Weather forecasters are predicting **record breaking high temperatures** across most of our region for the next few days. Please take a few moments to plan your strategy for protecting your patient and for your own travel and work in this heat. Heat can be deadly.

**CDC (Centers for Disease Control) defines Heat Exhaustion as** the body's response to an excessive loss of water and salt, usually through excessive sweating. Individuals most prone to heat exhaustion include the elderly, those with high blood pressure, and those working in a hot environment.

- **Symptoms of Heat Exhaustion include** heavy sweating, extreme weakness or fatigue, dizziness, confusion, nausea, clammy, moist skin, pale or flushed complexion, muscle cramps, slightly elevated body temperature, fast and shallow breathing.
- **First Aid for Heat Exhaustion includes** having the person rest in a cool, shaded, or air-conditioned area; encouraging them to drink plenty of water or other cool, nonalcoholic beverages; having them take a cool shower, bath, or sponge bath.

**CDC defines Heat Stroke as** the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature, the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

- **Symptoms of heat stroke include** hot, dry skin (no sweating), hallucinations, chills, throbbing headache, high body temperature, confusion / dizziness and slurred speech.
- **First Aid for persons with heat stroke** includes calling 911, notifying the physician and the supervisor. Move the individual to a cool shaded area, soak their clothes with water, fan their body, and shower or spray them with water.

The most important measure to take to prevent heat exhaustion or heat stroke is to keep hydrated. Please encourage your patients to drink plenty of fluids and to rest frequently. Please also remember to keep yourself hydrated!

Speaking of the weather, we’re now officially (until Nov. 30) in **hurricane season** and the National Weather Service has predicted an “active to extremely active” hurricane season for the entire Atlantic Basin. Do you have a personal emergency preparedness plan? Now, while the weather is clear, would be a good time to make a plan, gather a kit, and then relax in the knowledge that you are ready if a storm strikes our area. Two websites with excellent information about plans, kits, and checklists are [www.ready.gov](http://www.ready.gov) and [www.readync.org](http://www.readync.org).
New opportunity for self care for DHCH staff and volunteers: Open Meditation at Hock Family Pavilion in the Meditation room Tuesday mornings, 8:30–9 a.m. Open to all staff and volunteers (no experience necessary and no need to RSVP). Facilitated by Gail Yashar, Family Service Supervisor. Please come for a great start to your day.

We have had a lot of positive response to the June 20th Parade Magazine article (“At the End of Life, They Offer Comfort: Hospice workers are not only nurses”) that included our very own hospice nurse Chrissy Gresham. You’ll be pleased to find so well described the interdisciplinary nature of the hospice team and its goal of bringing peace and comfort at the end of life. If you’ve ever been at a loss for the words to describe what and why you do what you do for hospice, this short article may be useful to you. If you haven’t seen the article, contact Carolyn for a copy.

Some additional articles you may find helpful:

- “At end of life, heavy medicine: Interventions often prolong agony,” June 28, 2010, Raleigh News & Observer: “Americans are increasingly treated to death, spending more time in hospitals in their final days, trying last-ditch treatments that often buy only weeks of time, and racking up bills that have made medical care a leading cause of bankruptcies.” Also posted at http://www.nytimes.com/aponline/2010/06/28/health/AP-US-MED-Overtreated-Final-Days.html?_r=1&src=me&ref=health
- “A Decade of Alzheimer’s Devastating Impact,” NPR, http://www.npr.org/templates/story/story.php?storyid=127857149. This remarkable update of a continuing story of Tom DeBaggio’s 10-year struggle with dementia includes excerpts from the two books he wrote to chronicle his passage through this disease. From Losing My Mind: An Intimate Look at Life with Alzheimer’s: “The struggle to find the words, to express myself, has become insurmountable. I must now be done with writing and lick words instead. I will soon be stripped of language and memory, existing in a shy and unsteady forbearance of nature. I am on the cusp of a new world, a place I will be unable to describe. It is the last hidden place, and marked with a headstone. I must now wait for the silence to engulf me and take me to the place where there is no memory left and there remains no reflexive will to live. It is lonely here waiting for memory to stop and I am afraid and tired. Hug me, Joyce [his wife], and then let me sleep.” Links to this Alzheimer’s journal go back to 1999. Stunning.
- “What Broke My Father’s Heart,” June 20, 2010, New York Times, http://www.nytimes.com/2010/06/20/magazine/20pacemaker-t.html?scp=13&sq=june+20%2C+2010&st=nyt. This is the tragic story of a family of educated, savvy people who became trapped in a nightmare of a pacemaker that wouldn’t quit long past the time when the patient and his family needed to be released. “[My parents] were seemingly among the lucky ones for whom the American medical system, despite its fragmentation, inequity and waste, works quite well. Medicare and supplemental insurance paid for their specialists and their trusted internist…. They signed living wills and durable power-of-attorney documents for health care. My mother, who watched friends die slowly of cancer, had an underlined copy of the Hemlock Society’s ‘Final Exit’ in her bookcase. Even so, I watched them lose control of their lives to a set of perverse financial incentives—for cardiologists, hospitals and especially the manufacturers of advanced medical devices—skewed to promote maximum treatment. At a point hard to precisely define, they stopped being beneficiaries of the war on sudden death and became its victims.”

Many thanks to those of you who have been so careful to get your patient visit reports in to the office in a timely fashion. If you have a nagging feeling that your reports aren’t up to date, this is the time to take care of that little problem. Remember, your reports are an important link between the patient and the clinical team. Your perspective is unique. The events you observe may be clues to improved care and comfort for the patient and the family. And in the hospice setting, timeliness is everything. Also, please take special care to wash your hands before and after your visits (and during, if appropriate) and to wear your badge.

We are updating our volunteer files to include your emergency contact information. At your soonest convenience (perhaps an e-mail, a snail mail note, or a phone call today?), please send Carolyn the name, relationship, phone number and e-mail information for your emergency contact person.
Carolyn will be making **ride-along visits this summer**. If you’d like to get a jump on this (preferring to get it out of the way rather than waiting for Carolyn to call you), call the office to set up your time with her in the field.

**July Admission Packet Assembly** workday is coming up **Saturday, July 17**, from 9 a.m. to noon. Call Carolyn if you and a friend or two will be coming for the fun. This monthly chore is critical to the smooth functioning of Duke HomeCare and Hospice and our clinicians thank you profoundly. Please join us.

**Care shawl meeting opportunities**: We have received a great number of beautiful shawls even in this hot, sticky weather. Some are dropped off anonymously at the front desk by people who slip away before they can be properly thanked. If you are one of these shy knitters or know someone who is, please accept our heartfelt thanks on behalf of our grateful patients. Upcoming meetings where you can learn new or refresh your old skills will be held …

- **Friday, July 9, noon to 2 p.m.** Our daytime group meets at the Durham office. Feel free to bring your lunch.
- **Thursday July 23, 7-8:30 p.m. at Chapel Hill Bible Church.** This is our original meeting hosted by Helen Cooper. For information, call Helen at 919-493-8956.
- **Saturday, August 7 from 1–3 p.m.** A group has begun meeting at Unity Spiritual Care Center in Durham. Contact Patricia Skinner at 919-479-1915 or by e-mail healingtc@aol.com for details.

The **Care Shawl ListServ** is being updated and moved to our Duke server. If you are not receiving our care shawl meeting notices and wish to be included, please contact Carolyn at carolyn.colsher@duke.edu. (This is a separate listserv from our hospice volunteer contact list and is solely for updates and information related to our care shawl meetings. If you would like to be added, just let us know.) Thanks.

**New Volunteer Opportunities**:
- The Hock Family Pavilion needs a volunteer once a week to organize and maintain files for Darlene Rutledge.
- The Hospice program has a continuing need for telephone volunteers to follow-up with families who request after-hours help, making sure that their needs were met.

If either of these opportunities appeal to you, please let Carolyn know.

**Training for Hock Family Pavilion receptionists / ambassadors** will be offered Saturday, July 10 from 9 a.m. to 1 p.m. at our Durham office. Especially needed are evening (4–8 p.m.) and weekend volunteers. If you know people who might be interested, ask them to contact Carolyn Colsher. We are exploring adding an additional shift from 8 p.m. to 10 p.m. If you know any night owls who might be interested, have them give Carolyn a call.

We hope to have a pilot program utilizing Complementary Therapies at our inpatient facilities in place by late summer. Several volunteers **who are credentialed in aromatherapy, Reiki, and healing touch** are ready to participate but we will need additional volunteers once the program is ready to begin. In order to work with our patients, these new volunteers will need to be trained as Duke Hospice patient / family support volunteers. If you or people you know are credentialed practitioners in these fields and would like to put this expertise at the service of our dying patients and their families, please contact Carolyn.

Continuing Education Opportunity for Music at the Bedside: **A Meditative Journey Through Voice and Instruments** Saturday October 9, 2001 McKinnon Hospice Center, Kannapolis, NC sponsored by Hospice and Palliative Care of Cabarrus County. Visit their website for more information.

While we communicate a great deal with you about the Hock Family Pavilion, out in Hillsborough the work continues at the **Meadowlands Inpatient Facility**. Over the next several months the patient rooms will be renovated one at a time to help maintain the family home atmosphere people have come to expect. Call if you would like to arrange a tour to see our Meadowlands Campus.
Continuing Education Opportunities in July:
Friday July 16 8:30-10 am Durham Office: The Alzheimer’s Project-The memory loss tapes—the first of the four documentaries in the acclaimed HBO project, this DVD provides an up close and personal look at 7 individuals with Alzheimer’s across the full spectrum of the progression of the disease

Friday July 30 9:30-10 am Durham office: I remember better when I paint- the use of creative arts with patients with dementia—a wonderful DVD on the use of creative arts in working with those with dementia—such things as sculpture, painting, museum visits etc. It chronicles a professional painter who got dementia and how art students used painting to communicate with her when she was in the end stage.

Many thanks to those of you who participated in the Alzheimer’s focus group. Information from this group went into the development of an Alzheimer’s / Dementia volunteer continuing education workshop, which will be offered in early August led by Allison Bullock, Duke University intern. Please let us know if you are interested and if you prefer a morning, afternoon, weekday evening, or weekend session.

A little over a year ago we sent along news about one of our youngest volunteers with a big heart. Leanne Joyce, the 10-year-old daughter of hospice social worker Ellen Joyce, learned about our Loving Hugs Blanket program and raised $500 to purchase fleece that community groups and individuals use to create the blankets. Well, she’s done it again: this time raising money not just for blankets but also for the yarn that goes into the beautiful Care Shawl program and to support our Gift of Words program. Thanks to Leanne for supporting our patients and families and to all who go above and beyond to help those we serve. If you or anyone you know would like to create some blankets or donate fleece or yarn, please contact Carolyn Colsher. Leanne will be glad you did.

Remember our call last month for technology help for our Gift of Words program? Bart Bielawski knew what we needed. Many thanks to him for helping identifying the equipment needs and for donating the audio recording equipment. Any patient / family support volunteer who needs training to capture stories for their patients should call Carolyn to set up a time.

Mitzi Quint has accepted a new position with another hospice as the clinical team leader for their bereavement program. If Mitzi was your contact, please call Carolyn with any questions, concerns, or issues related to our volunteer program, patients, and families. We wish Mitzi the best in her new endeavor. Her final poem to our volunteers is attached.

A RESOURCE FOR YOU ... Continuing Education for July—Boundaries Update—Social Networking.

For more information contact:
Carolyn Colsher, DHCH Volunteer Services Supervisor
(919) 479-0385 (phone), (919) 970-0227 (pager), or carolyn.colsher@duke.edu
Website dhch.duhs.duke.edu

Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.
--Dr. Seuss

And thank you, as always, for everything you do for our patients and families. Carolyn

Mission Statement: Duke HomeCare and Hospice will provide innovative, thoughtful care, using an interdisciplinary team approach, to achieve the best possible outcomes for the patients, families and communities we serve.