion, some people lose consciousness ("knocked out") for a short time. However, most concussions do not result in a loss of consciousness. Not being able to remember events (amnesia) prior to, or following the injury, for a period of time is another sign of concussion. Yet, some people simply feel dazed or confused.

Symptoms of concussion usually fall into four categories:

- **THINKING/REMEMBERING**, such as difficulties remembering recent events (even those immediately before and/or after the concussion), or feeling mentally "foggy"

See page 5 for more information and a full list of concussion signs and symptoms

- **PHYSICAL**, such as headaches or difficulty with bright light or loud noises
- **EMOTIONAL/MOOD**, such as irritability, sadness, or nervousness
- **SLEEP DISTURBANCE**, such as sleeping more or less than usual

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion.

MEDICAL HELP

People with a concussion need to be seen by a doctor. While most are seen in an emergency department or a doctor's office, some people must stay in the hospital overnight.

Your doctor may do a scan of your brain (such as a CT scan) or other tests. Other tests, known as "neuropsychological" or "neurocognitive" tests, assess your learning and memory skills, your ability to pay attention or concentrate, and how quickly you can think and solve problems. These tests can help your doctor identify the effects of a concussion. Even if the concussion doesn't show up on these tests, you may still have a concussion.

Persons taking blood thinners should be seen immediately by a health care provider if they have a bump or blow to the head even if they do not have any symptoms listed on page 5

Your doctor will send you home with important instructions to follow. Be sure to follow all of your doctor's instructions carefully.

If you are taking medications—prescription, over-the-counter medicines, or "natural remedies"—or if you drink alcohol or take illicit drugs, tell your doctor. Also, tell your doctor if you are taking blood thinners (anticoagulant drugs), such as Coumadin and aspirin, because they can increase the chance of complications.

DANGER SIGNS – ADULTS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. Contact your doctor or emergency department right away if you have any of the following danger signs after a bump, blow, or jolt to the head or body.

- Headache that gets worse and does not go away
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech

The people checking on you should take you to an emergency department right away if you:

- Look very drowsy or cannot be awakened
- Have one pupil (the black part in the middle of the eye) larger than the other
- Have convulsions or seizures
- Cannot recognize people or places
- Are getting more and more confused, restless, or agitated
- Have unusual behavior
- Lose consciousness (a brief loss of consciousness should be taken seriously and the person should be carefully monitored).

DANGER SIGNS – CHILDREN

Take your child to the emergency department right away if they received a bump, blow, or jolt to the head or body, and:

- Have any of the danger signs for adults listed above
- Will not stop crying and cannot be consoled
- Will not nurse or eat

SYMPTOMS OF CONCUSSION

PERSONS OF ALL AGES

"I just don't feel like myself."

Most people with a concussion have one or more of the symptoms listed below and recover fully within days, weeks or a few months. But for some people, symptoms of concussion can last even longer. Generally, if you feel that "something is not quite right," or if you are feeling "foggy," you should talk with your doctor.

Concussion symptoms are often grouped into four categories, including:

THINKING/ REMEMBERING	PHYSICAL	EMOTIONAL/ MOOD	SLEEP DISTURBANCE
• Difficulty thinking clearly • Feeling slowed down • Difficulty concentrating • Difficulty remembering new information	• Headache • Nausea or vomiting (early on) • Balance problems • Dizziness • Fuzzy or blurry vision • Feeling tired, having no energy • Sensitivity to noise or light	• Irritability • Sadness • More emotional • Nervousness or anxiety	• Sleeping more than usual • Sleeping less than usual • Trouble falling asleep

Some of these symptoms may appear right away, while others may not be noticed for days or months after the injury, or until the person starts resuming their everyday life and more demands are placed upon them. Sometimes, people do not recognize or admit that they are having problems. Others may not understand why they are having problems and what their problems really are, which can make them nervous and upset.

The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be missed by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.

YOUNG CHILDREN

Very young children (i.e., infants, toddlers, and preschoolers) often bump and bruise their heads. This can happen as a result of motor vehicle crashes, falls, getting hit in the head with a ball or toy, or from tricycle/bike accidents.

Sometimes these events can be serious and result in a concussion.

Young children can have the same symptoms of a concussion as older children, but it is harder for them to let others know how they are feeling. In addition to the symptoms mentioned on page 5, call your child's doctor right away if your child seems to be getting worse or if you notice any of the following:

- Crying more than usual
- Headache that will not go away
- Change in the way they play, perform or act at school
- Change in nursing, eating, or sleeping patterns
- Becoming easily upset or increased temper tantrums
- Sad mood
- Lack of interest in usual activities or favorite toys
- Loss of new skills, such as toilet training
- Loss of balance, unsteady walking
- Poor attention

OLDER ADULTS

Because concussions are often missed or misdiagnosed among older adults, be especially alert if you know that an older adult has fallen or has a fall-related injury, such as a hip fracture. Older adults may have a higher risk of serious complications from a concussion, such as bleeding on the brain. Headaches that get worse or increased confusion are signs of this complication. If they occur, see a doctor right away. Older adults often take blood thinners; if they do, they should be seen immediately by a health care provider if they have a bump or blow to the head or body even if they do not have any of the symptoms listed on page 5.

GETTING BETTER

"Sometimes the best thing you can do is just rest and then try again later."

Although most people recover fully after a concussion, how quickly they improve depends on many factors. These factors include how severe their concussion was, their age, how healthy they were before the concussion, and how they take care of themselves after the injury.

Some people who have had a concussion find that at first it is hard to do their daily activities, their job, to get along with everyone at home, or to relax. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse.

Rest is very important after a concussion because it helps the brain to heal. You'll need to be patient because healing takes time. Only when the symptoms have reduced significantly, in consultation with your doctor, should you slowly and gradually return to your daily activities, such as work or school. If your symptoms come back or you get new symptoms as you become more active, this is a sign that you are pushing yourself too hard. Stop these activities and take more time to rest and recover. As the days go by, you can expect to gradually feel better.

If you already had a medical condition at the time of your concussion (such as chronic headaches), it may take longer for you to recover from the concussion. Anxiety and depression

may also make it harder to adjust to the symptoms of a concussion. While you are healing, you should be very careful to avoid doing anything that could cause a bump, blow, or jolt to the head or body. On rare occasions, receiving another concussion before the brain has healed can result in brain swelling, permanent brain damage, and even death, particularly among children and teens.

After you have recovered from your concussion, you should protect yourself from having another one. People who have had repeated concussions may have serious long-term problems, including chronic difficulty with concentration, memory, headache, and occasionally, physical skills, such as keeping one's balance.

TIPS FOR HEALING - ADULTS

Tips to help you get better:

- Get plenty of sleep at night, and rest during the day.
- Avoid activities that are physically demanding (e.g., heavy housecleaning, weightlifting/working-out) or require a lot of concentration (e g., balancing your checkbook) They can make your symptoms worse and slow your recovery
- Avoid activities, such as contact or recreational sports, that could lead to a second concussion. (It is best to avoid roller coasters or other high speed rides that can make your symptoms worse or even cause a concussion.)
- When your doctor says you are well enough, return to your normal activities gradually, not all at once
- Because your ability to react may be slower after a concussion, ask your doctor when you can safely drive a car, ride a bike, or operate heavy equipment
- Talk with your doctor about when you can return to work. Ask about how you can help your employer understand what has happened to you
- Consider talking with your employer about returning to work gradually and about changing your work activities or schedule until you recover (e g , work half-days)
- Take only those drugs that your doctor has approved.
- Do not drink alcoholic beverages until your doctor says you are well enough Alcohol and other drugs may slow your recovery and put you at risk of further injury
- Write down the things that may be harder than usual for you to remember

- If you're easily distracted, try to do one thing at a time. For example, don't try to watch TV while fixing dinner.
- Consult with family members or close friends when making important decisions
- Do not neglect your basic needs, such as eating well and getting enough rest
- Avoid sustained computer use, including computer/video games early in the recovery process.
- Some people report that flying in airplanes makes their symptoms worse shortly after a concussion.

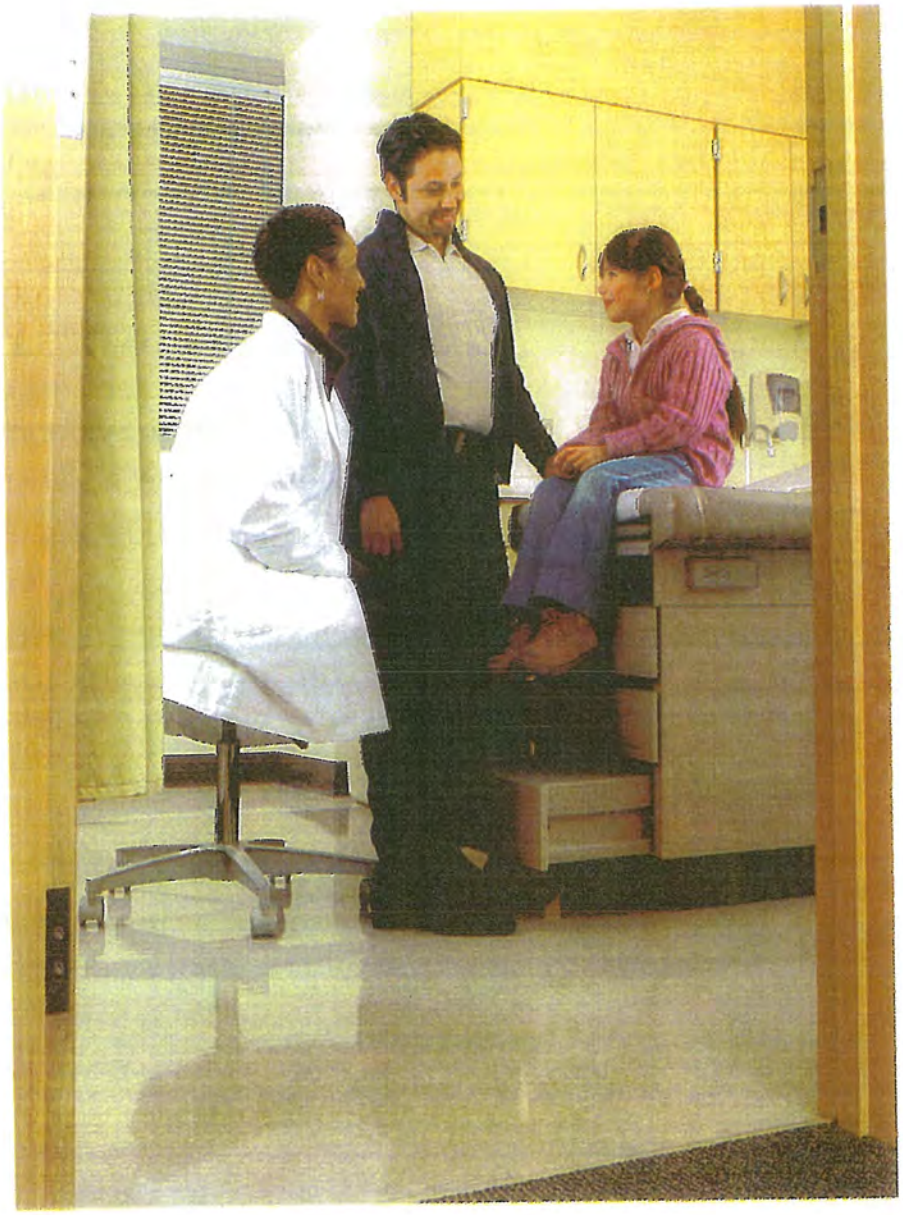
TIPS FOR HEALING - CHILDREN

Parents and caregivers of children who have had a concussion can help them recover by taking an active role in their recovery:

- Having the child get plenty of rest. Keep a regular sleep schedule, including no late nights and no sleepovers
- Making sure the child avoids high-risk/ high-speed activities such as riding a bicycle, playing sports, or climbing playground equipment, roller coasters or rides that could result in a second bump, blow, or jolt to the head or body. Children should not return to these types of activities until the doctor says they are well enough.
- Giving the child only those drugs that are approved by the pediatrician or family physician.
- Talking with the doctor about when the child should return to school and other activities and how the parent or caregiver can help the child deal with the challenges that the child may face. For example, your child may

need to spend fewer hours at school, rest often, or require more time to take tests.

- Sharing information about concussion with parents, siblings, teachers, counselors, babysitters, coaches, and others who interact with the child helps them understand what has happened and how to meet the child's needs.



WHERE TO GET HELP

HELP FOR PEOPLE WITH CONCUSSION

"It was the first time in my life that I couldn't depend on myself."

There are many people who can help you and your family as you recover from a concussion. You do not have to do it alone.

Show this booklet to your doctor or health care provider and talk with them about your concerns. Ask your doctor about whether you need specialized treatment and about the availability of rehabilitation programs.

Your doctor can help you find a health care provider who has special training in treating concussion. Early treatment of symptoms by a specialist may speed recovery. Your doctor may refer you to a neuropsychologist, neurologist, or specialist in rehabilitation.

Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor.

For more information, see the Resources on page 15.

HELP FOR FAMILIES AND CAREGIVERS

"My husband used to be so calm. But after his injury, he started to explode over the littlest things. He didn't even know that he had changed."

When someone close to you has a concussion or a more serious brain injury, it can be hard to know how best to help They may say that they are "fine," but you can tell from how they are acting that something has changed

If you notice that your family member or friend has symptoms of a concussion that are getting worse, talk to them and their doctor about getting help. They may need help if you can answer YES to any of the following questions:

- Are any of the concussion symptoms substantially affecting their life activities (such as feeling restricted in their activities due to symptoms, performance in school or at work has changed, unhappy with life changes)?
- Has their personality changed?
- Do they get angry for no reason?
- Do they get lost or easily confused?
- Do they have more trouble than usual making decisions?

You might want to talk with people who share your experience. The Brain Injury Association of America can put you in contact with people who can help (see page 15).

RESOURCES

"I thought I was all alone, but I'm not. There are lots of people out there who understand what I've been through."

Several groups help people and their families deal with concussion and more serious brain injuries They provide information and put people in touch with local resources, such as support groups, rehabilitation services, and a variety of health care professionals

- CDC's Injury Center has created resources and conducts research to help prevent concussion and more serious brain injuries and improve outcomes for survivors For more information contact CDC toll-free at 1-800-CDC-INFO (1-800-232-4636) or visit CDC's Injury Center on the Web at www.cdc.gov/TraumaticBrainInjury.

- The Brain Injury Association of America (BIAA) has a national network of many state affiliates and hundreds of local chapters and support groups across the country that provide help in your community

You can reach BIAA by calling the toll-free National Brain Injury Information Center at 1-800-444-6443 You can also get information through their website at www.biausa.org. Both the help line and the website can provide you with information about the BIAA affiliate closest to you.

- The Defense and Veterans Brain Injury Center (DVBIC) works to ensure that active duty military and veterans with brain injury receive the best evaluation, treatment, and follow-up. You can reach DVBIC by calling toll-free at 1-800-870-9244 or by visiting their website at www.dvbic.org.

- For more information about TBI in the military, including an interactive website for service members, veterans, and families and caregivers, please visit www.TraumaticBrainInjuryatoz.org.

ADDITIONAL CDC CONCUSSION RESOURCES

Information about Mild Brain Injuries
(Información Acerca de la Lesión Cerebral Leve) booklet

This booklet is written for Spanish-speaking people with brain injuries and their family members or caregivers. The booklet provides information about brain injury, its symptoms, tips for healing, and resources.

Heads Up Brain Injury in Your Practice initiative

Physicians and other health care providers can play a key role in helping to reduce the occurrence of mild traumatic brain injury (TBI) or concussion by educating patients and the community about risks and how to prevent these injuries. This initiative provides physicians with tools and information for improving the clinical diagnosis and management of mild TBI.

Heads Up Concussion in High School Sports initiative

Concussions can happen to any athlete—male or female—in any sport. This initiative, developed for high school coaches, athletic directors and trainers, contains practical, easy-to-use information, such as a video, guide for coaches, wallet card, clipboard sticker, posters, and fact sheets.

Heads Up Concussion in Youth Sports initiative

To help ensure the health and safety of young athletes, CDC developed the "Heads Up: Concussion in Youth Sports" initiative to offer information about concussions to youth sports coaches, administrators, parents, and athletes. This initiative provides information about preventing, recognizing, and responding to a concussion and includes fact sheets for coaches, athletes, and parents, and a clipboard, magnet, poster, and quiz.

Help Seniors Live Better, Longer Prevent Brain Injury initiativ

This initiative was developed for caregivers and children of older adults to rais their awareness of ways to prevent, recognize, and respond to fall-related TBI among adults ages 75 and older. As part of this initiative, CDC developed English- and Spanish language materials for older adults and their caregivers, including a brochure, booklet, fact sheet, magnet, posters, and e-cards

For more information and resources, including multiple fact sheets available on concussion and TBI, or to order additional materials free-of-charge, call CDC toll-free at 1-800-CDC-INFO (1-800-232-4636) or visit CDC's Injury Center on the Web at www.cdc.gov/TraumaticBrainInjury

A bump, blow, or jolt to the head can cause a concussion, a type of traumatic brain injury (TBI). Concussions can also occur from a fall or a blow to the body that causes the head to move rapidly back and forth.

Some symptoms of a concussion are:

- Headaches that won't go away
- Having more trouble than usual remembering things or concentrating
- Confusion about recent events
- Feeling tired all of the time
- Feeling sad or anxious
- Becoming easily irritated or angry for little or no reason

For more information about danger signs, tips for getting better, and where to go for help, look inside this booklet.

PARTICIPATING ORGANIZATIONS

American College of Emergency Physicians
Brain Injury Association of America
Children's National Medical Center
Emergency Nurses Association
Human Resources and Services Administration
Indian Health Service
National Academy of Neuropsychology
National Association of State Head Injury Administrators
North American Brain Injury Society
Special Olympics International

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

2010

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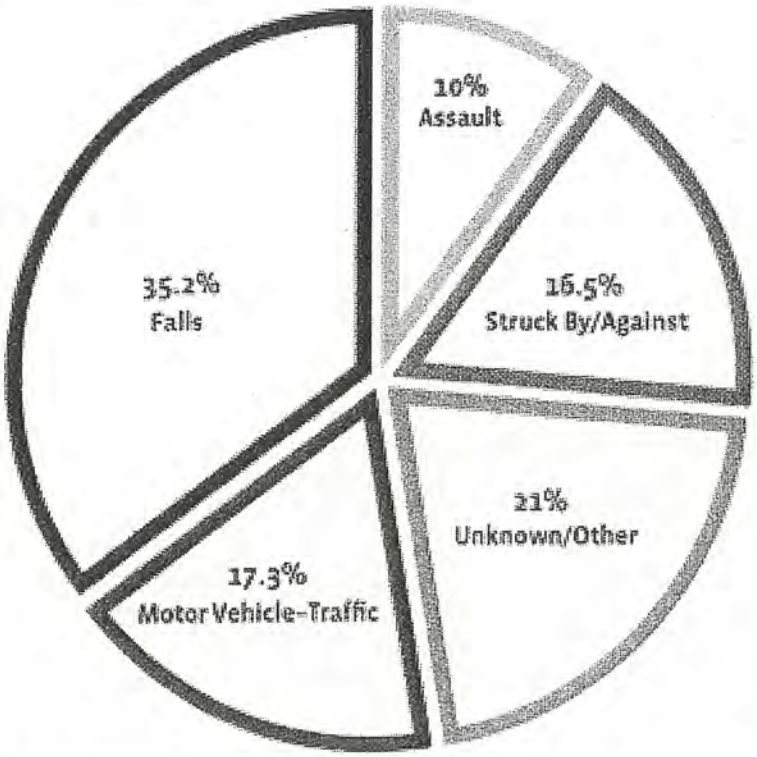
What are the Leading Causes of TBI?



The leading causes of TBI are:

- Falls (35.2%);
- Motor vehicle – traffic (17.3%);
- Struck by/against events (16.5%); and
- Assaults (10%).[1]

Falls[1]

- Falls continued to be the leading cause of TBI (35.2%) in the United States. Falls cause half (50%) of the TBIs among children aged 0 to 14 years and 61% of all TBIs among adults aged 65 years and older.

Motor Vehicle-Traffic Crashes[1]

- Among all age groups, motor vehicle crashes and traffic-related incidents were the second leading cause of TBI (17.3%) and resulted in the largest percentage of TBI-related deaths (31.8%).

Learn more about:

- Preventing older adult falls
  - General information (/HomeandRecreationalSafety/Falls/index.html)
  - Preventing fall-related TBIs among older adults (/traumaticbraininjury/seniors.html)
- Motor vehicle safety (/Motorvehiclesafety/index.html) and Advanced Automatic Collision Notification (/injuryresponse/aacn.html)
- Preventing sports-related TBI in children and teens (/concussion/sports/index.html)

Struck By/Against Events[1]

- Struck by/against events, which include colliding with a moving or stationary object, were the second leading cause of TBI among children aged 0 to 14 years, with 25%.

Assault[1]

- Assaults produced 10% of TBIs in the general population; they accounted for only 2.9% in children aged 0 to 14 years and 1% in adults aged 65 years old and older.

Who is at Risk?

- Approximately 18% of all TBI-related emergency department visits involved children aged 0 to 4 years.

- Approximately 22% of all TBI-related hospitalizations involved adults aged 75 years and older.
- Males are more often diagnosed with a TBI (59%).

Blasts are a leading cause of TBI for active duty military personnel in war zones.[2] CDC estimates of TBI do not include injuries seen at U.S. Department of Defense or U.S. Veterans Health Administration Hospitals. For more information about TBI in the military including an interactive website for service members, veterans, and families and caregivers, please visit: www.TraumaticBrainInjuryAtoZ.org. (http://www.TraumaticBrainInjuryAtoZ.org) (http://www.cdc.gov/Other/disclaimer.html)

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1. Faul M, Xu L, Wald MM, Coronado VG. Traumatic brain injury in the United States: emergency department visits, hospitalizations, and deaths. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2010
2. Champion HR, Holcomb JB, Young LA. Injuries from explosions. *Journal of Trauma* 2009;66(5):1468–1476.

Related Links

- *Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002 – 2006 (/traumaticbraininjury/tbi_ed.html)*

- *State Injury Indicators Report Fourth Edition—2005 Data* (http://apps.nccd.cdc.gov/DACH_SII/Resources/201699-A_InjuryIndicatorsReport_LowRes.pdf)

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Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC–INFO

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BRAIN TRAUMA FOUNDATION

FACTS ABOUT TRAUMATIC BRAIN INJURY

Traumatic Brain Injuries – From Concussion to Coma

Traumatic brain injury (TBI) occurs when a sudden trauma, often a blow or jolt to the head, causes damage to the brain. The severity of TBI can range from mild (a concussion) to severe (coma). A concussion may cause temporary confusion and headache and sometimes cause permanent cognitive changes while a severe TBI can be fatal. Levels of brain trauma are characterized by the following:

Mild (Concussion): A person with a mild TBI (awake), which is also called a concussion, may remain conscious or may experience a loss of consciousness for a few seconds or minutes or perhaps not at all. Typical symptoms and cognitive problems can include confusion, memory and attention difficulties, headache and behavioral problems.

Moderate: A person with a moderate TBI is often lethargic with their eyes open to stimulation and may lose consciousness for 20 minutes to six hours. He/she may experience some brain swelling or bleeding causing sleepiness, but is still able to be aroused.

Severe (Coma): A person with a severe TBI is typically in a coma state for more than six hours.

A TBI does not include a stroke, an infection in the brain or a brain tumor.

Causes of all TBIs[1] (Mild, Moderate and Severe)

According to the Center for Disease Control and Prevention (CDC), the leading causes of TBI are:

- Falls (35.2%)
- Motor vehicle-Traffic (17.3%)
- Struck By/Against Events (16.5%)
- Assault (10%)
- Unknown/Other (21%)

Prevalence and Impact of all TBIs (Mild, Moderate and Severe)

- TBI is a leading cause of death and disability in children and young adults in the U.S. [5]
- It is estimated that 1.7 million head injuries occur every year in the U.S.[1]
- At least 5.3 million Americans currently live with disabilities resulting from TBI.[3]
- Every year, approximately 52,000 deaths occur from traumatic brain injury.[1]
- Males are about 1.5 times as likely as females to sustain a TBI. [6]
- At least 75% of TBIs that occur each year in the U.S. are concussions.[4]

Tips for Preventing all TBIs (Mild, Moderate and Severe)

- Always wear a seat belt in a motor vehicle- even in the back seat
- Use an appropriate child safety seat or a booster
- Never drive under the influence of alcohol or drugs
- Always wear a helmet when on a bicycle, motorcycle, scooter, snowmobile and other open unrestrained vehicles
- Wear a helmet when participating in contact sports, skiing, snowboarding, skating, skateboarding and horseback riding
- Use the rails on stairways
- Provide adequate lighting, especially on stairs for people with poor vision or who have difficulty walking
- Place bars on windows to prevent children from falling
- Sit on safe stools
- Do not place obstacles in walking pathways

Concussion Diagnosis & Treatment

Concussion is generally diagnosed after a series of cognitive and neurological evaluations to assess alertness, attention, speech, memory and reaction times. Physicians may also use brain imaging assessments such as CAT scan and MRI.

A concussion can usually be treated with rest and continued observation. Approximately 80% of patients have resolution of their concussion symptoms within three months.

Coma Diagnosis & Treatment

A patient is typically considered comatose when they do not open their eyes and do not respond to stimulation. They should be transported by an ambulance and brought to a major trauma center that follows the BTF Guidelines.

Treatment for a coma includes:

- **Initial Treatment** – Treatment begins as soon as the patient is in the ambulance and in the Emergency room and includes resuscitation, stabilization and

supportive care. ABC principles are followed from the moment of the TBI- Airway, Breathing and Circulation.

- **Acute Treatment** – The goals are to reduce secondary brain injury and include medical ventilation, brain pressure monitoring and treatment to maintain oxygen and blood flow to the brain.

- **Surgical Treatment** –Surgery is needed in some cases to evacuate blood clots or to decompress the brain.

Brain Trauma Foundation's Coma Treatment Guidelines for Medical Professionals

In the past, healthcare professionals have had difficulty in assessing the effectiveness of various diagnostic and treatment options for TBI patients in coma. To meet this critical need, BTF developed scientific evidence-based guidelines.

These guidelines give medical personnel the ability to develop effective protocols that can improve the survival and outcomes of coma patients. As a result, a recent analysis conducted by the Centers for Disease Control and Prevention (CDC) found that if they were used more routinely, **there would be a 50% decrease in deaths, improved quality of life and a savings of $3.8 billion a year in U.S. costs.**[2]

More Information on all TBIs

For more information on brain trauma, please contact the Brain Trauma Foundation at 212-772-0608 or visit their website at www.braintrauma.org.

1. M, Xu L, Wald MM, Coronado VG, Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths 2002–2006. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2010.

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5. http://www.cdc.gov/traumaticbraininjury/tbi_report_to_congress.html

6. Langlois JA, Rutland-Brown W, Thomas KE. Traumatic brain injury in the United States: emergency department visits, hospitalizations, and deaths. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2006.

A Guide for Family and Friends

Discharge from the Hospital

Prior to discharge...

- Ask that copies of the injured person's **records** and **test reports** be sent to your family doctor or clinic.

- Ask for a set of these records and reports for **yourself** in case you need to refer to them in the future when seeking services.

- Make sure you understand verbal and written **instructions for medications and ongoing care**.

- Are there any restrictions or precautions?

  - Is there a special diet the person should be on?
  - Are there things to be avoided such as alcohol, smoking?
  - What supports or treatment to the injured areas should you provide?
  - Does the person need to avoid bending, lifting, sports, exercise, or other strenuous activities; for how long?
  - Ask what kinds of activities are safe at home or in the community (such as driving, operating equipment/tools, working, travel)? Remember: avoid further injury by wearing a safety belt in the vehicle, any appropriate headwear and use overall caution.

- Ask for informational materials or handouts.

- Ask the doctor if there are any **signs/symptoms** in the next two weeks you should watch for and if observed should you call the doctor or go to the emergency room?

- Determine whether the person needs to be seen by their **primary physician or clinic** and how soon for any new current problems.

- Ask what **specialty professional services** will be needed, for what reasons and the potential benefits.

- Schedule **follow-up appointments for tests and services** in your community before leaving the hospital or trauma center.

- Discuss with the hospital's case manager or social worker, the patient's **progress and potential needs** and identify any other **supports and services** that may be available after discharge.

- Determine which ones the person may be eligible for, inquire and apply immediately. Ask for additional information and resources.

- **If a child is injured**, inform the teacher/school about the injury and any changes in the student.

  - Based on information from your doctor, inform the teacher whether it will take a few weeks for usual functioning and behavior to return or whether it will take longer.
  - For serious brain injuries, you should consider asking if a DOE TBI Consultation Team can be involved. Upon the return of the child to school, ask the teacher to report any problems.

Discharge to...

There are several types of nursing facilities.

- **Skilled (Nursing) Care**: extensive nursing care and daily therapy.

- **Acute rehabilitation**: an inpatient program of intense therapy in a hospital. The patient actively participates in several hours of therapy per day (i.e. physical, occupational, speech-language, cognitive, hearing and activity therapies). Some rehabilitation facilities may come to the hospital to see the patient and their medical record before they decide to accept the patient. If accepted, the date for transfer or discharge is set.

- **Intermediate care** provides less extensive nursing care and therapy than skilled nursing; and more extensive nursing care than residential or home care. Such intermediate care facilities exist only in some communities in Hawaii.

- **Residential care** is for those who are fairly independent and not in need of routine nursing care or therapies.

- There are also **assistive living** alternatives to consider such as adult residential care homes (ARCHs) or Extended ARCHs for those needing some supervision, care and assistance with daily living activities.

Discharge to Home...

If the patient goes home, they may still need therapy or other care. Some of the options are:

- **Outpatient therapy**: provided at hospitals, clinics, offices and some nursing homes. The patient needs to be transported to and from home. Outpatient physical therapy will help build up strength and endurance in training sessions several times a week. Others such as occupational therapy, speech-language therapy, physical therapy, cognitive therapy or auditory training may be needed.

- **Home health care** service programs are also available. Some of the services they offer include in-home nursing care, homemaker and health aides, meals-on-wheels, adult day care, home therapy visits, medical equipment rental/purchase, and transportation.

Making Choices...

- The physician and health care team will make recommendations at discharge about the kind of care the patient will need after discharge. Then the patient and family will choose the agency or individual that is to provide the services.

- Choices might likely be based on insurance coverage, location, the patient's prognosis (potential of

recovery), and the patient's or family's feelings about the services provided and the availability.

Insurance Coverage...

- How are your medical expenses being paid? Below are some of the types of insurance policies covering medical care:
  - Motor vehicle insurance
  - Personal injury insurance
  - Health plan
  - Worker's Compensation or Temporary Disability Insurance
  - Personal medical insurance plan
  - Company disability plan
  - Long-term care
  - Other?

- Inquire if the hospital case manager or social worker is familiar with the individual's insurance policy(s) or plan(s), or call the respective insurance company representative. If your injured family member is employed by a company that has a personnel officer, you can also make inquires with that person as well.

- Having found out what insurance policy will be providing immediate medical care coverage, are there any out-of-pocket expenses that will need to be paid by the individual or a family member?

- If the discharge plan indicates a severe injury, slow recovery and need for extensive specialized therapeutic services, find out the limits of the current insurance coverage and what other insurance policies/plans the individual has which would cover additional treatments, staffing or medical supplies. Contact the respective insurance company representative for detailed information.

Hawaii's Living Wills; Advance Directives...

- On being admitted into most island hospitals or a trauma center, admissions staff will inquire if the individual has made a living will or an advance directive. According to Hawaii State Law, the individual has the right to make their own health care

decisions. This instruction may be oral or written. The instruction may be limited to take effect only if a specified condition arises.

- Hawaii's Chapter 327E of the Hawaii Revised Statutes contains "Uniform Health-Care Decisions Act" with information on the Advance Directive or is available at website: http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch321-344/hrs327e/

- A copy of Hawaii's Advance Directive is available through the State's Executive Office on Aging or their website at http://www4.hawaii.gov/eoa/information/other/eol/advancedir.html.

Guardianship in Hawaii...

- "Guardianship is a legal means of protecting children and incompetent adults who cannot take care of themselves, make decisions that are in their own interest, or handle their assets."

- "Whether to seek appointment of a guardian is a complicated question. A petition for guardianship should not be filed simply because a child has reached the age of eighteen. Parents, or other potential guardians, should carefully consider the disabled person's individual circumstances, including strengths and weaknesses, needs and best interests, before beginning a competency proceeding. If the person is disabled but capable of making some but not all decisions, one or more of the alternatives to guardianship...should be considered, including a modified or special guardianship."

- Spain, Spain & Varnet, P.C.

Family Finances...

- Make sure you have **adequate finances** to cover expenses in the next few weeks and beyond.

- Determine what kinds of **income, benefits and resources** will be available.

- Are there **loans or bills** that need to be paid in the next few weeks?
- Are there **legal matters** that need to be addressed?

A Guide for Family and Friends

What You Should Pay Attention To...

- **To help you organize your thoughts,** you are welcome to use the **NOTEPAD** on the reverse side.

- **Get whatever information** about the injury you can so you will know what to expect and how you can help. This is an ongoing process even after leaving the hospital, because as more things are discovered about the injury, your efforts to educate yourself also continues.

- **You should plan to research what this injury is about when you have time.** This packet should help you get started. You can ask your doctor what you should look up or be informed about.

- **Be patient.** There is a great deal that won't be known right away. It takes time for the extent of the injury to be understood as the healing process continues.

- **If you are on medications,** remember to take them as prescribed by your physician.

- **Take care of yourself.** You are under a lot of stress. Get adequate rest, eat healthy and ask for help from others who can support you, such as family, friends, your religious or spiritual group or neighbors. By taking care of yourself, you are in a better position to support your loved one and better state of mind to make decisions as they come along.

- **Creating a phone tree** - being flooded by calls is something most families want to avoid so they may designate one person whom others (friends, outsiders, etc.) can call to make inquires.

- **Rotating visitors** - depending on your family situation, some families rotate visits among themselves to take the stress and strain off one particular member or to afford each member and their respective families private time with the patient.

YOUR NOTEPAD

Date:

Things I need to do for the Injured Person	Things I Need to Do for Myself
Things I need to ask about or check on: Doctor/Nurse? Case Manager/Social Worker? Insurance company representative? Contact work place or school? Family Member or Friend?	Things I need to check on or take care of: Any medical records or documents you need to bring from home? Any unfinished business at work? Request for vacation time? Any unfinished matters at home? Are all appliances and the stove turned off? Any bills that need to be paid? Any appointments, pick-ups or meetings that need to be cancelled or changed?
Things I need to do for injured person now:	Things I need to do for myself now: Drink fluids/eat? Take medications? Contact doctor/friend/family member/lawyer?
Things I need to do as soon as possible:	Things I need to do for myself, as soon as possible: Get rest? Eat regularly. Change of Clothing?
Things I need to do, but are not urgent:	Things I need to do for myself, but are not urgent:
Deadlines to keep in mind:	Deadlines to keep in mind:

Characteristics of Brain Injury

Each individual is unique and so is each brain injury. The impairment may be temporary or permanent. You can use this as a checklist to identify problem areas at the time of initial injury as well as to monitor changes that may occur over time.

Physical:

- ☐ Altered speech/trouble speaking or swallowing, slurred speech
- ☐ Paralysis
- ☐ Poor vision
- ☐ Seizure/convulsions
- ☐ Muscle spasms
- ☐ Reduced endurance/fatigue/tire easily
- ☐ Repeated vomiting
- ☐ Severe headaches or headaches that get worse with emotional stress or physical activity
- ☐ Loss of consciousness/unconsciousness
- ☐ Weakness/loss of muscle strength in one or both sides of the body
- ☐ Prolonged or high fever
- ☐ New or increased neck pain or stiffness
- ☐ Trouble sleeping, abnormal sleepiness or difficulty waking up
- ☐ Irregular or labored breathing
- ☐ Fainting, persistent dizziness, light-headedness
- ☐ Unsteadiness, lack of coordination or balance, or trouble walking
- ☐ Spasticity (jerking) of arms or legs
- ☐ Easy intoxication with alcohol
- ☐ Difficulty with daily activities or returning to work
- ☐ Changes in taste, smell or touch
- ☐ Ringing or roaring in ears
- ☐ Bothered by noise
- ☐ Loss of hearing
- ☐ Blurred, double, or loss of vision
- ☐ Bothered by light
- ☐ Unusual/abnormal eye movement
- ☐ Unequal size pupils (one large, one small)

Cognitive Impairments

- ☐ Trouble paying attention or concentrating, easily distracted
- ☐ Altered perception
- ☐ Difficulty planning, organizing and carrying out goal-directed activity
- ☐ Impaired communication skills/trouble understanding what is said, read or communicated
- ☐ Difficulty with reading, spelling, calculations, writing
- ☐ Decreased short term memory
- ☐ Decreased long term memory
- ☐ Decreased judgment/trouble making decisions
- ☐ Difficulty sequencing/unable to do tasks in order
- ☐ Difficulty remembering and learning new things
- ☐ Disorientation/unable to tell what day it is, where they are, or what happened to them
- ☐ Decreased problem solving skills/unable to grasp complexity of issues or ideas
- ☐ Decreased personal safety skills
- ☐ Mental confusion (forgetfulness, abnormal conversation)
- ☐ Reacts and thinks slowly
- ☐ Trouble answering simple questions
- ☐ Not aware of own physical, thinking or behavioral problems
- ☐ Not knowing family and friends

Behavioral/Emotional Changes

- ☐ Heightened fatigue
- ☐ Quick to lose temper/argumentative/anger control problems
- ☐ Low self esteem
- ☐ Increased restlessness or agitation/feelings of tenseness and nervousness
- ☐ Irritable, anxious, overreacting to situations, or other emotional changes
- ☐ Increased mood swings
- ☐ Excessive emotions/impulsiveness, lack of self control
- ☐ Depressed, sad or lonely
- ☐ Sexual dysfunction/reduced sex drive
- ☐ Lack of motivation or interest
- ☐ Inability to cope/decreased emotional control
- ☐ Self-centeredness
- ☐ Inappropriate behavior, loss of inhibitions
- ☐ Increased frustration
- ☐ Difficulty relating to others/problems with relationships

- ☐ Change in behavior, personality or self image
- ☐ Accident prone
- ☐ Poor self-management, social skills
- ☐ Over-dependent, fearful
- ☐ Denial of functional limitations

General

- ☐ Unable to find work for function in work environment
- ☐ Unable to function in school environment
- ☐ Difficulty performing self-care and activities of daily living

Additional Signs to Watch for in Children

- ☐ High pitched crying in infants
- ☐ Fussiness or irritability
- ☐ Changes in behavior that are not developmentally related
- ☐ Fearful
- ☐ Problems such as seizure disorder, delays in development, learning disability, hyperactivity, and/or behavior problems
- ☐ Difficulty with sibling/peer relationships
- ☐ Diminished school performance

Adopted from brain injury materials from Oklahoma and Michigan

Communication Tips

After leaving the hospital, the person with a traumatic brain injury or stroke may have some difficulties with talking, understanding, remembering and thinking.

Some of the tips below may be helpful as you attempt to interact and communicate with the person:

- Avoid over-stimulation.
- Talk slowly.
- Give the person time to respond; if there is no immediate response, try again later. Do not coerce pressure the person to answer.
- Speak in short sentences. Do not lecture.
- Do not make unreasonable demands. Do not blame.
- When the person begins talking, follow their lead and join in. Having him or her self-direct the conversation can be therapeutic and informative.
- Change the subject of conversation at times to make it interesting or less stressful.
- If the person has difficulty following a conversation, consult with a speech-language pathologist to see if putting things in writing or using pictures as "aids" may be helpful at some point.
- Some other ideas are notepads, bulletin boards, posters, displays to create daily schedules, mini-schedules, calendars, choice boards and menus, people locators, ways of saying "no", and transition/travel helpers messages.*

- Support the person in making choices; for example, suggest things, "Would you like to.....now?"

- Follow-up to ensure the person takes the appropriate next steps. Do this in a helpful, friendly manner rather than being 'bossy'.

- Do not "over-correct". If they slur their words, mispronounce sounds or use the wrong words sometimes, it is understandable. Talk to a speech-language pathologist about any issues you may have.

- Have patience. Be tolerant.

- Stay calm. Although it is reasonable to assume you could get overly excited or upset if the individual's safety or health were in jeopardy.

- Repeat your information or message. If possible say it in a different manner where it would help the person understand it better.

- Try to communicate about day-to-day occurrences and experiences. Speak of concrete subject matters rather than abstract, complex thoughts or concepts that tend to confuse or are too difficult to understand.

- Take time to listen. Communication is how we connect with the world around us. There may be times when the person repeatedly talks about the same subject matter. Be patient. They may be confused or showing that they very concerned about that subject matter.

- Remember a part of the brain has been damaged and the person is probably having difficulty expressing him or herself other than in this manner for now.

* - "Visual Strategies For Improving Communication, Vol. 1: Practical Supports for School and Home" a book written by Linda A. Hodgdon, M.Ed., CCC-SLP, (810) 879-2598, Fax: (810) 879-2599.

A Guide for Family and Friends

Coping with Trauma*

COMMON RESPONSES

Most people involved in a traumatic incident experience some kind of emotional reaction. Although each person's experience is different, there are a number of common responses that are experienced by the majority of those involved. It is reassuring to know that, even though these feelings may be very unpleasant, they are normal reactions in a normal person to an abnormal event. You are not losing your mind or going crazy if you have these feelings. It is often difficult for those who were not involved to understand what the survivor is going through; you may wish to show this handout to friends and relatives, and perhaps discuss your reactions with them. Outlined below are some of the normal reactions to trauma:

EMOTIONAL

Shock:

- disbelief at what happened
- feeling numb, as if things are unreal
- feeling isolated from or different from other people

Fear:

- of a recurrence
- for the safety of oneself or one's family
- apparently unrelated fears
- anxiety

Anger:

- at who caused it or "allowed it to happen"
- at the injustice and senselessness of it all
- "scapegoating" and frustration with bureaucracy
- generalized anger and irritability
- over sensitivity
- violent fantasies

Sadness:

- about the losses, both human and material
- about the loss of feelings of safety and security
- feeling depressed for no reason
- helplessness

Shame:

- for having appeared helpless or emotional
- for not behaving as you would have liked

PHYSICAL

Sleep:

- change in sleep patterns
- difficulty getting to sleep because of intrusive thoughts
- restless and disturbed sleep or nightmares
- dreams and nightmares about what happened
- unpleasant dreams of other frightening things

Physical problems:

- easily startled by noises
- hyperactivity or hypo(under)activity
- fatigue/exhaustion
- general agitation and muscle tension
- palpitations, trembling or seating
- breathing difficulties
- headaches or general aches and pains
- nausea, diarrhea or constipation
- health problems (e.g. change in appetite, headaches, digestive problems)

THINKING

Memories:

- frequent thoughts or images of the incident
- thoughts or images of other frightening events
- flashbacks or feelings of "reliving" the experience

- attempts to shut out the painful memories
- pictures of what happened jumping into your head
- inability to attach importance to anything other than this incident

Confusion:

- difficulty making simple decisions
- inability to concentrate and memory problems
- difficulty solving problems

BEHAVIOUR

Social:

- withdrawal from others and need to be alone
- easily irritated by other people
- loss of interest in normal activities and hobbies

Work:

- not wanting to go to work, poor motivation
- poor concentration and attention

Habits:

- increased use of alcohol, cigarettes or other drugs
- loss of appetite or increased eating
- loss of interest in enjoyable activities
- loss of sexual potency or desire/increased desire for sex

The signs and symptoms described above are common and natural reactions to a life threatening experience. People react differently to the experience of being involved in a traumatic incident. Some react immediately, some after a time, some intensely, some hardly at all. Most reactions are part of the normal process of recovery and help the person adapt to the trauma. They can, however, be very unpleasant for those affected and for their families.

Usually symptoms will diminish over a period of a few weeks, although some may last for months or even years, especially if the experience was particularly frightening. You may also find

that the feelings get worse when you are reminded of the event or when you discuss your experiences with other people. Try not to let that stop you from talking about it in the long term. Sharing your experiences and feelings with others will help.

Some people benefit from extra help in overcoming the effects of a traumatic experience. Do not be afraid to get help if you think you need it; it is not a sign of weakness or an indication that you are losing your mind. Often, the help you receive will be short and simple, and will prevent you from having longer term problems. You may need further assistance if:

- The problems described above are particularly severe, or if they continue for more than five or six weeks.
- You feel numb or empty and do not have appropriate feelings; you may find yourself keeping busy all the time in order to avoid the unpleasant thoughts and feelings.
- You have no friends or family to whom you can talk about the experience and how you feel.
- You are using alcohol or drugs to help you cope.
- If you have any other concerns about the way you or your family are coping and you would like to discuss the matter.
- If you are concerned about your reactions, or are unsure about anything and would like professional assistance contact your physician for advice.

ADJUSTING TO THE EXPERIENCE

Some of the following ideas may help you in coming to terms with the experience and in alleviating some of the emotional pain associated with your experience.

GENERAL PRINCIPLES:

- Recognize that you have been through a highly stressful experience and acknowledge that you will have a psychological reaction to it. Excessive denial, or refusal to accept your feelings may delay the recovery process.
- Seek out other peoples' practical and emotional support. Talk about your feelings to others who will understand, particularly those who have had a similar experience.
- Going over the event and confronting the reality bit by bit rather than avoiding any reminders will help you to come to terms with the experience. As you allow the trauma more into your mind you may find you need to think about it and

to talk about it. Talk is the most healing medicine. It is best not to bottle up your feelings but to express them.

- Following a trauma, we are more vulnerable to accidents and physical illness. It is important to look after yourself and be more careful than usual, for example when driving. It is worth noting that you may feel unmotivated and apathetic, if so try to push yourself to do some of the things on the list below. They will help to re-motivate you and assist the recovery process.

HELPFUL HINTS FOR YOURSELF - Things to try:

PHYSICAL

- Get plenty of rest, even if you can't sleep and eat regular and well-balanced meals.
- Regular exercise (like walking, cycling and jogging) is good for reducing the physical effects of stress and trauma.
- Reduce your use of stimulants such as tea, coffee, chocolate, cola and cigarettes. Your body is already "hyped up" and these substances only increase your level of arousal.
- Do not try to numb the pain with drugs or alcohol; this will lead to more problems in the long term.
- Make time for relaxation. You may wish to learn a technique such as deep muscle relaxation, meditation, yoga or breathing exercises.

EMOTIONAL

- Accept yourself. Recognize you have been through a highly stressful experience. A lack of acceptance of your feelings or denial may delay your recovery process. You're normal and having natural reactions - don't label yourself crazy.
- Give yourself permission to feel rotten and share your feelings with others.

BEHAVIOURAL

- Structure your time - keep reasonably busy. Try to resume a normal routine as quickly as possible, but take it easy; do not throw yourself into activities or work in an attempt to avoid the unpleasant feelings and memories.
- Sometimes you will want to be alone, but do not become too isolated. Contact friends and, if necessary, have someone stay with you for a few hours each day.

- Do things you enjoy and be nice to yourself. Schedule at least one pleasurable activity each day.
- You may wish to help out others who have been through similar situations; your support and understanding may be very important to them.
- Don't make any major life decisions (such as "moving house" or changing jobs) in the period following the trauma. Equally, do make as many smaller, daily decisions as possible (eg., what you want to eat or what film you'd like to see). This will help to re-establish a feeling of control over your life (ie., if someone asks you what you want to eat answer them even if you're not sure).

THOUGHTS

- Recurring thoughts, dreams and flashbacks are normal. Don't try to fight them. They will decrease in time.
- Talk to people who care about you about the incident, and how you are feeling. Even though this process is painful it is the best way of coming to terms with your experience.
- Some people find that keeping a journal or diary is very helpful. When you can't talk to others about how you feel, writing it down is almost as good. Keeping a journal can help you write your way through those sleepless hours.
- Remember you are having normal reactions; don't label yourself as crazy.

ACCEPT SUPPORT

- It can be a relief to receive other peoples' physical and emotional support. Sharing with others who have had a similar experience also helps.
- You might find that strains in relationships appear or that new friends and group bonds develop. The good feelings in your life might be replaced by conflict. You might feel that too little or the wrong support is being offered or that you cannot give as much as is expected. If you are managing well that is great. But if you are having a hard time, try to be patient with yourself.
- If you are concerned about your reactions, or are unsure about anything and would like professional assistance contact your doctor, or a counselor.

FOR YOUR FAMILY AND FRIENDS

- When someone close to you has been through a traumatic incident it can be very difficult to know what to do. You might find that you too experience some of the reactions mentioned in this handout or you might find the experience doesn't affect you at all.

HELPFUL HINTS FOR FAMILY MEMBERS AND FRIENDS:

- Spend time with the traumatized person and reassure them that they are safe.
- Offer support and a listening ear even if they have not asked for help.
- Help them with everyday tasks like cooking and caring for the children.
- Don't take it personally if they want to be alone sometimes. Don't take their anger or other feelings personally; they are part of the normal response to trauma.
- Don't tell them that they are "lucky it wasn't worse", or that they should "forget it and pull themselves together". Traumatized people are not consoled by such statements. Instead, tell them that you are sorry the event occurred and that you want to understand and assist them.
- After a trauma, people can come out wiser and stronger. Their experiences may help them to cope better with the stresses of everyday life. It can also be a turning point when they re-evaluate their life and appreciate little things that are often overlooked. Try to identify the positive aspects for themselves and yourselves.
- It might help you to know that:
  - People react differently to the experience of being involved in a traumatic incident. Some react immediately, some after a time, some intensely, some hardly at all.
  - A lot of people are left feeling very vulnerable and helpless. This is scary for them and can be scary for you.
  - Some might feel tense and appear snappy and angry for some time after the incident and you might need to be patient with them.
  - Most can benefit from being able to talk about the experience to someone who cares. So you can help by listening. It can be difficult to listen to someone else's distress. If you don't feel you can handle it, say so gently and perhaps support the other person in finding someone else to talk to.

- Many people just need extra understanding and comfort and someone to just be there. You might feel there is nothing you can do. Being there is doing a lot
- It is not a good idea to play down the incident even though it might seem like a minor event to you.
- It is not helpful to urge the person to just "forget about it" and "put it out of their mind" or "pretend it didn't happen". However small an event it might appear to you, the experience can be very stressful and frightening.
- Ask them how you can be most helpful to them.
- Responses to a traumatic event are normal responses to an abnormal event though these can be intense and stressful at times.
- It takes time to heal, accept and readjust.

RESEARCH AND LITERATURE shows that people who have experienced a traumatic event do recover more quickly and easily when they have the support of family, friends and workmates. People who have experienced a traumatic incident recover more easily when they have someone who can understand all the responses. Sometimes connections with earlier experiences need to be made and understood.

ACKNOWLEDGMENTS
This handout was compiled from material obtained from Dr. Mark Creamer, of the University of Melbourne, and Steve Rayner, Psychologist, Navy.

*The University Counseling Service

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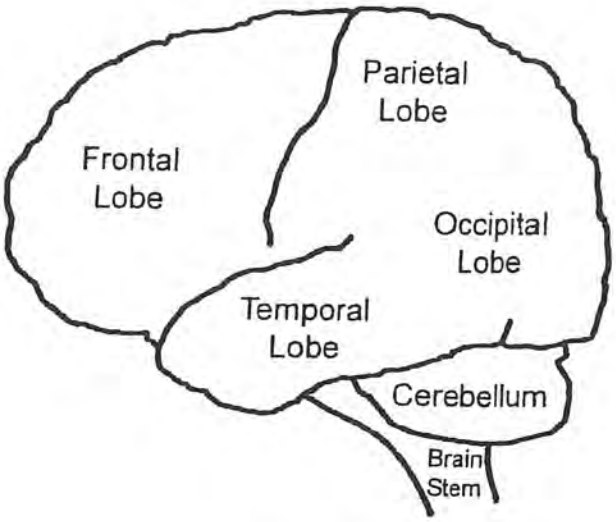
Simplified Brain Behavior Relationships

Frontal Lobe

- Initiation
- Problem-solving
- Judgement
- Inhibition of behavior
- Planning/anticipation
- Self-monitoring
- Motor planning
- Personality/emotions
- Awareness of abilities/limitations
- Organization
- Attention/concentration
- Mental flexibility
- Speaking (expressive language)



Parietal Lobe

- Sense of touch
- Differentiation: size, shape, color
- Spatial perception
- Visual perception

Occipital Lobe

- Vision

Cerebellum

- Balance
- Coordination
- Skilled motor activity

Temporal Lobe

- Memory
- Hearing
- Understanding language (receptive language)
- Organization and sequencing

Brain Stem

- Breathing
- Heart rate
- Arousal/consciousness
- Sleep/wake functions
- Attention/concentration

General Patterns of Dysfunction by Location of Injury

Right Side of Brain

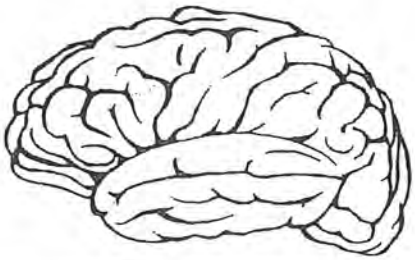
- Impairments in visual-spatial perception
- Left-neglect, or inattention to the left side of space or body
- Decreased awareness of deficits
- Altered creativity and music perception
- Loss of the gestalt, or "big picture"
- Visual memory deficits
- Decreased control over left-sided movements

Left Side of Brain

- Difficulties in understanding language (receptive language)
- Difficulties in speaking or verbal output (expressive language)
- Catastrophic reactions (depression, anxiety)
- Verbal memory deficits
- Decreased control over right–sided movements
- Impaired logic
- Sequencing difficulties

Diffuse Injury

- Reduced thinking speed
- Increased confusion
- Reduced attention and concentration
- Increased fatigue
- Impaired cognitive functions across all lobes



Brain Injury Association of Hawaii
ATTITUDES

1. Do not overwhelm the patient with false optimism or empty words such as "you'll be alright...you'll be back to work in no time."

2. Do not compare his or her speech, language or physical abilities prior to his or her present condition. Look ahead, not back and help the person to do the same.

3. Be generous with approval of appropriate behavior. Immediate feedback and reinforcement are very necessary.

4. Don't laugh at him/her.
   - Laugh with the person when it is appropriate.
   - Disregard laughter when a situation is not funny by not laughing or ignore it.
   - Often the person is not able to know what is really humorous.

5. A person may laugh or cry easily. He may be embarrassed by his uncontrolled behavior. Suggest another activity until he calms down.

6. The person may perform inconsistently.
   - Don't scold, tease or reprimand her when she cannot perform a certain task although you may have seen her do it previously.
   - This can be discouraging and might cause the person to lose interest or stop making an effort.

7. The person may not be able to control bowel or bladder functions. DON"T scold for this.

8. Avoid making him feel guilty or like a baby for mistakes and accidents such as spilling something.

9. Remember no 2 person's head injuries are the same so avoid making comparisons.

10. Do NOT argue with the person. This is exhausting to him or her and may increase anger and resentment.

11. Create an air of relaxation by your mannerisms, patience and an attitude of acceptance. Avoid saying direct expressions like "relax!"

12. Do NOT rely on what the person with the head injury says he can do. Be sure that what he does is done safely. Check with his therapist.

WORKSHEET FOR TRAUMATIC BRAIN INJURY

(Category 18)

___ Eligibility Criterion: Evidence of Traumatic Brain Injury

___There is medical evidence that the student has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment.

The traumatic brain injury is either an open or close head injury, resulting in impairment in one or more of the following areas such as:

___ Cognitive
___ Memory
___ Reasoning
___ Judgment
___ Sensory, perceptual & motor abilities
___ Information Processing
___ Psychosocial Behavior
___ Language
___ Attention
___ Abstract Thinking
___ Problem Solving
___ Speech
___ Physical Function

The student may not be identified as having a traumatic brain injury if the brain injury is congenital or degenerative or induced by birth trauma (note: also excludes strokes).

___ Eligibility Criteria: Essential Conditions and Need for Special Education
(All must be met)

___ A. Information was gathered from a variety of sources.

___ B. The student's special education eligibility is not due to a lack of instruction in reading or math, or to limited English Proficiency.

___ C. The student's disability adversely affects his/her educational performance.

___ D. The student needs special education and related services because of the above disability.

A Guide for People Who Care

Preparing Emotionally for Caregiving*

IDENTIFYING FEEELINGS

One feeling not often understood is **GRIEF**. Most people think of grief as the feelings experienced when a loved one dies. But grief is a natural response to any loss and should be expected when a loved one becomes ill or disabled.

Other feelings commonly shared by caregivers include the following:

LONELINESS: It is not unusual to feel isolated and lonely as a caregiver. The illness of the person being cared for may require constant care and supervision, and the caregiver may choose or feel obligated to provide the needed support. The elder's illness may also change the way he/she relates to the caregiver. To lose a friend, a lover, and a confidante, is a significant loss and may leave the caregiver feeling alone and lonely.

ANGER: Some caregivers have difficulty accepting their angry feeling. But anger should be expected. It is upsetting to have a relationship changed or to have your personal time and lifestyle altered.

INADEQUACY: As a caregiver, you may feel inadequate when you feel you have not met your own or your parent's or spouse's expectations in providing good care. This feeling may also occur if you feel helpless and out of control. It is difficult to see to the elder's daily pain and suffering and not be able to relieve it.

EXHAUSTION: It can be physically and mentally demanding to provide ongoing care for another person. As a caregiver, you should expect to feel exhausted, especially if you are not in good health.

These are only a few examples of the many feelings that you as a caregiver may experience. It is important to be able to identify and deal with your feelings rather than deny or feel guilty about them. It is also important to recognize that there

are other demands on your time and energy. Family, work, and social responsibilities place additional pressures on an already stressful situation. If you are to maintain your physical and emotional well being, you must balance your caregiving responsibilities with these other demands and utilize available resources.

PREPARATION FOR CAREGIVING

What steps can you as a caregiver take to care for yourself as well as the elder for whom you are providing care?

1. Get to know the elderly persons who will be under your care while they are still healthy and independent. Share your concerns and have them express their feeling about growing old. Do a lot of taking and sharing together. Have fun with them. Let them know you have a sense of humor and that you can take things in stride just as you know they can.

2. Find out what arrangements they have made about their future; help them plan. If ever there is a time in one's life to be frank and honest with one another, this is the time. If they would rather confide in a best friend, that is okay but work together toward a care plan that is agreeable to all.

3. Perhaps more important that anything else is helping the elder remain as independent as possible. They should carry out their normal activities, participate in the community, and keep in touch with their friends. It is important also to realize that many elders like to be near their children but want to live by themselves so they can be on their own and do as they wish.

4. Equally important is that the caregiver seek help. You should not feel that you have to do it all by yourself or that the older person will be upset if some one else provides the care. To exhaust yourself by doing it alone can mean burnout, stress, and depression, resulting in more harm that good for yourself and the other persons.

RESOURCES

What are some of the resources available to help caregivers?

1. **Support groups** meet on regular basis to provide mutual support for persons with similar concerns. Some of the ways they are helpful are that they allow for an open and frank discussion with people who have a good understanding of your situation, and they provide an opportunity to exchange ideas and discuss practical solutions.

   Many of these support groups deal with specific conditions such as Alzheimer's or Parkinson's. The State Executive Office on Aging or an Area Agency on Aging can assist in referring you to an appropriate group.

2. A number of **educational programs** are now being provided for caregivers and their families to learn about the aging process and for the elderly to cope with the change. These programs help to bring caregivers together, allowing them not only to absorb a great deal of information about the elderly but also to share with one another their concerns, problems, resources, and helping programs.

   It would be worthwhile to call the State Executive Office on Aging or your Area Agency on Aging to find out about such programs.

3. You may want the help of a **counselor** to relieve some of the stress and distress that you may experience as you take on the important and difficult job of caregiver. To care for a parent or spouse—a person you remember even until yesterday as being so competent, so able, so always in charge, can turn your world upside down because you are seeing a different person, someone who is now dependent upon others for his or her well being.

   A trained counselor can provide an objective understanding of your situation and help your break down your problems into manageable parts that can be worked on one at a time.

4. Your **family and friends** can provide an important source of support. You can discuss your feelings about the changes in the older person and work out solutions together. Good friends are helpful to confide in if they can be understanding as well as objective.

5. You should also become knowledgeable about various **organizations and community programs** for the elderly person. Some of these programs are:

ADVOCACY ORGANIZATIONS:
The American Association of Retired Persons (AARP) and Gray Panthers, are advocacy organizations concerned about the problems and needs of the elderly population.

INFORMAL NETWORKS: Many elders don't like to join formal organizations but have their own informal groups such as a crafts group or card-playing group with whom they interact frequently and mutually support each other.

CHURCHES: Church groups serve as a major source of support.

SENIOR CITIZEN CENTER:
Senior citizen centers, which are set up with public funds, provide many different types of activities which seniors can attend, to interact with their friends and to learn about crafts, cooking, and plants.

CLASSES: High school and university classes are open with or without charge for seniors.

ADULT DAY PROGRAMS: There are two types of adult day programs. Adult Day Care provides a social, recreational program and Adult Day Health provides a rehabilitation-oriented program. Both programs are offered in a supervised environment for functionally impaired adults who need assistance in daily activities.

RESIPITE CARE: Caregivers may also place the elderly in respite care in order to obtain time off for themselves. Respite services may be available during the day through adult day programs or for full 24 hours through programs that offer vacation respite care.

HOME CARE: Home care is another means by which services to elders requiring medical and nursing care may be provided without hospitalization or nursing home placement.

OTHER SERVICES: Other services include chore services, home-delivered meals, and congregate meals. The latter provides a social opportunity for older adults.

6. Another major source of help is **hospice**, which assists both the dying person and the caregiver. Characteristic of hospice programs are the commitment to respect the dying, the promotion of decision making by the dying, and the desire to help the dying maintain a sense of self-esteem. Hospice care encourages the dying to identify the kind of care they want and considers the entire family in their role as caregivers. Hospice programs provide family education and supports to help the family talk about the death of a member and can begin to mourn before their loved one dies. Hospice programs operate with the belief of helping families and friends to be together with the dying person until death comes.

CONCLUSIONS:

Caregiving of the elderly person, be it parent, spouse or good friend, will have strong emotional effects on caregivers. Coupled with mutual feelings of respect and genuine appreciation and love, there are feelings of anger, disappointment, isolation and stress. To cope with the emotional and physical demands of caregiving, caregivers need to know that it is okay for them to express their complaints and feeling; and they need to work out support arrangements so they have time for themselves, their families, and their friends. In these ways, caregivers can maintain a healthy balance in their life and continue the important responsibility of caregiving.

***Re-formatted from A Guide for People Who Care by Executive Office of Aging, Office of the Governor, State of Hawaii**

A Guide For People Who Care

Identifying and Choosing Community Resources*

Wesley Lum
Executive Office on Aging, Office of the Governor

John McDermott
Long Term Care Ombudsman,
Executive Office on Aging, Office of the Governor

If you are a caregiver, one of your greatest need is probably for practical information. But even when information is available, it is not always easy to understand long term care, how much it costs, and other complicated issues.

Who, What, Where, and When?

Caregivers like you often have a lot of questions. These questions point out how much information we all need to plan for long-term care. Here are questions that are asked most often:

Questions about the illness and its treatment

- What is the nature of illness or problem? And how will it affect the person mentally and physically?
- What kinds of treatment are there? Who can provide them? How much do they cost?
- What can the elder do alone? With proper treatment? With the help of assistive or mechanical aids?
- What can the caregiver do in cases of emergency?
- How can the caregiver be sure that medications are being taken properly?
- Are there doctors who train in geriatrics and specialize in treating older adults?

- What can caregivers do to help people who want to be cared for at home? What can caregivers do to be sure that older adults' right to make decisions are protected?

1

Questions about services and paying for them

- What kinds of services are there for older adults?
- Are there programs or services that can give care during the day or evening hours when a caregiver works? What are the costs?
- Are there programs that give caregivers a break from caregiving?
- Are there courses that teach caregivers home-care skills? Where are they offered?
- How can families cover the costs of long-term care?
- What kind of care is given in a long-term care institution?
- Who can qualify for Medical assistance?
- What kinds of support groups are there for caregivers? For the older people they care for?

How to Get Information and Help

It takes time to figure out where and how to get help. You may feel that you don't have enough information, or find you may have to wait for services.

If the person you are caring for is age 60 years and older, a good place to start is the Executive Office on Aging, Office of the Governor. The Office administers services through Area Agencies on Aging and provides programs and services for Hawaii's elderly population. The State and Federal governments fund these services to help older adults live independent, dignified, and satisfying lives.

The following services are administered of coordinated by the area Agencies:

ACCESS SERVICES help older adults located and get available benefits and services.

- Information and referral assistance
- Outreach visits to the home
- Transportation

IN-HOME SERVICE helps frail elders remain at home longer and give some relief to caregivers.

- Health services supervised by a registered nurse
- Chore or light housekeeping services
- Friendly visit by volunteers
- Regular telephone calls to check on older adults
- Personal care
- Home-delivered meals
- Companionship provided by senior volunteers
- Respite for caregivers

COMMUNITY-BASED SERVICES are given at senior and community sites by a variety of agencies.

- Adult day care offers activities during the work week to help elders keep up their physical and mental health
- Adult day health care helps frail elders maintain fitness with therapy and other supervised treatments
- Supports groups for older adults and caregivers
- Case management workers arrange services for elders who may need help to live independently at home
- Escort, which means community aides or workers to accompany elders to make doctor appointments, apply for services or benefits, or to handle banking and other necessary activities
- Help with housing problems
- Legal counseling and education
- Adult and continuing education
- Help with getting jobs
- Meals and nutrition education
- Counseling
- Help with financial management
- Interpreting and translating
- Letter reading and writing
- Help with shopping
- Home repairs and improvements
- Veterans services
- Opportunities for older adults to volunteer

Long Term Care

The Executive Office on Aging and Area Agencies on Aging work to serve a wide range of older adults needs. Long-term care for older adults is made less complex when older adults and caregivers know as much as possible about the issues, choices for problem solving, and resources in the community.

Sometimes, older adults are not able to remain in their homes, and institutional care is their best option. The Long Term Care Ombudsman, in the Executive Office on Aging, looks after the rights of older adults who reside in State licensed facilities. The Ombudsman can give you information about the facilities described below, investigate complaints, and support the rights of older adults.

ADULTS RESIDENTIAL CARE HOMES provide around-the-clock care for elders who needs help with daily activities but do not need skilled nursing care.

SKILLED NURSING FACILITIES offer 24-hour nursing care and other related health services.

INTERMEDIATE CARE FACILITIES provide eight hours of skilled nursing care daily.

If you need more information, call or write:

Executive office on Aging Office of the Governor
250 South Hotel Street, Suite 107
Honolulu, Hawaii 96813
(808) 586-0100
Or Toll Free for Neighbor Islanders,
1-800-468-4644, Ext. 60100

Kauai Office of Elderly Affairs
4444 Rice Street, Suite 105
Lihue, HI 96766
(808) 241-6400 Information and Referral

Honolulu Elderly Affairs Division
Honolulu Municipal Building
650 South King Street 6th Floor
Honolulu, Hawaii 96813
(808) 523-4545 Information and Referral

Maui County Office on Aging
2200 Main St. Suite 547
Wailuku, Hawaii 96793
(808) 270-7774
Molokai: (808) 553-5241
Lanai: (808) 565-6818

Hawaii County Office of Aging
1055 Kino`ole St. Suite 101
Hilo, Hawaii 96720
Information and Referral: (808) 961-8626

Kona:
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawaii 96740
(808) 323-4390

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Traumatic Brain Injury

NICHCY Disability Fact Sheet #18
Updated, October 2012

Susan's Story

Susan was 7 years old when she was hit by a car while riding her bike. She broke her arm and leg. She also hit her head very hard. The doctors say she sustained a traumatic brain injury. When she came home from the hospital, she needed lots of help, but now she looks fine.

In fact, that's part of the problem, especially at school. Her friends and teachers think her brain has healed because her broken bones have. But there are changes in Susan that are hard to understand. It takes Susan longer to do things. She has trouble remembering things. She can't always find the words she wants to use. Reading is hard for her now. It's going to take time before people really understand the changes they see in her.

What is TBI?

A traumatic brain injury (TBI) is an injury to the brain caused by the head being hit by something or shaken violently. (The exact definition of TBI, according to special education law, is given in the box on the next page.) This injury can change how the person acts, moves, and thinks. A traumatic brain injury can also change how a student learns and acts in school. The term TBI is used for head injuries that can cause changes in one or more areas, such as:

- thinking and reasoning,
- understanding words,
- remembering things,
- paying attention,
- solving problems,
- thinking abstractly,
- talking,
- behaving,
- walking and other physical activities,
- seeing and/or hearing, and
- learning.

The term TBI is not used for a person who is born with a brain injury. It also is not used for brain injuries that happen during birth.

NICHCY *is the National Dissemination Center for Children with Disabilities.*

NICHCY
1825 Connecticut Avenue N.W.
Washington, DC 20009
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@fhi360.org
http://nichcy.org

The definition of TBI in the box to the right comes from the Individuals with Disabilities Education Act (IDEA). The IDEA is the federal law that guides how schools provide special education and related services to children and youth with disabilities.

How Common is TBI?

Approximately 1.7 million people receive traumatic brain injuries every year.[1] Of children 0-19 years old, TBI results in 631,146 trips to the emergency room annually, 35,994 hospitalizations, and nearly 6,169 deaths.[2]

Definition of "Traumatic Brain Injury" under IDEA

Our nation's special education law, the Individuals with Disabilities Education Act (IDEA), defines traumatic brain injury as. . .

> *Traumatic brain injury* means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. [34 *Code of Federal Regulations* §300.8(c)(12)]

What Are the Signs of TBI?

The signs of brain injury can be very different depending on where the brain is injured and how severely. Children with TBI may have one or more difficulties, including:

- *Physical disabilities:* Individuals with TBI may have problems speaking, seeing, hearing, and using their other senses. They may have headaches and feel tired a lot. They may also have trouble with skills such as writing or drawing. Their muscles may suddenly contract or tighten (this is called spasticity). They may also have seizures. Their balance and walking may also be affected. They may be partly or completely paralyzed on one side of the body, or both sides.
- *Difficulties with thinking:* Because the brain has been injured, it is common that the person's ability to use the brain changes. For example, children with TBI may have trouble with short-term memory (being able to remember something from one minute to the next, like what the teacher just said). They may also have trouble with their long-term memory (being able to remember information from a while ago, like facts learned last month). People with TBI may have trouble concentrating and only be able to focus their attention for a short time. They may think slowly. They may have trouble talking and listening to others. They may also have difficulty with reading and writing, planning, understanding the order in which events happen (called sequencing), and judgment.
- *Social, behavioral, or emotional problems:* These difficulties may include sudden changes in mood, anxiety, and depression. Children with TBI may have trouble relating to others. They may be restless and may laugh or cry a lot. They may not have much motivation or much control over their emotions.

A child with TBI may not have all of the above difficul-

ties. Brain injuries can range from mild to severe, and so can the changes that result from the injury. This means that it's hard to predict how an individual will recover from the injury. Early and ongoing help can make a big difference in how the child recovers. This help can include physical or occupational therapy, counseling, and special education.

It's also important to know that, as the child grows and develops, parents and teachers may notice new problems. This is because, as students grow, they are expected to use their brain in new and different ways. The damage to the brain from the earlier injury can make it hard for the student to learn new skills that come with getting older. Sometimes parents and educators may not even realize that the student's difficulty comes from the earlier injury.

Is There Help Available?

Yes, there's a lot of help available, beginning with the free evaluation of the child. The nation's special education law, IDEA, requires that all children suspected of having a disability be evaluated *without cost to their parents* to determine if they do have a disability and, because of the disability, need special services under IDEA. Those special services are:

- **Early intervention** | A system of services to support infants and toddlers with disabilities (before their 3rd birthday) and their families.
- **Special education and related services** | Services available through the public school system for school-aged children, including preschoolers (ages 3-21).

To access early intervention: To identify the EI program in your neighborhood, consult NICHCY's *State Organizations* page, online at: http://nichcy.org/state-organization-search-by-state

Early intervention is listed under the first section, State Agencies. The agency that's identified will be able to put you in contact with the early intervention program in your community. There, you can have your child evaluated free of charge and, if found eligible, your child can begin receiving early intervention services.

To access special education and related services: We recommend that you get in touch with your local public school system. Calling the elementary school in your neighborhood is an excellent place to start. The school should be able to tell you the next steps to having your child evaluated free of charge. If found eligible, he or she can begin receiving services specially designed to address your child's needs. In the fall of 2011, nearly 26,000 school-aged children (ages 3-21) received special education and related services in our public schools under the category of "traumatic brain injury."[3]

What About School?

Although TBI is very common, many medical and education professionals may not realize that some difficulties can be caused by a childhood brain injury. Often, students with TBI are thought to have a learning disability, emotional disturbance, or an intellectual disability. As a result, they don't receive the type of educational help and support they really need.

When children with TBI return to school, their educational and emotional needs are often very different than before the injury. Their disability has happened suddenly and traumatically. They can often remember how they were before the brain injury. This can bring on many emotional and social changes. The child's family, friends, and teachers also recall what the child was like before the injury. These other people in the child's life may have trouble changing or adjusting their expectations of the child.

Therefore, it is extremely important to plan carefully for the child's return to school. Parents will want to find out ahead of time about special education services at the school. This information is usually available from the school's principal or special education teacher. The school will need to evaluate the child thoroughly. This evaluation will let the school and parents know what the student's educational needs are. The school and parents will then develop an Individualized Education Program (IEP) that addresses those educational needs.

It's important to remember that the IEP is a *flexible* plan. It can be changed as the parents, the school, and the student learn more about what the student needs at school.

Tips for Parents

- Learn about TBI. The more you know, the more you can help yourself and your child. The resources and organizations listed in this fact sheet offer a great deal of information about TBI.
- Work with the medical team to understand your child's injury and treatment plan. Don't be shy about asking questions. Tell them what you know or think. Make suggestions.
- Keep track of your child's treatment. A 3-ring binder or a box can help you store this history. As your child recovers, you may meet with many doctors, nurses, and others. Write down what they say. Put any paperwork they give you in the notebook or throw it in the box. You can't remember all this! Also, if you need to share any of this paperwork with someone else, make a copy. Don't give away your original!
- Talk to other parents whose children have TBI. There are parent groups all over the U.S. Parents can share practical advice and emotional support. Email NICHCY (nichcy@fhi360.org) or use NICHCY's *State Organizations* page to locate parent groups near you. Look under the heading "Organizations for Parents." Find your state sheet at: http://nichcy.org/state-organization-search-by-state
- If your child was in school before the injury, plan for his or her return to school. Get in touch with the school. Ask the principal about special education services. Have the medical team share information with the school.
- When your child returns to school, ask the school to test your child as soon as possible to identify his or her special education needs. Meet with the school and help develop a plan for your child called an Individualized Education Program (IEP).
- Keep in touch with your child's teacher. Tell the teacher about how your child is doing at home. Ask how your child is doing in school.

Tips for Teachers

- Find out as much as you can about the child's injury and his or her present needs. Find out more about TBI through the resources and organizations listed in this fact sheet. These can help you identify specific techniques and strategies to support the student educationally.
- Recognize that you can make an enormous difference in this student's life! Find out what the student's strengths and interests are, and emphasize them. Create opportunities for success.
- If you are not part of the student's IEP team, ask for a copy of his or her IEP. The student's educational goals will be listed there, as well as the services and classroom accommodations he or she is to receive.
- Make sure that needed accommodations are provided for classwork, homework, and testing. These will help the student learn successfully.
- Show the student how to perform new tasks. Give directions one step at a time. For tasks with many steps, it helps to give the student written directions.
- Check to make sure that the student has actually learned the new skill. Give the student lots of opportunities to practice the new skill.
- Give the student more time to finish schoolwork and tests.
- Have consistent routines. This helps the student know what to expect. If the routine is going to change, let the student know ahead of time.
- Show the student how to use an assignment book and a daily schedule. This helps the student get organized.
- Realize that the student may get tired quickly. Let the student rest as needed. Reduce distractions.
- Keep in touch with the student's parents. Share information about how the student is doing at home and at school.

References

[1] National Center for Injury Prevention and Control. (2012). *Traumatic brain injury.* Available online at the Centers for Disease Prevention and Control (CDC) website: http://www.cdc.gov/TraumaticBrainInjury/index.html

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- https://www.ideadata.org/TABLES35TH/B1-2.xls
- https://www.ideadata.org/TABLES35TH/B1-3.xls

Basic Readings about TBI

American Academy of Family Physicians. (2010). *Traumatic brain injury.* Online at: http://familydoctor.org/familydoctor/en/diseases-conditions/traumatic-brain-injury.html

CDC | Centers for Disease Control and Prevention. (2010). *Traumatic brain injury.* Online at: http://www.cdc.gov/TraumaticBrainInjury/

Center on Brain Injury Research and Training. (n.d.). *Traumatic brain injury: An overview* (interactive learning module). Online at: http://www.cbirt.org/resources/interactive-learning-modules/

National Institute of Neurological Disorders and Stroke. (2011, January). *NINDS traumatic brain injury information page.* Online at: http://www.ninds.nih.gov/disorders/tbi/tbi.htm

Organizations

Brain Injury Association of America

- Main website: http://www.biausa.org/
- Find your state BIA affiliate: http:// www.biausa.org/state-affiliates.htm
- National Brain Injury Information Center *(brain injury information only)* 1.800.444.6443

National Resource Center for Traumatic Brain Injury (NRCTBI)
http://www.tbinrc.com/

TBI Education
http://www.cbirt.org/tbi-education/

Brainline
Information available in English and Spanish.
info@BrainLine.org | http://www.brainline.org/

Family Caregiver Alliance
Information in English, Spanish, and Chinese.
http://www.caregiver.org/caregiver/jsp/home.jsp

TBI Recovery Center
http://www.tbirecoverycenter.org/

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Services to Support the Caregiver

DURABLE MEDICAL EQUIPMENT

Medical equipment also known as durable medical equipment (DME) includes items such as walkers, wheelchairs, and hospital beds. Medicare will cover certain types of DMEs with a prescription.

Tips: In some cases, renting DME may be more appropriate than purchasing. Renting is also covered under Medicare. Consult with a **Sage PLUS (586-7299)** counselor to see what would be best for your situation.

In most cases, once you purchase DME using your Medicare benefit, you may be responsible for repairs and/or replacement. Be sure to get information in writing on warranty coverage BEFORE purchasing the equipment.

To find a DME supplier look in the Yellow Pages under "Medical Equipment" or "Medical Supplies" and ask if they accept Medicare (and accept assignment). Also, go to www.medicare.gov, look under "Search Tools" and click on "Find Suppliers of Medical Equipment in Your Area." You can also call 1-800-MEDICARE (1-800-633-4227) to speak to a Medicare representative.

Look for dealers that accept "assignment" which means they accept Medicare's payment with your standard copayment amount as payment in full. Ask friends, social workers, and medical professionals for advice and referrals. Call Sage PLUS for additional information.

PERSONAL CARE

Health-related services provided in the home. See "Home Health" or "Home Care" in the Yellow Pages for additional providers. For Medicaid and Nursing Home eligible, call your QExA plan provider to see if you qualify for services under their plans. Also see Licensed Home Health Agencies and Respite In-Home.

- **St. Francis Health Services for Senior Citizens**
  P.O. Box 29700, Honolulu, 96820
  Phone: 547-6121
  www.stfrancishawaii.org
  Assisting elders and their family caregivers by providing safe and therapeutic care to ensure the comfort and dignity of each frail elder, such as bath and shampoo in bed, tub, or shower. Assist with related care, such as oral hygiene, grooming, and shaving. Change bed linen as necessary.
  For seniors 60 years or older, in need of assistance with bathing, and ineligible for private Home Health Care covered by insurance reimbursement. Families are encouraged to make contributions as best they can.

HOMEMAKER SERVICES

May include housekeeping, shopping, and assistance with errands. See "House Cleaning" in the Yellow Pages for businesses that do cleaning. Some Home Health and Home Care agencies also offer housekeeping.

- **Akamai Grocery Shopping & Delivery Service**
  Phone: 672-7347
  www.akamaidelivery.com
  Save time by having someone else do your grocery shopping. Fee is 20% of total bill + fuel charge; minimum $10 fee per delivery.

- **Catholic Charities Hawaii - Premium Senior Services**
  Phone: 527-4777
  www.premiumseniorservices.com
  Personal home assistance, including housekeeping, shopping, and errands.

- **Child & Family Service - Kupuna Concierge**
  Phone: 543-8423
  www.kupunaconcierge.com
  Chore, homemaker, respite, and personal assistance in the home.

- **Palolo Chinese Home - Home Cleaning Service**
  Phone: 748-7994
  www.palolohome.org

  In-home cleaning service for seniors from Kalihi to Hawaii Kai. Fee is $70 per cleaning. Limited financial aid available for low-income seniors.

HOSPICE

Hospice care is specialized, compassionate health care and emotional support for people facing the advancing stages of cancer, heart disease, kidney disease, or other terminal illness. It provides a milieu in which patients may spend their last days free of pain, preferably in the comfort of their own home. When this is not feasible, hospice services are also available to patients who live in nursing homes or other residential settings.

Registered nurses, social workers, dieticians, home health aides, homemakers, chaplains, volunteers, bereavement counselors, durable medical equipment, medications, medical supplies, and laboratory services are often included in hospice services. Nurses are on call 24-hours a day and respite care may also be provided. Hospice services are covered under Medicare; however, room and board in a hospice home is paid out of pocket. Other related services are paid with other types of insurance the patient may have or charitable funds from the provider.

- **Bristol Hospice Hawaii, LLC**
  500 Ala Moana Blvd. Suite 4-547, Honolulu, 96813
  Phone: 536-8012
  www.bristolhospice.com

- **Hospice Hawaii**
  860 Iwilei Rd., Honolulu, 96817-5018
  Phone: 924-9255
  www.hospicehawaii.org

- **Islands Hospice**
  560 N. Nimitz Hwy., Suite 204, Honolulu, 96817
  Phone: 550-2552
  www.islandshospice.com

- **St. Francis Hospice**
  2226 Liliha St. 5th Floor, Honolulu, 96817
  Phone: 595-7566
  www.stfrancishawaii.org

LICENSED HOME HEALTH AGENCIES

Home *Health* Agencies are organizations which provide skilled nursing services and other therapeutic services ordered by a physician to homebound patients. A home health agency can be Medicare certified which means that they can provide services that are covered by Medicare. Medicare certification is voluntary. State licensing of home health agencies by the Office of Health Care Assurance is required.

Home *Health* Agencies are not to be confused with Home *Care* Agencies which provide non-medical custodial care such as housekeeping, meal preparation, and ongoing assistance with personal care. Home care agencies are not currently licensed by the state of Hawaii, but under legislation passed in 2009, will be required to be licensed in the future. Home care agency services are not covered by Medicare; services are private pay or may be covered under long term care insurance or Medicaid. To find home care agencies, see "Home Health Care" in the Yellow Pages.

Some home health agencies provide only Medicare covered services (doctor ordered, usually for short-term after hospitalization) while others will provide private duty services (private pay, including custodial care, usually for long-term). For private services, most agencies have a 2-4 hour minimum per visit and the care recipient must receive on-going services, typically a minimum of once or twice a week. Some offer temporary respite, live-in care, and/or travel assistance/escort.

Home Health and Home Care services normally require an assessment by the agency to determine the level of care needed (care plan). The lowest level of care typically starts at $18-24 an hour and includes services such as companionship, housekeeping, and light meal preparation provided by staff often referred to as "companion aides" or "home helpers."

Rates are higher when hands-on services such as help with transferring, bathing, and toileting are provided by specially

trained staff, usually by "personal care assistants,""home health aides" or Certified Nursing Assistants (CNA). Skilled care requiring Licensed Practical Nurses (LPN) or Registered Nurses (RN) can cost $35-60 an hour or more. If your loved one could benefit from a social setting, also consider Adult Day Care and Day Health (next section) which is a more affordable option.

When looking for any agency that provides employees who work in your home, make sure to inquire what kind of safeguards they have established to prevent adverse events. This would include things like insurance, bonding, background checks, accreditations, and certifications.

Listed below are licensed Home Health Agencies on Oahu. For a complete list of licensed Home Health Agencies statewide, go to the Office of Health Care Assurance website at www.hawaii.gov/health, and under "Health Topics," click on "Elder Care." For reviews of Medicare certified Home Health Agencies, go to www.medicare.gov and under "Resource Locator" click on "Home Health Compare."

- **Arcadia Home Care Services** (Private Duty)
  1660 S. Beretania St. Rm. 203, Honolulu, 96826
  Phone: 440-3041
  www.arcadia-hi.org

- **Attention Plus Care** (Private Duty)
  1580 Makaloa St., Suite 1060, Honolulu 96814
  Phone: 739-2811
  www.attentionplus.com

- **Bayada Home Health Care** (Private Duty)
  615 Piikoi St., Suite 600, Honolulu 96814
  Phone: 591-6050
  www.bayadahomehealth.com

- **CareResource Hawaii** (Medicare covered & Private Duty)
  680 Iwilei Rd., Suite 660, Honolulu 96817
  Phone: 599-4999
  www.careresourcehawaii.org

- **Castle Community & Home Care**
  46-001 Kamehameha Hwy., Suite 212, Kaneohe 96744
  Phone: 263-5078 (private duty); 263-5077 (Medicare covered)
  www.castlemed.com/home_care.htm

- **Kokua Nurses** (Medicare covered & Private Duty)
  1210 Artesian St., Suite 201, Honolulu 96826
  Phone: 594-2326
  www.kokuanurses.com

- **Lou's Quality Home Health Care Services, LLC** (Private Duty)
  P.O. Box 893224, Mililani 96789
  Phone: 623-7109 or 754-3934
  www.lousqualcare.com

- **Prime Care Services of Hawaii, Inc.** (Medicare covered)
  3375 Koapaka St. Suite I-570, Honolulu 96819
  Phone: 531-0050
  www.primecarehawaii.com

- **St. Francis Home Care Services** (Medicare covered)
  P.O. Box 29700, Honolulu 96820
  Phone: 534-0777
  www.stfrancishawaii.org

- **Wahiawa General Hospital Home Health** (Medicare covered)
  128 Lehua St. Wahiawa 96786
  Phone: 621-4438
  www.wahiawageneral.org

- **Wilson Homecare** (Private Duty)
  1221 Kapiolani Blvd., Suite 940
  Honolulu, Hawaii 96814
  Phone: 596-4486
  www.wilsonhomecare.net

RESPITE- Out-of-Home, Adult Day Care & Adult Day Health

Adult Day Care programs include supervision, recreation, arts & crafts, socialization, exercise, meals, and other group activities. Facilities are licensed by the Department of Human Services, Adult & Community Care Services Branch. Most centers require participants to be 55 years or older, ambulatory, continent, a non-wanderer, non-combative, able to eat independently and transfer with little or no assistance.

Adult Day Health programs are for those who require a higher level of care, usually intermediate care facility (ICF) level. Services could include health assessments, administration of medication, or care coordination. There may also be specialized care such as programs for dementia patients. Adult Day Health Centers are staffed with Registered Nurses who are qualified to dispense medication and provide skilled nursing level care. Facilities are licensed by the Department of Health, Office of Health Care Assurance.

Some things to consider when looking for a provider are the types services and activities offered, quantity and qualifications of staffing, meals, and operating hours as they can vary greatly. These facilities require TB and medical clearance (physical exam). Some providers will suggest a trial period if they are unsure your loved one is appropriate for their program. Please note that most providers have a non-refundable intake or application fee and have a minimum attendance to stay enrolled in their program.

- **Aloha Nursing & Rehab Center**

  Adult Day Wellness Program
  45-545 Kamehameha Hwy., Kaneohe, 96744
  Phone: 247-2220 ext 536
  www.alohanursing.com

  Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.
  Includes breakfast, lunch and a snack.
  Fees: $1250 flat monthly rate. $25 application fee plus $100 deposit. $25/shower service. Extended time of up to half an hour is available before or after regular hours. Cost is $15 per 30 minutes (scheduled) or $15 per 15 minutes (unscheduled). Beautician services available for additional cost.

- **Aloha Wellness Center, Inc.**
  94-1388 Moaniani St. #203, Waipahu, 96797 (by Waipio Costco)
  Phone: 393-7000
  www.alohawellness.biz

  Hours: Monday - Saturday, 8:00 a.m. - 5:00 p.m.
  Includes lunch and 2 snacks.
  Fees: 3 levels- $62, $72, and $82/day. Excursions provided monthly. Minimum 2 days/week attendance. Shower service available for additional cost. Also provides in-home companion services in leeward area.

- **Ann Pearl Nursing Facility**
  Adult Day Health Program
  45-181 Waikalua Rd., Kaneohe, 96744
  Phone: 247-8558 or 754-4111
  www.annpearlnursing.com

  Hours: Monday - Friday, 7:00 a.m. - 5:30 p.m.
  Adult Day Health provider. Includes lunch and 2 snacks.
  Monthly rates: $635 for 2 days/week, $955 for 3 days/week, $1270 for 4 days/week, $1590 for 5 days/week. $35 application fee. $5 for additional meal (breakfast or dinner). Skilled Nursing Facility provides overnight respite per night starting at $295 for ICF, $305 for Alzheimer's/dementia care, and $380 for SNF(minimum 1 week).

- **Beckwith Hillside Adult Day Care**
  2375 Beckwith St., Honolulu, 96822 (Manoa)
  Phone: 497-8489
  Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m.
  Includes lunch and 2 snacks.
  Small group, residential home environment.
  Fees: $65/day, paid in advance. $25 additional for shower. $10 for RN services including wound care, diabetic monitoring, tube feeding, and oxygen assistance. Overnight respite also available.

- **Casamina Adult Day Care Home**

  1426 Ala Napunani St., Honolulu, 96818 (Salt Lake/Aliamanu)
  Phone: 839-9733

  Hours: Monday - Friday, 7:00 a.m. - 5:30 p.m.;
  Saturday & Sunday, 8:00 a.m. - 4:00 p.m.
  Small group, residential home environment.
  Overnight respite available.
  Fees: $60 and up per day, dependent on level of care.
  Overnight respite available.

- **Central Oahu Senior Day Care Association Aged to Perfection**

  1445 California Ave., Wahiawa, 96786
  Phone: 622-4717

  Hours: Monday - Friday, 6:00 a.m.- 5:30 p.m.;
  Saturday, 8:00 a.m. - 4:00 p.m.
  Includes breakfast, lunch and snack. Special dietary meals are available daily. Program includes 3 levels (ambulatory to wheelchair bound) of exercise 2 times/day, music therapy 2 times/month and outings(excursions) 2-3 times/month. Individualized program that tracks clients' abilities and behavior to encourage personalized progress. Monthly chart reviews of clients by a M.D. Intergenerational program that integrates contact with children from preschool through high school and RN students from UH School of Nursing.
  Fees: $59/day, $69 for those needing assistance with eating and toileting. $50 application fee. $18/shower. Minimum 1 day/ week attendance. $6 additional for late pick up until 6 p.m.

- **Central Union Church Adult Day Care and Day Health**

  1660 S. Beretania St., Honolulu, 96826 (Makiki/Punahou)
  Phone: 440-3020
  www.arcadia-hi.org

  Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.
  Adult Day Health provider. Includes 2 meals and a snack.
  Fees: $70/day for Day Care, $80/day for level 1 Day Health, $90/day for level 2. $50 application fee. $15 for early drop off or late pickup (up to half an hour). $5.25 for third meal.

- **Franciscan Adult Day Center**
  2715 Pamoa Rd., Honolulu, 96822 (Manoa)
  Phone: 988-5678
  www.franciscanadultday.com

  Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m.
  Includes continental breakfast, lunch and a snack.
  Fees: $60/day, minimum 2 days/week. $1250/month for 5 days/week. $30 registration fee.

- **Fukumoto Adult Care, LLC**
  98-779 Kaamilo St., Aiea, 96701
  Phone: 487-7528

  Hours: Monday - Friday, 7:30 a.m. - 5:00 p.m.
  Small group, residential home environment. Includes lunch and 2 snacks.
  Fees: $63/day, minimum 2 days/week attendance. $180 deposit.

- **Furukawa Living Treasure Day Care Centers**
  1449 Brigham St., Honolulu, 96817 (Kapalama)
  1647 Palolo Ave., Honolulu, 96816 (Palolo Valley)
  Phone: 842-5175

  Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m.
  Includes lunch and 2 snacks. Japanese speaking staff available.
  Fees: $59/day, minimum 2 days/week attendance. $80 registration fee.

- **Hulu Makua**
  1029 Kapahulu Ave. Suite 408, Honolulu, 96816 (Kapahulu)
  Phone: 218-7828

  Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m.,
  Saturday 8:00 a.m. - 4:00 p.m.
  Includes breakfast, lunch and a snack.
  Fees: $64/day, $75 for Saturday. No minimum attendance. $50 application fee.

- **Kilohana Adult Day Care Center**
  5829 Mahimahi St., Honolulu, 96821 (Niu Valley/Hawaii Kai)
  Phone: 373-2700
  www.arcadia-hi.org

  Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.
  Includes 2 meals and a snack. Extended assistance program includes proactive toilet program, redirection/engagement program and assistance with feeding.
  Fees: $66/day. $76/day with Proactive Toileting. $86/day with Extended Assistance Program. $50 registration fee. $5.25 for 3rd meal. $5 fee for mechanically altered meals. $21 for shower service. No minimum attendance. Incontinence assistance: $18 per incident. Early drop off or late pick up available for additional fee.

- **King Lunalilo Adult Day Care Center**
  501 Kekauluohi St., Honolulu, 96825 (Hawaii Kai)
  Phone: 395-4065
  www.kinglunaliloadc.org

  Hours: Monday - Friday, 6:30 a.m. - 6:30 p.m.
  Includes 2 meals and 2 snacks.
  Fees: $73/day. $50 application fee. Incontinence care: $25 per incident. Behavior and/or Medication Management: $25 additional per day. $6.50 for third meal. $25/bath. Minimum 8 days/month attendance.

- **Kuakini Adult Day Care Centers**
  Phone: 547-9534
  www.kuakini.org

  347 N. Kuakini St., Honolulu, 96817
  Pali Satellite Phone: 528-4621
  1727 Pali Hwy., Honolulu, 96813 (Nuuanu)
  Aiea Satellite Phone: 487-1586
  98-939 Moanalua Rd., Aiea, 96701

  Hours: Monday - Friday, 6:45 a.m. - 5:15 p.m.
  Includes lunch and a snack.
  Fees: $62/day on same scheduled day of the week. $1030/month for full time. $50 intake fee.

- **Leahi Adult Day Health Center**
  Hawaii Health Systems Corporation
  3675 Kilauea Ave., Honolulu, 96816 (Kaimuki/Daimond Head)
  Phone: 733-7955
  www.hhsc.org/oahu/leahi

  Hours: Monday - Friday, 7:00 a.m. - 5:30 p.m.;
  Saturday, 8 a.m. - 4 p.m.
  Adult Day Health (no day care) providing therapeutic services and treatments which include nursing and health care, group activities, recreational therapy and social services for individuals who require supervision to live safely in the community.
  To be eligible for the program, Primary Physician has determined that person requires intermediate care (ICF); and the person is able to participate in an activity program and is able to bear weight during transfers.
  Fees: $80/day for level 1. $87 for level 2, $98 for level 3. Minimum 2 days/week attendance. $30/shower.

- **Lotus Adult Day Care Center**
  99-186 Puakala St., Aiea, 96701
  Phone: 486-5050

  Hours: Monday - Friday, 6:45 a.m. - 5:30 p.m. Includes 1 meal and 2 snacks. Provide a supervised and safe environment, opportunities for socialization, and physical and mental stimulation.
  Fees: $50/day. $750/month for full time. $25 intake fee.

- **Adult Day Health at Maluhia**
  Hawaii Health Systems Corporation
  1027 Hala Dr., Honolulu, 96817 (Kalihi/Liliha)
  Phone: 832-6130
  www.maluhia.hhsc.org

  Hours: Monday - Friday, 6:45 a.m. - 5:30 p.m. Saturday, 8:00 a.m. - 4:30 p.m.
  Adult Day Health (no day care) that includes daily exercise, recreation, support services, counseling and referrals. Doctor appointments available on-site to participants from Maluhia's Physician. Pharmacy service delivers pre-ordered medications to center. Meal options available, including tube feeding. Chilled special diet and/or textured meals can be ordered to take home (Express Meals).

Fees: Age 55 years or older and needing assistance during the day. $87/day, minimum 1 day/month attendance, $30/bath, $7.25/Express Meal.

- **Palolo Chinese Home**
  2459 10th Ave., Honolulu, 96816 (Palolo Valley)
  Phone: 737-2555
  www.palolohome.org
  Hours: open 7 days/week, 7:30 a.m.-5:30 p.m.
  Includes 2 meals plus snacks.
  Fees: $55 application fee. Minimum attendance- 4 days/month. Basic service: $71/day, $73/day for weekends; $1346/month For weekdays only, $1492/month for weekdays + Sat. or Sun., $1638/month for everyday.
  Special service (adds nursing services, medication administration, modified diets, behavior management, etc.): $82/day, $84/day for weekends; $1638/month For weekdays only, $1727/month for weekdays + Sat. or Sun., $1871/month for everyday.
  Bath/shower- $29. Additional meals- $5. Prepared takeout meals- $5.50. Planned late pick up- $20/hr for Basic service, $24/hour for Special service. Unplanned early drop off (before 7:30 a.m.) or late pick up (after 5:30 p.m.)- $6/15 minutes. Holiday attendance- additional $27/day.

- **Sakura House**
  1666 Mott Smith Dr., Honolulu, 96822 (Makiki/Tantalus)
  Phone: 536-1112
  www.sakurahousehawaii.com
  Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.
  Includes breakfast, lunch and snacks. Provides Japanese-English bilingual service.
  Fees: $65/day. Minimum one day/week attendance. $25 registration fee. Full time rate (5 days/week): $1200 for 4 weeks. 4 days/week rate: $980/4 weeks. 3 days/week rate: $750/4 weeks.

- **Seagull School at Kapolei**
  531 Farrington Hwy., Kapolei, 96707
  Phone: 674-1160
  www.seagullschools.com

Hours: Monday - Friday, 6:00 a.m. - 5:00 p.m. Saturday, 8:00 a.m. - 4:30 p.m.
Includes 2 meals and 2 snacks. Specializing in an intergenerational program with adjoining preschool.
Fees: $55/day, minimum 2 days/week attendance. 3 levels for full time: $750, $800, and $1000 per month. Financial aid available for those who qualify.

- **SECOH (Special Education Center of Hawaii) Senior Center**
  708 Palekaua St., Honolulu, 96816 (Diamond Head/Kahala)
  Phone: 739-2745
  www.secoh.org

  Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m.;
  Saturday, 7:30 a.m. - 4:00 p.m.
  Includes a meal and 2 snacks (for full day clients). Provides a stimulating, caring, and individually tailored environment; includes arts and crafts, exercise, reading, regular rest periods, and visits to various points of interest in the community. A licensed nurse is available as needed.
  Fees: $60/day for over 5 hours, $40 for less than 5 hours. Service is on prepaid and contract basis.

- **The Salvation Army**
  Adult Day Health Services
  296 N. Vineyard Blvd., Honolulu, 96817 (Liliha)
  Phone: 521-6553
  www.salvationarmyhawaii.org

  Hours: Monday - Friday, 6:30 a.m. - 6:00 p.m.
  Designed to provide respite for caretakers and a safe program for aging older adults who require daily supervision, socialization, nursing services, and/or rehabilitation services. The goal of the program is to prevent and delay placement into institutionalized care and allow seniors to remain at home and in the community longer. Program includes recreational and social activities, weights, walking & circuit training exercise program, fall risk intervention program, weekly pet therapy, monthly therapeutic massage sessions, pharmacy services, and caregiver support group. Includes continental breakfast, lunch and a snack.

Phone: 261-4947
Hours: Monday - Friday, 7:00 a.m. - 5:00 p.m., with extended hours until 7:00 p.m. Saturday, 8:30 a.m. - 4:30 p.m.
Includes meal and 2 snacks.
Fees: $65/day. $12 additional for extended hours. $45 application fee. Scholarship available based on eligibility.

RESPITE - Out-of-Home, Overnight

Over-night short-term respite offered in a care facility. These facilities require TB and medical clearance (recent physical exam). Allow ample time in advance when making reservations as certain facilities are often at capacity. Some Nursing Homes, Care Homes, and Assisted Living Residences also provide respite care (short-term & private-pay). For lists of these facilities, go to www.hawaii.gov/health and click on "Elder Care" under "Health Topics." Typical prices range from about $100-250/night for Care Home level and $250-400/night for ICF/SNF levels. Registration/intake fees may also apply.

- **Ann Pearl Nursing Facility**
  45-181 Waikalua Rd., Kaneohe, 96744
  Phone: 247-8558 or 754-4111
  www.annpearlnursing.com

  Overnight respite: $295/night for ICF level, $305/night for Alzheimer's/dementia care, and $380/night for Skilled Nursing level. Minimum 1 week stay.

- **Hale Ho Aloha**
  2670 Pacific Heights Rd., Honolulu, 96813
  Phone: 524-1955

  Respite in nursing home setting.
  Fees: Private pay. Cost per night: $220 ward, $230 semi-private, $275 private, minimum 1 week stay.

- **Lunalilo Home**
  501 Kekauluohi St., Honolulu, 96825
  Phone: 395-1000

  Respite in care home setting.
  Fees: Private pay. $150/night.

- **Palolo Chinese Home**
  2459 10th Ave., Honolulu, 96816
  Phone: 737-2555
  www.palolohome.org

  Respite in care home setting.
  Fees: $85 registration fee. Overnight respite, 5 levels. $192 to $238 per night.

- **Respite Nanea, Inc.**
  P.O. Box 1285, Pearl City, 96782
  Phone: 524-2575 (Leave message with Physician's Exchange)
  Short term respite in Care Homes and licensed facilities. Also provides assistance finding private duty services.

- **The Plaza Assisted Living**
  www.theplazaassistedliving.com

  Punchbowl
  Phone: 792-8800
  918 Lunalilo St., Honolulu, 96822

  Mililani
  Phone: 626-8807
  95-1050 Ukuwai St., Mililani, 96789

  Moanalua
  Phone: 833-8880
  1280 Moanalualani Pl., Honolulu, 96819

  Overnight Respite, subject to availability; Independent living, assisted living, memory care.
  Minimum 30 day stay for respite. Cost is regular monthly rate + 10%.

- **Oceanside Hawaii Assisted Living**
  53-594 Kamehameha Hwy.
  P.O. Box 909, Hauula, 96717
  Phone: 293-1100
  www.oceansidehawaii.com

  Overnight respite for a few days to a few months for independent living, assisted living, and beginning stage dementia.
  4 levels ranging from $100-200/night.

Fees: $45/day min 2 days/week $900/month. AD Health- Level 1-$53/day, $1060/month. Level 2- $68/day, $1360. $83/day, $1660/month. $50 application fee. Baths- $25, Haircuts- $10. Temporary Respite Services- $95/day, minimum one week period. Scholarships & Financial Aid available for qualifying participants.

- **Waianae Coast Comprehensive Health Center Day Care - Various locations on Oahu**
  Phone: 542-9073
  - **Hale Kakoo**
    1816 Alewa Dr., Honolulu, 96817
    Overnight respite available.
  - **Helemano Hale**
    64-1488 Kamehameha Hwy., Wahiawa, 96786
  - **Mililani Hale**
    95-257 Kaloapau St., Mililani, 96789
  - **Nanakuli Hale**
    89-1888 Farrington Hwy., Waianae, 96792
  - **Pearl City Hale**
    858 Second St., Pearl City, 96782

  Also open weekends & holidays, 8:00 a.m. - 5:00 p.m.
  All centers open Monday - Friday, 8:00 a.m. - 5:00 p.m. and includes 2 meals and one snack. Only breakfast provided on weekends.
  Fees: $60/day. No application fee or minimum attendance. $23.24/shower, available at some locations.

- **Waipahu Hongwanji Mission Adult Day Care Center**
  94-821 Kuhaulua St., Waipahu, 96797
  Phone: 678-1770
  www.waipahuhongwanji.org
  Hours: Monday - Friday, 6:45 a.m. - 5:00 p.m.
  Includes lunch and a snack. Exercise, music, crafts, and social interaction.
  Fees: $55/day, minimum 1 day/week attendance. $900/month for full time. $25 intake fee.

- **Windward Senior Day Care Center - Hope Center**
  77 N. Kainalu Dr., Kailua, 96734

RESPITE - In-Home

Temporary relief for caregivers provided in the home. Also see Licensed Home Health Agencies. See "Home Health" or "Home Care" in the yellow pages for other agencies.

- **Catholic Charities Hawaii - Respite Connection**
  1822 Keeaumoku St., Honolulu, 96822
  www.catholiccharitieshawaii.org
  Phone: 527-4777

  Provides information on how to hire a private hire, linkage to possible private hires, and para-professional counseling. Either caregiver or care recipient must be 60 years or older. No fee for information and private hire referrals; donations are welcome. Family pays private hire worker directly.

- **Honolulu Gerontology- Caregiver Respite Program**
  Child & Family Service
  200 N. Vineyard Blvd., Bldg. B, Honolulu, 96817
  www.childandfamilyservice.org
  Phone: 543-8468

  For unpaid caregivers of seniors 60 years and older who are in need of respite. No fees for the linkage; however, the caregivers are paid directly by the family or client.

- **Kokua Kalihi Valley Elderly Services Program**
  1846 Gulick Ave., Honolulu, 96819
  Phone: 848-0977
  www.kkv.net

  Assistance for residents of upper Kalihi Valley

- **Project Dana**
  902 University Ave., Honolulu, 96826
  www.projectdana.org
  Phone: 945-3736

  Serviced provided by volunteers.

- **Waikiki Friendly Neighbors**
  www.waikikihc.org
  Phone: 926-8032

  Volunteers providing services in Waikiki area.

PERSONAL EMERGENCY RESPONSE SYSTEMS

Also known as Personal Emergency Alert Systems, these devices attach to a home telephone and will call the number(s) you designated when the wireless unite (that is worn on the person) is activated. Such devices may be useful for persons who live alone or are alone for long periods of time. Some also offer fall detection technology and medication dispensing and/or reminding. Look for systems with no long term contracts.

- **Kupuna Monitoring Systems**
  P.O. Box 2247, Aiea, 96701
  www.kupunamonitoring.com
  Phone: 721-1201

  Uses lifeline equipment. AutoAlert fall detector automatically notifies monitoring center when a fall is detected. Medication Dispenser System dispenses medications in pill containers at scheduled times. If not taken, calls are made to family caregivers and the monitoring center. Statewide service. Fees: $50 enrollment fee. $37/month. $47/month for medication and /or health wellness reminder services. $75/ month for the Medication Dispenser. $13/month for fall detector pendant.

- **Lifeline Hawaii Services**
  www.LifelineHawaiiServices.com
  Phone: 1-888-409-8449

- **Queen's Lifeline**
  1301 Punchbowl St., Honolulu, 96813
  www.queens.org
  Phone: 691-7585
  Eligibility/fees: $43 activation fee. $43 per month.

- **St. Francis Lifeline**
  2228 Liliha St. Room 408, Honolulu, 96817
  www.stfrancishawaii.org
  Phone: 547-6120