A Helping Hand

A Palliative Caregivers Guidebook by

HCA Hospice Care

Centre of Specialisation

Appointed by NCSS
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Foreword

Caregiving can be a joy especially when you are looking after a loved one. However, it can become very challenging and tiring if one is not adequately prepared for what to expect, how to do it and how to cope with one’s own emotions and feelings. Caregiving can be particularly difficult if one is not trained to look after a palliative care patient.

HCA Hospice Care (HCA) has been involved in formally training its patients’ caregivers since 2005. The objective of this training has been to help caregivers cope physically and emotionally with the care of their loved ones in their own homes. The outcome of these training sessions has also shown that more than 70% of those trained were able to cope with the physical and emotional aspects of caregiving. Recognising the impact and value of training caregivers, the National Council of Social Service (NCSS) appointed HCA a Centre of Specialisation in May 2008. This guidebook is a result of that appointment.

This guidebook has been put together by HCA staff and volunteers who have been actively involved in training palliative caregivers for the last few years. So apart from incorporating all the practical aspects of caregiving, it also includes those areas which palliative caregivers have found useful while caring for their patients. Examples of these are understanding burnout or the ways of communicating with patients under palliative care. Hence, new palliative caregivers will find the book very useful as an initiation. This book will also serve as a quick reference guide for trained caregivers who may need to refresh their knowledge and skills.

This guidebook will be a valuable companion in the reader’s journey as a palliative caregiver.

Dr R Akhileswaran
CEO and Medical Director, HCA Hospice Care
1. Overview of Palliative Care Giving

At some point of time in our lives, we may become a caregiver for a patient under palliative care. The patient may be someone dear to us who needs to be cared for in our own home. The patient could be a parent, a son, a daughter, a relative or a friend. But what is palliative care?

Palliative care, also known as hospice care, is about improving the quality of life for patients with life-limiting illnesses such as end-stage cancer or other advanced illnesses. It is also about making life less painful for the dying and being able to help the family, especially the caregiver, to cope during the patients’ illness and come to terms with their own bereavement when the patient passes on.

As a caregiver, you may have the heart and compassion to look after the patient. However, are you adequately equipped with the right knowledge and skills to perform suitable assessments and deliver proper treatment for pain and other related symptoms?

“You matter because you are you, and you matter until the last moment of your life. We will do all that we can to help you not only to die peacefully, but to live until you die.”

– Dame Cecily Saunders

an activist of the hospice movement, captures the essence of Palliative Care.
2. Overview of Palliative Care Team and Services

In palliative care, there is usually a team of experts working together with the caregiver to provide care for the patient. This team includes palliative care doctors, nurses, social workers, pharmacists, nutritionists, rehabilitation therapists, complementary therapists and others. Representatives from different religious communities might also be part of the team. While alleviating symptoms is the first priority, helping the patient to live fully during this challenging time is the ultimate goal of the palliative care team.

Working in partnership with your primary doctor, the palliative care team provides:

- Specialised treatment of pain and other symptoms
- Close, clear communication
- Help in navigating the healthcare system
- Guidance with difficult and complex treatment choices
- Detailed practical information and assistance
- Emotional and spiritual support for you and your family

The role of a palliative care doctor is one that is difficult and delicate. The principal role of this doctor is to manage the symptoms that arise from the advanced disease. He must continuously address the issues of pain and other symptoms experienced by patients so that they are managed well and patients can continue to live comfortably in their own homes. They must be willing to hear and acknowledge the psychological pain and fear of patients, no matter how bad it gets. The doctor recognises that patient-care at home includes the entire family, not just the patient. He will reassure families that their loved one is getting the best possible care at home, that the patient is being treated with dignity and respect, and that the family’s wishes and the patient’s wishes are being honoured.

The palliative care nurse has several key responsibilities in the care team. These include good assessment of needs, performing general nursing care (e.g. dressing, pressure area care, bowel care, etc.), administering medication, providing emotional support to patients and their family.
members as well as guidance in health education matters. These nurses are often the key professionals who coordinate and link caregivers to other relevant services and arrange for medical equipment when required.

The role of a pharmacist is to support the medical teams in ensuring patients have access to medication to manage their symptoms.

Physiotherapists in palliative care play a vital role in symptom control (e.g. lymphoedema, neuropathic pain, chest drainage) and in improving the functional status of patients. They provide guidance to caregivers and patients on tasks such as lifting and transferring techniques. A holistic approach to physiotherapy includes working with patients and their families to achieve realistic treatment goals that foster quality of life, control and independence.

Occupational Therapists aim to maximise the patient’s potential for safe and independent living. The therapist will assess the patient’s capabilities and make practical suggestions for improvement (e.g. use of equipment, splints, seating, bath aids, housing adaptations, coping skills, etc). They will also introduce activities for patients to enhance their quality of life.

The role of a Medical Social Worker is to assess the patient’s social circumstance, continuing health care needs and arrange residential and nursing home placements, if necessary. He or she will also be able to advise patients and their families on avenues of support available in the government sectors. Medical Social Workers will also address psychosocial issues faced by the patients and their caregivers.

Counsellors and Clinical Psychologists provide emotional support to patients and their families. This service is the expansion of practice-based counselling. While counsellor can provide service, clinical psychologists are specialists who use techniques helpful in complex psychological maladjustment to a terminal illness (e.g. cognitive, behavioural, marital therapies).
The role of a Dietician is to advise patients on diet and nutritional supplements, and work closely with speech therapists for patients with swallowing difficulties. The dietician’s knowledge and experience are useful contributions to the team.

The role of helpers from the Home Help Service is to be involved with the day-to-day activities such as housework, shopping, laundry, and collecting prescriptions. They are engaged or employed on the merits of their experiences and attitude. They may also take on some basic nursing duties with patients, such as getting them in and out of bed, dressing, washing, and toileting. They can also accompany patients to their doctors’ appointments and treatments.

The hospice volunteers can provide a wide array of services. They can come from all walks-of-life and be recruited for different activities including befriending, providing transportation to medical appointments, and helping with household chores, which may include shopping, house cleaning, etc.

The spiritual advisor is usually a recognised religious leader assigned to a health institution, or the more traditional religious figure from the community. This member, who can also be a layperson, can facilitate a patient’s spiritual well-being.

**Other Community-Based Services**

The decision to use various types of community-based services is dependent on the combination of personal funds and government subsidy. Financial decisions may be based on complex calculations and documentation, which often require the assistance of a Medical Social Worker.

**Nursing Homes**

These can be charitable or private organisations which need to achieve certain basic standards of care. The quality of care can be variable, given that patients can be highly dependent and resources can be quite stretched.
Day Care Centre
Attending the Day Care Centre gives patients an opportunity to be out of their house, daily or at least two or three times a week, and be stimulated mentally during group activities. These patients can be engaged in various activities such as simple physical exercises, aromatherapy massages, or art and handicap work. It also gives caregivers some respite from their ongoing responsibility to the patient, while the patient can benefit from being away from their daily routines at home.

Inpatient Hospice Care
Patients with life-limiting illnesses should consider inpatient hospice care when continued care at home is not possible anymore and hospital or nursing home care is inappropriate. Inpatient hospice care setups are staffed by specialist multi-professional teams.

Home Care
The palliative home care team can provide specialist palliative care to patients in the comfort of their own homes. The specialist home care team can work from a hospice or specialist palliative care unit.
3. Objective of the Guidebook

The main objective of this guidebook is to provide information and guidelines for the caregiver tasked with providing palliative care to someone in his or her own home.

People who are at end stage of life have complex needs. As a caregiver, you will have to understand that certain tasks, which many of us take for granted, can be a hurdle for the patient. The following pages offer a step-by-step approach in carrying out the numerous tasks, ranging from proper hygiene care to infection control, handling toileting needs and managing the activities of daily living.

A caregiver plays an important role within the dedicated team of doctors, nurses and other health professionals in caring for the patient. At the same time, the professional team recognises the need to provide psychosocial support for the caregiver who can find it emotionally draining taking care of a loved one.

This guidebook aims to empower you, the caregiver, with the basic knowledge and skills of palliative caregiving to prepare you adequately in your efforts to care for a loved one with life-limiting illness.
4. Providing Hygiene Care

One of the first basic requirements in care giving is creating a hygienic and comfortable environment to ensure the home is a safe place for the patient under your care.

4.1 Infection Control
Caregivers, including health care staff, should be equipped with the right knowledge, skills and attitudes for good infection control practices. Basic infection control precautions must be applied at all times, regardless of diagnosis or infectious status.

Infection control is about ensuring standard precautions taken to prevent and minimise infection from person to person. One of the first steps towards infection control is hand washing. Hygienically clean hands can minimise contact of micro-organisms on the hands during daily duties and when there is contact with blood (including dried blood), body fluids, secretions, excretions, non-intact skin, mucous membranes, and known and unknown contaminated equipment or surfaces.

It is also necessary for caregivers to wear gloves before handling a patient. In situations where there may be insufficient time and/or facilities, an alcohol-based preparation provides an effective option for individuals.

Caregivers should also ensure good hand care for the patient because intact skin (with no cuts or abrasions) is a natural defence against infection. Any breaks or lesions of the skin are possible sources of entry for pathogens. Hence, hand cream should be used if the patient’s hands are washed frequently.
Techniques for Proper Hand Washing

- Remove jewellery on fingers and hands
- Wet hands (using the 7 steps of hand washing mentioned below) thoroughly and lather vigorously using neutral pH liquid hand wash
- Rinse hands under running water
- Do not touch taps with clean hands — turn off tap with elbow. If unable to use the elbow, use a paper towel to turn taps off
- Pat hands dry using paper towel. Wipe from fingers, down to wrist. (i.e. dry from clean areas to least clean areas)
- Maintain hands above elbow

Proper hand washing should be done on occasions including:
- Before eating
- After going to the toilet
- Before significant contact with patients (e.g. emptying a drainage reservoir such as a catheter bag)
- Before injection
- Before and after routine use of gloves
- After handling blood or body substances
- Before any procedure that require aseptic technique (such as dressing)

The proper procedure to perform the 7 Steps of Hand Washing is to do the following in the right order:

1. Palm to palm
2. Right palm over left dorsum and left palm over right dorsum
3. Palm to palm, fingers interlaced
4. Back of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left palm and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left hand in left palm and vice versa
7. Rotational rubbing from wrist to elbow
7 Steps of Hand Washing
4.2 Wound Care

A wound is any break in skin integrity and may be due to cuts, prolonged lying down, burns, trauma, and cancers that penetrate through the skin. These are “unintentional” wounds. The “intentional” wounds are created through surgery. Wounds can become chronic when the healing is slow due to infection, underlying medical conditions (such as diabetes, anaemia, and vascular disease), poor nutrition, and smoking.

Wounds that are exposed to air take a longer time to heal, as a moist environment is needed for healing to take place. Therefore, do not expose the wound far longer than necessary. A wound that is infected contains pus; there is pain and redness around the area. Treatment should be sought immediately. Patients with diabetes should also have their blood sugar level in control. Anaemic patients need to correct their anaemia. It is important to have a good balanced diet and avoid smoking.

Cleaning and Dressing a Wound

Keeping a wound clean and covered can help improve the quality of life in terms of cosmetic image. Proper dressing is also necessary to promote healing and to reduce odour. Caregivers can seek advice from the nurse or doctor caring for the patient on the type of dressing products to be used. If patient complains of pain during dressing, you may give a painkiller about half an hour before start of dressing. Seek advice from medical staff before giving any medication that has not been prescribed to the patient.
Common Items Required To Dress a Wound

- Sterile dressing set
- Cleansing solution, e.g. normal saline
- Medication prescribed by doctor (to help wound healing)
- Recommended dressing products
- Adhesive tapes or transparent dressing
- Disposable bags
- Protective sheets
Steps for Wound Dressing

1. Wash hands using the 7 steps of hand washing.
2. Loosen patient’s dressing.
3. Wash hands again using the 7 steps of hand washing.
4. Open the sterile dressing pack by not touching the inner side of the pack.
5. Wash hands again, using the 7 steps of hand washing.
6. Dry hands using towel supplied by sterile dressing pack.
7. Pick up the sterile forceps without touching the end of forceps that hold the swabs/ gauze or other dressing products.
8. Pour recommended cleansing solution on the swabs and prepare the swabs.
9. Use forceps to pick the old dressing from the wound and discard it. (If the old dressing is too dry to remove, soak the dressing with normal saline for a while).
10. Use 1 swab for each stroke of cleaning and discard it.
11. Observe the swab for any blood, pus, odour, and colour.
12. Observe wound size and depth for future evaluation.
13. Apply recommended dressing suitable for the wound.
14. Secure the dressing with adhesive tapes or transparent dressing.
15. Discard the dressing sets in the plastic bag into the rubbish bin.
16. Inform the medical team if you detect fever, excessive pus, odour, bleeding or pain.
4.3 Oral Care
Oral hygiene is the practice of keeping the mouth clean and healthy by brushing and flossing to prevent tooth decay and gum disease. This can have a significant impact on patients’ general well-being. Patients need adequate oral care to eat and talk comfortably, feel happy with their appearance, maintain self-esteem and normal standards of hygiene. It is an important aspect of care that needs to be carried out consistently. Caregivers can play a vital role in providing effective oral care and promoting oral hygiene.

Oral Health Problems
Digestion starts in the mouth. Research indicates that a clean mouth prevents aspiration pneumonia and gum disease. Salivary flow provides a natural way of washing away oral bacteria. This flow can be reduced by some medications and medical treatments that can lead to a build-up of bacteria resulting in decay.
Caregivers should be mindful of the different parts of the mouth as stated below:

- For the lips, caregivers should assess whether they are smooth, pink or moist, or they are dry or cracked. There should be proper care for the lips when they are ulcerated or bleeding.

- For the tongue, caregivers should assess whether it is pink, moist and healthy with the presence of papillae. There should be proper care for the tongue when it is coated with a loss of papillae, or when it is red, blistered or cracked.

- Caregivers should also observe the salivary flow in the patient’s mouth. Caregivers can insert a spatula into mouth, touching the centre of the tongue and the floor of the mouth and observe whether the saliva is watery, copious or absent.

- For the mucous membrane in the oral cavity, caregivers can assess whether the membrane is pink and moist or ulcerated and bleeding.

- For patients with dentures, caregivers should observe the appearance of the teeth or denture bearing areas and identify whether the areas are clean or have plaque with debris.

- Caregivers can also check for gum problems including Gingivitis (red and painful gums) by gently pressing the gums with end of spatula. When the caregiver observes that the gums are pink, swollen, red, or bleeding, it is important for the caregiver to notify the doctor or the nurse.
Oral Cleansing Methods

**Toothbrushes**
Tooth brushing should be the first method of oral cleansing unless the patient is prone to bleeding, pain, or aspiration. Brush teeth at least twice a day, preferably soon after waking up in the morning and before going to bed. Use a soft-bristled, small-ended toothbrush.

**Foam Swabs**
Use foam swabs/brushes with chlorhexidine or toothpaste when tooth brushing is not advisable, for example, with patients who have a tendency to bleed. Do not use foam swabs longer than necessary.

**Mouth Square**
Do not use mouth square/cotton square/gauze.

**Oral Cleansing Agents**
Fluoride Toothpaste: brush teeth with fluoride toothpaste twice daily to prevent and control dental caries.

There are different types of oral cleansing agents and techniques to provide oral care that caregivers should discuss with the nurse. The general oral care guidelines would be to:
- Provide routine care minimum four times daily (after meals, morning and night)
- Use small and soft toothbrush and fluoride toothpaste
- Apply white soft paraffin to lips to prevent cracked lips
- Ensure proper denture care
4.4 Toileting needs
Toileting is a fundamental daily activity and in health care, it is the act of assisting a dependent patient with his/her elimination needs. Depending on a patient’s condition, a patient’s toileting needs may vary. The caregiver may be required to assist the patient to walk to a bathroom, to a portable commode, get on to a bedpan, or to provide a male patient with a urinal. A more dependent patient with incontinence may have his/her toileting needs met solely by using diapers.

Incontinence
Incontinence is the inability to control excretion of urine or faeces. Urinary incontinence is any involuntary leakage of urine, i.e., the patient is unable to control the flow of urine. Faecal incontinence is the loss of regular faecal control, which may also lead to involuntary leakage of faeces. If the patient suffers from incontinence, it is important to be aware of the following points:

- To avoid serious skin problems, daily bathing and a regular change of clothes are essential
- Learn to recognise the non-verbal cues a person gives about needing to go to the toilet, and respond to them quickly
- Schedule frequent visits to the toilet, if possible
- Look for a pattern of where/when accidents happen
- Make sure clothes are easy to put on and take off
- Provide adequate lighting to and in the bathroom
- Use a protective pad on the bed at night
- Place the patient’s bed close to the toilet
- Put a commode next to the bed at night
- Discuss the need of catheterization with the doctor or a nurse
Types of Toilet Modification

- Toilet Guardrails
  Toilet guardrails can be attached to the walls or floor on both sides near the toilet seat or the commode. Sometimes handrails or grab bars may be installed to give the patient something to grasp onto when sitting or getting up from the toilet seat.

- Elevated Toilet Seat
  This plastic seat is placed on top of the existing toilet seat. It adds three to six inches to the height of the toilet seat, depending on the style chosen. The extra height makes it easier to get on and off the toilet bowl.

- Using a Commode Chair
  A commode chair is like a chair with a toilet seat attached and is very useful for people who cannot get to the toilet quick enough or on their own.

- A Hand-Held Urinal
  This is a plastic container, about 12 inches long, usually with a handle. This is convenient for night use so that patients need not get up to go to the bathroom.

- Bedpan
  A bedpan goes under the hips of a person to collect urine or stool. It is most often used while the person is in bed but can be used while he or she is seated in a chair.
4.5 Administering Enema/Suppository

Administering enema or a suppository is a procedure which introduces liquids or a “bullet-like” rectal medication into the rectum and colon via the anus. Certain medicines can be administered via enema. Enemas come in disposable bottles and nozzles are usually self-lubricated for easy administration. Enemas are meant for evacuation (clearing the bowel) or retention. Examples: Sodium Phosphate is an evacuant and Diazepam (Valium) is given rectally for retention in patients having seizures.

There are occasions when caregivers have to administer enema or a suppository for the patients. For example, patients who are vomiting or have gastric irritation will tolerate a suppository or enema. Unconscious patients can also benefit from it since they are unable to take oral medication. In fact, caregivers will find it easier to insert rectal medication than giving oral medication when a patient is vomiting or is unconscious.

When administering enema/suppositories, caregivers should note that:

- Rectal medicines should not be taken orally, and only medications labelled as rectal preparations should be placed in the rectum.
- It should be ordered by doctor.
- If patient had recently suffered a heart attack, avoid rectal medication until the doctor gives approval.
- Inform medical staff if rectal bleeding occurs.
4.6 Care of Urine Catheter

A urinary catheter is a tube that is inserted through urethra into the urinary bladder to help drain urine. The catheter is secured in the bladder by inflating a balloon at the inner tip of catheter with sterile water. The other end of urinary catheter is connected to a drainage bag. Urinary catheter comes in different sizes, types and is made of different materials. The catheter to be used is determined by your medical staff. Catheters need to be changed regularly. Different materials have different time frames for change and therefore it is good to check with your nurse about this. Cleanliness is important when using a urinary catheter to prevent infection.

Patients need to use a urinary catheter when they are unable to void urine completely, unable to control the voiding of urine, they have pressure sores in the peri-anal area, or the patient is unconscious and unable to void. In these situations, caregivers should know how to maintain patency of catheter and minimise risk of urinary infection.

Basic Care and Procedure

A. To drain urine from drainage bag

Items Required:
1. Alcohol swabs x 2 pieces
2. Measuring jar
3. Non-sterile disposable gloves
4. New drainage bag
Procedure:
1. Wash hands using 7 steps of hand washing
2. Wear gloves
3. Use one alcohol swab to clean the lock of the drainage bag outlet valve
4. Allow the urine to empty into the measuring jar
5. Use another alcohol swab to swab inner aspect and tip of outlet valve
6. Lock the drainage bag outlet valve
7. Ensure that the outlet valve does not touch the floor or anything
8. Remove gloves by not touching external side of gloves
9. Note volume, colour, smell of urine
10. Discard urine in the toilet bowl
11. Wash hands using 7 steps of hand washing

Note: Drain urine before bed sponging, shower or when drainage bag is half-filled or at least every 8 hours.

B. To change drainage bag

1. Drain urine before changing to new bag, using the steps above
2. Wash hands using 7 steps of hand washing
3. Open the new drainage bag without touching the bag
4. Wash hands again using 7 steps of hand washing
5. Use 1 alcohol swab to clean the connection between the urinary catheter and the drainage bag
6. Kink the urinary catheter and disconnect the old drainage bag
7. Continue to kink the urinary catheter while you remove the cover of the new drainage bag
8. Do not touch the connection of new drainage bag
9. Insert the new drainage bag into the urinary catheter connection
10. Wash hands using 7 steps of hand washing

Note: Change urine bag at least once a week and especially when you detect foul-smelling urine, lots of sediment or blood clots in the urinary catheter or urine bag.
C. Maintain patency of catheter

The patency of urinary catheter must be maintained so that urine can be drained. Below are the measures to be taken:
1. Drainage bag should always be below waist level
2. Ensure no kinks or loops in the catheter
3. Prevent constipation
4. Knead the tubing regularly to break the sediments

D. How to minimise urinary infection when having urinary catheter

Below are the steps to be taken:
1. Clean external orifice of the urethra (where the catheter is inserted) and the catheter itself with soap and water daily
2. Clean external orifice of the urethra and peri-anal area thoroughly after patient has moved his bowel
3. Drainage bag should always be below waist level (to prevent backflow)
4. Ensure that the outlet valve does not touch the floor or anything
5. Ensure enough fluid intake
6. Do not disconnect connection between the catheter and drainage bag unnecessarily without alcohol swab

Caregiver should inform medical staff if they observed the following:
- Bleeding or blood-stained urine
- Foul-smelling and urine with sediments (cloudy urine)
- Fever of more than 38 degrees Celsius with chills
- Leaking catheter
- No urine output for six to eight hours and discomfort in lower abdomen or distended lower abdomen
4.7 Care of Stoma

Stoma is a surgically created opening in the abdominal wall for passage of body waste like urine and faeces. There are three types - Colostomy, Ileostomy and Urostomy. Colostomy and ileostomy are administered to clear faeces while urostomy is done to clear urine.

A colostomy is created in the large intestine to allow faeces that is firmer and formed to be passed out. Ileostomy is created from the small intestine to allow the passing of watery faeces. A urostomy involves the creation of an external opening created to allow urine to be drained out of the body. A healthy looking stoma looks moist, red and shiny. There should not be any pain and bleeding. Caregivers should inform a doctor or a nurse when the patient experiences any of the following signs and symptoms:

- Constipation
- Vomiting
- Pain around stoma
- Change in the stoma colour
- Heavy bleeding from stoma
- Severe cramping pain in the abdomen

When caregivers have to take care of patients with a stoma, there is a need to change the stoma bag regularly.
Basic Care and Procedure

Change the stoma wafer or bag every five to seven days to prevent leakage and to drain the water appropriately. If leakage occurs, change it earlier.

Items Required:

1. Stoma measure guide (to ensure correct size for your stoma)
2. Stoma adhesive paste - to help adhering on the skin
3. Stoma adhesive powder - to help healing of excoriated skin
4. Stoma drainage bag wafer - if two-piece system is used
5. Stoma drainage bag
6. Drainage bag clip
7. Pail of warm water
8. Plastic bag
9. Soft paper towel
10. Mild cleanser
11. Adhesive tape
Procedure:
1. Wash hands using 7 steps of hand washing
2. Empty contents of drainage bag in toilet
3. Wash hands again using 7 steps of hand washing
4. Gently remove the old stoma wafer/drainage bag from the top downwards
5. Use the warm water and mild cleanser to clean the stoma and surrounding skin
6. Pat dry the stoma and surrounding skin (do not rub)
7. If the surrounding skin of stoma is excoriated, use stoma adhesive powder
8. Use the measuring guide to get the right size for the stoma
9. Trace the measuring guide size that you have determined on the stoma wafer
10. Cut out the measurement 2mm larger than what you have traced
11. Apply stoma adhesive paste around the stoma, allowing it to dry for one to two minutes
12. Remove paper backing of stoma drainage bag wafer
13. Apply the wafer from down upwards, ensuring that wafer sticks tightly, free of creases and air-pockets
14. Apply adhesive tape around the edges of the wafer
15. Discard any waste in the dustbin
4.8 Care of Tracheostomy

Tracheostomy is a surgical procedure on the neck to open a direct airway through an incision in the trachea (the windpipe). Patients may need to undergo a tracheostomy for various reasons including:

1. Upper airway may be blocked due to edema of the glottis or by carcinoma of the larynx
2. For long-term ventilator support. The ventilator may be easily attached directly to the tracheostomy tube
3. For a more effective way to remove secretions from the trachea and lower airways

Caregivers should be aware of possible complications and important care factors while taking care of patients with a tracheostomy.

Possible complications include:
- Obstruction
- Hemorrhage
- Infection
- Redness or pus-like secretions around site
- Pneumonia (inflammation of lungs)

The important care factors include humidification. With the nasopharynx, which provides the natural humidification mechanism for the airway, bypassed by tracheostomy, it is essential that adequate humidity be provided to keep the airway moist.

Instilling sterile saline directly into the tracheostomy tube before and during suctioning may aid in loosening and keeping secretions moist. The patient must be properly hydrated orally or through feeding tube, which will make the secretions thinner and more mobile.

Suctioning should not be considered as a routine. Use suction only when you observe signs of excessive secretions or coughing with phlegm that might cause obstruction of the site. Suctioning is an uncomfortable procedure and is usually a frightening one. To help decrease anxiety and fear, explain
procedure with reassurance and remember to ask for permission if patient is conscious.

Regular chest physiotherapy by percussing the front, back and sides of chest with both hands cupped is very effective in mobilising secretions. Turning the patient frequently, encouraging deep breathing exercises, helping the patient to sit up in bed for up to 45 minutes interval and ambulation, if possible, are important in the prevention of pulmonary complications.

**Basic Care and Procedure**

It is very important to change the tracheostomy dressing when it is soiled or at least once daily to prevent infection.

**Items Required:**

1. Sterile dressing set
2. Tracheostomy dressing, e.g. Loom T (pre-cut keyhole dressing)

   **Note:** Plain sterile gauze pads should not be used for tracheostomy dressings, as fibres that become loose may be aspirated into the airway.

3. Clean tracheostomy ties or Velcro® tracheostomy tube holder
4. Normal saline 0.9%
Procedure:
1. Inform patient and seek permission if he/she is conscious
2. Suctioning should be done first if required
3. Position the patient with their neck in slight extension
4. Remove old dressing by holding the tube in place and remove the old ties or holders. Be careful and remember to keep tracheostomy tube in place
5. Assess for signs of bleeding, infection (purulent or smelly discharge), inflammation or trauma
6. Wash hands using 7 steps of hand washing after ensuring that patient will not attempt to pull out tube
7. Prepare dressing set with normal saline solution
8. Clean around tube, at stoma site, in circular motion from inside-out and discard swab after one round and change new swab
9. Care must be taken to avoid disturbing the tube to prevent trauma
10. Dry site with sterile gauze
11. Apply new tracheostomy dressing under the flange, inserted from below
12. When securing the tracheostomy ties or velcro, ensure the holder is secure enough to keep the tracheostomy in place, but loose enough to allow two fingers to fit between holder and neck
13. Discard the dressing set and wash hands
4.9 Care of Peritoneal Tube

Peritoneal Tube (often referred to as “Cope Loop catheter”), is a tube surgically placed into the abdomen to allow drainage of excessive fluid (Ascites) that is collected in the peritoneal cavity. The excessive fluid collection may arise from liver cirrhosis or obstruction of lymphatic drainage by tumour cells, especially in advanced Ovarian, Endometrial, Colon, Stomach, Pancreatic and Liver Cancers.

The benefits of having the peritoneal tube drainage are:
- To relieve symptoms (e.g. breathlessness, pain or nausea)
- Decrease number of repeated abdominal drainage
- Decrease number of visits to hospital or clinic
- Can be managed at home
- Improve Quality of Life, so that patient can spend more time with family

Caregivers who are looking after patients with a peritoneal tube should be able to change the connecting tube to the drainage bag.

**Basic Care and Procedure**

How to change the connecting tube of the peritoneal tube.

**Items Required:**
1. Alcohol or Triple Care swab sticks
2. Alcohol swabs for single use
3. 3-way tap, pigtail (tubing with orange connector) and urine bag (if due for change)
4. Sterile gauze
5. Plastic bag
6. Transparent dressing
7. Micro pore tape
Procedure:

1. Wash hands using 7 steps of hand washing
2. Connect 3-way tap to pigtails and urine bag first without touching the connecting points and tape connection from pigtails to urine bag to prevent it from dislodging
3. Remove old dressing and discard in plastic bag
4. Observe site for any discharge or inflammation
5. Wash hands again using 7 steps of hand washing
6. Prepare swab sticks
7. Hold tube and clean site, using prescribed swab stick in circular motion from tube site outwards. Do not contaminate the stick before cleaning site
8. Discard the stick after going one round and once lifted up from skin
9. Use a new stick and continue cleaning in circular motion till all sticks that have been opened are used up
10. Apply sterile gauze to the bottom of the tube and on top, covering the tube site by just holding on to the edge of the gauze and ensuring no contamination
11. Secure site with transparent dressing where edges of gauze are properly covered and making sure that tube is not kinked
12. To change 3-way tap and tubing, clean disconnecting site with alcohol swab
13. Disconnect old 3-way tap by kinking the peritoneal tube end and discard old tubing
14. Clean the peritoneal connecting point with new alcohol swab before connecting the new 3-way tap with prepared pigtails and urine bag
15. Use remaining gauze to cover 3-way tap and secure with micro pore tape for cushioning and to prevent it from dislodging.
16. Discard all unused items that are exposed and wash hands

Note: Peritoneal dressing can be changed two to three times a week or more often if wet or soiled. Tubing from 3-way tap connecting to the pigtails and urine bag can be changed weekly or as advised by hospital team.
5. **Providing Physical Care**

5.1 Activities of Daily Living
Many of the daily tasks we take for granted can be extremely challenging for patients under our care. They may have difficulty in taking a bath or shower, toileting, feeding or grooming. While not everyone may need help in carrying out all these activities, it is good to know how to manage them to be able to help the patient when the need arises.
Giving a Bed Bath

Giving a bed bath means washing someone who is in bed. A bed bath cleans the skin and helps keep it free of infection. It helps the person to relax and feel better. The following are steps to be taken when giving a bed bath:

- Be sure you have everything you need by the bedside before you begin so that you do not need to leave the patient during the procedure.
- Provide privacy. When you are giving the bed bath, you will want to close the drapes or the door to give the patient privacy and to keep out the draft.
- Undress the patient. Fold back the sheet on the bed to ensure it stays dry during the bath before undressing the patient. Immediately cover the patient with a blanket to keep patient warm and his dignity intact.
- Wet a washcloth. The best way to wash a patient in bed is to fold the washcloth around your hand, tucking the ends in so it forms a mitt. This prevents the washcloth from slapping against the patient’s fragile skin. Be sure the washcloth is wet enough for the soap to lather, but not dripping wet to avoid water spilling on the edge of the bed.
- Always wash the face first. This requires no soap, only water. Once you have finished, dry the face with a towel. Move to one of the arms, removing the blanket only from the area you are washing, leaving the rest of the body covered for privacy and warmth. You will want to place a towel under the area you are washing to prevent the bed sheet from becoming wet. Once the arm is washed, rinsed and dried, move on to the other arm. Continue this process for the entire upper and lower body. Gently roll the patient over to wash back and buttocks, excluding anus.
- Change the water. You will change the water during the bed bath for two reasons: If it has grown tepid or if water is dirty, for example, after washing the genitalia and anus. Use another washcloth to clean these areas. Once the patient has been cleansed from head to toe, dress the patient up and ensure that the patient is comfortably repositioned.
Giving a Shower

- Prepare everything you need during and after the shower. Try to keep the bathroom warm. Help patient to undress if he or she is unable to do so. Adjust the water temperature. Make sure bath mat and shower chair are in place and grab bars, if any, are within reach. Help to wet the whole body. Shampoo hair first then rinse thoroughly.

- If patient is able to stand, ask to make use of the grab bar, if available. Offer a washcloth to patient and ask him to wash his face, neck, ears and private parts. Meanwhile, you can wash the back, making sure you get the little indent at the end of the tailbone. When washing the buttocks, go down the right leg to the foot and go upwards from the back of the left foot and leg. Using a new washcloth, start by washing from right hand up to the armpit and down the chest to the left armpit, down the arm, to the left leg to the foot. Go to right foot and up the leg. Rinse thoroughly.

- Dry, powder, put deodorant on and assist in dressing.
Change/Dress in Bed

- Turn the patient on his/her side, away from you and move patient to one side of the bed, taking care to prevent the patient from falling.
- Roll the edges of the dirty bed linen flat from top to bottom close to the patient.
- Tuck in the clean linen, from head-end to foot, and roll it flat under the edges of the old linen.
- Assist patient to put on clean clothes.
- Move patient to the edge of the clean side of bed. Pull out dirty linen and place it in bag. Pull out clean linen until smooth and tuck it in.
- Then roll patient to his/her back and complete dressing.
- Cover with sheet or blanket, if necessary.

Tips and Warnings

Pillows can be used to prop patients up if needed, depending on how alert they are. Whenever possible, if the patient can sit up in the bed or in a chair, this would be a better position for dressing them rather than in the lying down position.
**Grooming**

Good grooming boosts morale and helps patients develop a sense of dignity and self-worth. As a caregiver, you can encourage the patient in your care to adopt simple grooming skills such as washing, combing, changing clothes, etc. Here are some steps towards good grooming:

- Help patient arrange supplies and materials that are easy to find and use. For example, liquid soap pump in the bathroom may be easier to manage than bar soaps. Make sure clean washcloths and towels are on hand, either on the bathroom counter or in an accessible closet or drawer. Replace worn combs, toothbrushes, hairbrushes, and razors. Invite the patient to choose colours, styles, and designs to promote a sense of interest and self-investment.

- Set a routine for morning, evening, and weekly care. For example, you may want to supervise hygiene when the person gets up each morning. Guide him or her to the bathroom and point out the availability of the required supplies. You may wish to talk the patient through each task. For example: “Go ahead and wash up while I start breakfast.” or “Here is your toothbrush and toothpaste. I’ll be back in a minute to see if you need anything else.”

- Give the patient responsibility and privacy to promote a sense of dignity and self-worth. If the individual cannot manage these tasks, offer minimal help by placing items in the person’s hand or giving verbal reinforcement. For example: “Here’s your brush. Let’s see what you can do with your hair.”

- Offer assistance only when the person appears confused. For example: “Do you want me to help?”

- Encourage the person to choose clothing for the day and when going on an outing. If colour coordination or style appropriateness is questionable, provide gentle hints or reminders. For example: “I love that shirt. How do you like it with these slacks instead of those?”
Leisure Activities

Patients, who are mobile and show a sense of independence in living, can be encouraged to take up simple leisure activities that can be stimulating for the mind and body. Following are some suggestions:

Indoor Activities
There is a wide range of indoor activities that offer opportunities for recreation and relaxation, personal and skills development, and in most cases, the opportunity to develop and foster relationships with others who have similar interests.

Books
Many people find books and literature a wonderful ‘window to the world’, an opportunity to explore new horizons and experiences. While reading may be primarily an individual experience, there are various ways to share this experience with others. Following are a number of options to consider.
DVDs / Movies
Movies can take us to exotic places, transport us back in time or far into the future, amuse, inform, challenge or simply entertain us.

Music
Learn an instrument or attend a concert - music is good for the soul.

Dancing
There is every sort of dance waiting for anyone to try: ballroom, rock and roll for the nostalgic, line and tap dancing.

Photography
If patient enjoys taking photographs, encourage him or her to join a photography club where enthusiasts can meet other people with the same interest to share knowledge and experiences.

Writing Groups
Writing is a great way to express oneself - writing an autobiography, a poem, a short story or family history. Writing groups are a good way to get started.

Outdoor Activities
Choose outdoor activities that are not too strenuous and age appropriate. For example, bird watching, swimming or walking.

Travel
Ask the person if he or she would like to visit any place locally or overseas. Check with the doctors if he or she is fit for the trip. Find out necessary precautions to take while on the trip.
5.2 Assisted Exercises

Rehabilitation of terminally ill patients may sound counter-intuitive, but providing palliative care is about maximizing function, reducing caregiver burden, and maintaining psychological and spiritual well-being. The most common symptoms in people with life-limiting illnesses include fatigue, pain and general weakness. This group of people would also have functional decline, loss of independence and experience significant psychological distress. The rehabilitation strategy for the terminally ill patient should focus on improving the quality of life and maximizing function.

Before embarking on any type of exercise, it is important to get professional advice from a medical practitioner or physiotherapist. This section provides a simple guide on how and what exercises can be done to improve the quality of life and maximise the function of the person you are taking care of.

How to Help Perform Light Exercises

- It is very important to help the patient do the exercises safely and slowly if he/she is to get the benefits from exercising.
- Assist in doing the exercises regularly if the patient is embarking on an exercise journey.
- Help in doing the exercises individually, slowly and steadily. Jerking or moving quickly can be painful and might strain the muscle or tendon.
- Pay attention to pain. Pain can mean that the painful area is damaged and the patient should not move it until it has healed. However, if it is a stiff sensation in the limbs, stretching into a slight degree of pain can help loosen up the joint. It is important to ensure that the pain does not remain more than 10 minutes after the exercise.
- Mark a specific time to do the exercises to promote compliance to the activity.
- As a simple guide, one can do the exercise 10 times or move to the point of resistance and hold for 30 seconds.
- Do not force the movement.
Some Suggested Assisted Exercises

Hip and Knee Flexion

Support the leg by placing one hand on the bent knee. With the other hand, grasp the heel for stabilization. Lift the knee and bend it towards the chest, with the kneecap pointed towards the ceiling.

Do not allow the hip to twist during this movement. The foot should stay in a straight line with the hip and not swing inwards or out. The leg is then lowered to the starting position.
Hip Rotation

Support the leg by placing one hand on the bent knee. Place the other hand just below the heel. Bend the knee halfway to the chest so that there is a 90-degree angle at the hip and knee. Pull the foot towards you and then push it away.

Remember not to go beyond the point of resistance or pain. Lower leg to starting position.

Hip Abduction

Support the hip by placing your hand on the hip. Cradle the lower leg with the other hand to move the hip joint. Keeping the knee straight, move the leg along the surface of the bed, towards you and away from the other leg, to approximately 45 degrees. Then bring the leg back to the other leg.
Heel-Cord Stretching

Cup or cradle the heel with your hand and place your forearm against the ball of the foot. Push the ball of the foot forward, bending the foot toward the knee and stretching the muscles in the back of the leg.

Cup the heel of the foot into the palm of your hand. Gently push the foot down to “point the toes.” Do this with knee bent, and then repeat with knee straight.

Ankle Rotation

With the knee straight and one hand holding the ankle steady, place the other hand around the foot and turn foot inward, then outward.
Toe Flexion and Extension

With one hand, stabilize the foot just below the toes. With the other hand, gently move each or all of the toes forward and backward.

Lumbar Rotation

Bend knees up and keeping them together, lower them to one side as far as they can comfortably go. Guide the opposite hip with the other hand to allow smooth movement of the waist. Repeat to the other side.
Hamstring Stretch

With the knee and heel supported, slowly raise the leg up, keeping the knee straight. Return to starting position.

Elbow Flexion and Extension

Hold the upper arm with one hand and forearm with the other hand. Bend the arm at the elbow so that the hand touches the shoulder. Then straighten the arm all the way out.
Horizontal Shoulder Abduction

Place hand behind or above head. Gently touch elbows to bed and hold as tolerated. Stretch felt in chest.

Shoulder Flexion and Extension

Hold the wrist with one hand. With the other hand, grasp the elbow joint to stabilize it (if the shoulder muscles are very weak) or just support the shoulder to feel the smooth movement of the shoulder joint. Turn the palm inward, facing the body, and keep the elbow relatively straight. Move the arm from the side of the body over the head.
Shoulder Internal and External Rotation

Place one hand under the elbow. With your other hand, hold the forearm. Bring arm out to the side to shoulder level. Turn arm so that the hand points to the ceiling. Then turn arm back down so that hand points to floor and the upper arm is twisting in the shoulder joint.

Horizontal Shoulder Adduction

Place one hand over the elbow and slowly guide the arm across chest. The other hand is placed over the shoulder to provide some support. Stretch is felt in the back of arm and shoulder.
Neck Rotation

Turn head slowly to look over left shoulder then turn to look over right shoulder, touching the chin to the shoulder if possible.

Neck Flexion

Tilt head slowly toward left shoulder and then toward the right shoulder, touching the ear to the shoulder if possible.
Finger and Wrist Flexion and Extension

Hold the forearm above the wrist with one hand and grasp the fingers with your other hand. Holding the hand in this way, bend the wrist back, about 90 degrees, while straightening the fingers out. Then bend the wrist in the opposite direction, about 90 degrees, while curling the fingers into a fist.

Thumb Flexion and Extension

Move thumb to little finger. Then bend and straighten the thumb out to the side to stretch the “web space”
5.3 Safe Handling of Patients

There may be many occasions when you may have to assist the patient to move from one place to another. It is important to practice safe patient handling to minimise the risks of sustaining strains and sprains. The top most causes of injuries related to patient movement includes transferring in bed, repositioning the patient, assisting from sitting to standing and transferring from bed to chair. Caregivers should get proper instructions from trained staff, for example, the nurses or the physiotherapists on how to perform each manoeuvre safely and efficiently for the benefit of the patient and self.
Some Tips for a Safe Movement

Involving the patient whenever possible. Every little effort from the patient to assist the movement will help you ease the stress on the back and shoulders. It is also important to ensure that the patient does not resist your efforts.

Ask for help. Assistance from other family members can make all the difference when repositioning or moving the patient. If you can wait a few minutes for the assistance, be patient. Preventing a self-inflicted injury is well worth the wait.

Coordinate your efforts. Explaining your intentions and plan of action to the patient will reduce the risk of injury. For example, “Mrs Tan, we are going to walk to the toilet. I am going to help you to stand. I will stand on your left side. At the count of three, I would like you to try standing up.”

Invest in proper assistive equipment. There are different types of assistive devices that one can use to help with patient transfer. The availability of assistive devices ranges from low- to high-tech solutions.

Understanding the task: It is important to identify different techniques used for performing different activities. Assisting a patient from the chair to bed requires different strategy to repositioning a patient in bed.

Keep assistive and friction reducing devices accessible. If equipment is kept in a storeroom, chances are you will not be using it. Try to keep devices as close to the patient as possible without cluttering the room.
6. Providing Nutritional Care

Nutrition and Hydration
Adequate nutrition and hydration in palliative care are essential for the well-being of the patients to maintain sufficient energy levels, resistance to infection, minimise muscle wasting/pressure sores, and hence allow the patient to attain a sense of normality and good quality of life.

Achieving adequate nutrition and hydration may be a challenge for such patients as they may suffer from anorexia, swallowing problems, nausea or vomiting, and taste changes. Caregivers often worry about how to meet the needs of such patients under their care. It is important therefore for both the caregivers and the patients to focus on food and eating as a source of pleasure rather than just nourishment for the body.

The patient can receive nutrition and hydration in various ways. These include oral, enteral and parental nutrition.
6.1 Oral Feeding

Oral nutrition refers to ingestion of food through the mouth. It should be the first choice in feeding the patient. If the patient can eat, encourage this.

The food should contain all the macronutrients, namely carbohydrates, protein and fat. Different fruits and vegetables served in different textures and taste according to the patient’s preference will help keep the food balanced and provide some of the micronutrients. It is recommended that foods served should be high in carbohydrates and protein.

The caregiver may have to think of ways to increase the carbohydrate and protein intake. Below are some tips that may be helpful:

- Serve small snacks in between meals. Snacks like ice cream, puddings, yoghurt may be used.
- Fortified milk may be used as a snack if the patient is not lactose intolerant. To prepare fortified milk, add 1 ½ tablespoons of skimmed milk powder to a glass of fresh whole milk.
- Instead of serving water with zero calories, serve soymilk, milk beverages, soft drinks and cordials.
- Add sugar, honey, syrups to beverage to enhance taste and increase the calorific content.
- Serve fried foods instead of steamed food to increase calorific content if the patient is able to tolerate it.
- Add extra meat, fish, bean curd, cooked eggs, butter, and oil to regular dishes.
- Fruits may be served with thick syrup, cream and yoghurt instead of taking them plain.
- Use of commercial nutritional supplements to increase calorific and nutritional intake. For example: Ensure plus, Enercal plus, Resource Plus, Isocaloric Products
- Use of modular products, with single macronutrient that are available in the market. For example: Promod, Propass, Beneprotein
Caregivers may have to deal with patients who are:
- Anorexic
- Experiencing nausea and vomiting
- Experiencing change of taste
- Having a Dry Mouth
- Having a Sore Mouth

6.2 Anorexia
Anorexia or loss in appetite can be a major obstacle to meeting the patient’s nutritional and hydration needs. The following are some strategies to assist the caregiver in feeding the patient:
- Encourage the patient to eat in a normal situation as much as possible with family and friends.
- Take the opportunity to serve meals at times when the patient feels well and is inclined to eating. It may be in the mornings or in the evenings.
- Encourage the patient to eat by the clock rather than by hunger. Ask the patient to eat foods that he enjoys rather than struggling with “good” food, which the patient does not like. Add variety and interest to the meals by attractive presentation, different flavours and textures.
- Light exercise may increase appetite. Encourage the patient to walk to the dining table.
- Eat in different environments or listen to relaxing music while eating. A glass of wine with the doctor’s permission can stimulate appetite.
- If the smell of cooking causes the person to lose the desire to eat, choose ready to eat meals or cook ahead of meal times.

6.3 Nausea and Vomiting
Nausea and vomiting are common symptoms experienced by some patients and may affect dietary intake. Here are some tips for caregivers to consider when feeding:
- Encourage the patient to eat small frequent meals. 1 or 2 bites every hour or small amounts of supplements may be served...
- When patient feels nauseous, give a small amount of dry bread or biscuit
- Avoid rich oily foods that are difficult to digest or cause nausea
- Flavour the food according to the patient’s tolerance
- Cool / cold food are better tolerated than hot food
- Avoid cooking food that has a strong odour, where possible. Open windows or encourage patient to go for a walk when a meal is being prepared. Microwave cooking or ready to eat meals may be useful
- Ensure patient sits upright and avoids lying down immediately after a meal
- If nausea is persistent, consult the doctor for relief of patient’s symptoms.

6.4 Taste Changes
Some patients may suffer from taste changes and are unable to tolerate some foods. To address the symptoms try the following:
- Serve a variety of foods with different tastes and with different textures. The patient may find something to his or her liking
- If the patient finds the taste of meat bitter, substitute meats with poultry, seafood, eggs and other sources of protein
- Food served at room temperature may be better tolerated
- Strong herbs and spices may be used to flavour foods
- Use plastic cutlery as they do not leave an after taste
- Ensure good oral hygiene
- Give citrus flavoured sweets to suck on in between meals
- For patients with mouth and throat problems, maintaining good oral hygiene is of prime importance

Dry Mouth
Dry Mouth is a common symptom in ill patients. If your patient suffers from dry mouth, drinking adequate fluids and sipping in between meals will help to alleviate the symptom. Sucking on tangy foods like lemons will enhance the production of saliva, keeping the mouth moist.
Sore Mouth

Sore Mouth in some patients will affect the consumption of food. When such symptoms are present:

- Serve soft, moist foods, which do not require much chewing. Foods may be blended or mashed and moistened with gravies or sauces.
- Serve meals at room temperature.
- Nutritional supplements may be sipped through a straw.

Tube Feeding

Feeding, via a tube, may be one of the strategies used to meet the patient's nutritional and hydration needs. Patients may be fed via the following methods:

- Naso-gastric tube
- Naso-jejunial tube
- Gastrostomy (Percutaneous Endoscopic Gastrostomy – PEG tube)
- Jejunostomy tube

In tube feeding, the feeds (usually recommended by a dietician), medication and fluids are put in through a tube via a pump or syringe. This can be the sole source of nutrition or to supplement an oral intake.

Patients may be started on tube feeding when there is presence of painful swallowing and when oral feeding is a risk; where there is persistent swallowing difficulties and pneumonia; weight loss and malnutrition; reduced appetite; early satiety; and the presence of malnutrition.

Tube feeding is rarely recommended in the final stages of life, as tube feeding is not without risk. Common problems associated in tube feeding at this stage include aspiration, sepsis, and haemorrhage and may evoke feelings of fear and despair.

6.5 Parental Nutrition

Parental nutrition is feeding a patient through the vein usually through a central venous line. It is only recommended when the gastrointestinal tract is not functioning. It is rarely recommended for patients at the end stage of life. It is expensive and is not without complications.
7. Providing Emotional Care
An area that is often neglected is the emotional care of the patient and the caregiver. The emotional strain felt by both parties can lead to breakdown of communication and even depression. The following are guidelines to better manage your emotions and avoid caregiver burnout.

7.1 Understanding Different Emotions
Caring for a loved one with life-limiting illness is like taking a roller coaster ride. The patient’s and the caregiver’s emotions may go up and down like a yo-yo. The patient may be in pain or feeling unwell. The caregiver tries very hard to attend to patient’s need but is at the same time feeling exhausted and frustrated. Whose needs have to be met first? Some patients can be demanding while others may be passive. Either way, the daily need of feeding, cleaning, giving medication and watching out for unexpected changes in the patient all mean being on call round-the-clock. This is no easy task to fulfil.

As this may be a trying time, it is helpful to anticipate what emotions surface and how to manage them. One major emotion experienced by both patient and caregiver is sadness and loss. The sense of impending loss through death is real. With the sense of loss comes sadness. There is a case where a father in his forties, knowing that he will not be seeing his two primary school sons for much longer, asked his wife to arrange his bed so that he could catch glimpses of his boys whenever they walked past his bedroom. That gave him comfort to handle his sadness and help him deal with his grief quietly.

Another strong emotion that afflicts patients is regret. During the time of illness, patients have time to reflect on how one has lived his or her life. Memories may bring a sense of regret for not taking better care of one’s health or that life is too short and dreams may remain unfulfilled. Regret may also come in the form of not having made sufficient provisions for one’s family. This emotion is common when terminal illness strikes unexpectedly in young families. Patients with young children often worry about the children they will leave behind, fathers may feel most acutely
their loss of financial provision, and mothers feel the lack of their presence
to guide the children to adulthood. Often, with the support of family
members and palliative care support, they work through their pain and
loss, and eventually come to terms with the situation.

Many patients feel guilty when their medical bills for treatment and
care may have caused a financial burden to the family. Caught in such a
dilemma, patients may even consider ending their lives early. This is so
especially when the quality of life has already diminished significantly.
Family members may also feel the burden of the escalating costs even
though they may not openly speak about it.

Some patients may need closure with unfinished issues in their lives. For
example, a broken relationship that needs reconciliation. There was an
elderly man in a hospice who wanted so much to see his estranged wife and
children and ask for forgiveness for what he had done in the past but they
were unwilling to see him. How tragic to end life without proper closure!

There may be issues of faith and God that need clarification. A patient may
be troubled whether the illness is a punishment from God or why his or her
prayers for healing are not answered. In such situations, the guidance of a
priest or pastor of a religion affiliated to the family may be helpful.

The most difficult emotion that many dying patients experience is not so
much the fear of death but the fear of the process of death. How long will
it take? What level of pain and discomfort will they experience? Doctors
can provide a general guide to the patient’s life expectancy based on
the severity of the illness and the condition of the patient. However, it
is difficult to predict the exact period until the last few days or hours.
This process and uncertainty is what disturbs patients most. They fear
the long drawn process and the pain they may experience. Thankfully,
with modern medical science and palliative care, any suffering through
pain or other symptoms can be minimised with the help of a palliative or
hospice care team.
7.2 Recognising and Dealing with Caregiver’s Burnout

Caregivers often experience fatigue and physical exhaustion with the constant demands of caring for a terminally ill person. Therefore, it is important to take care of oneself by having sufficient sleep and taking short breaks from continuous care giving through physical exercise by going to the gymnasium or visiting recreational outlets. Other family members too can share the task of caregiving. For example, siblings can share in caring for the terminally ill parent or sibling by sharing the housework. Many families resort to a full-time or part-time domestic helper or turn to community hospitals or hospice day care centres that offer respite for the caregiver.

Thankfully, the caregiver’s role is supported and complemented by the medical team in palliative care where doctors and nurses visit the patients regularly and advise the caregivers with regard to the on-going care and medication. The clinical team’s home visit can and does encourage the caregivers to press on in the long haul. In situations where families need psychosocial support, medical social workers or counsellors can help deal with financial issues or emotional distress to reduce the occurrence of caregiver’s burnout.

7.3 Communication in Palliative Care

Death and dying are very sensitive subjects, especially in Asian culture. Good communication between caregivers and patients may help ease the pain of facing death. Very often, there is an uncertainty as to who should initiate the topic. Caregivers may wait for the patient to give a ‘cue’ for fear of being misunderstood that the end is near. Patients may also wait for signs of ‘readiness’ from caregivers, so as not to upset them further. It is important that both parties try to communicate their feelings as early as possible because time may be limited.

Most people would want to share their fears and feelings to someone they love without being judged. It is important therefore to be open and caring and to listen attentively. Ask open questions to invite the patient to talk about his wishes, fears and regrets. It will take time for patients to begin
to open up and speak about what is in their minds. Listen with patience and allow time for the patient to open up. Patients feel free to talk about very intimate and difficult issues when they trust those they speak to, after a bond is established.

7.4 Support for Caregivers and Family
At this difficult time of facing the impending loss of a loved one, the caregivers and extended family need much encouragement and support. HCA Hospice Care tries to support them through different organised programmes. One such programme is the Caregivers’ Training Programme for family members and/or domestic helpers caring for the patient at home. The programmes are conducted by HCA’s nurses trained in palliative care and are held regularly at HCA’s headquarters and four satellite centres located island-wide.

Patients’ children too need support and their emotional needs have to be addressed. Many children of patients with life-limiting illnesses may find themselves confused and unable to understand their parent’s illness. They may be confined at home most of the time, especially during the school holidays. HCA’s Psychosocial Team organises two Children’s Parties in a year during the school holidays in June and December. These are organised for the children to have fun and provide an opportunity to interact with other children faced with similar predicaments.

HCA also has a 24-hour Patient Care Helpline to connect patients’ families to healthcare professionals whenever they need urgent assistance or counselling or are faced with a medical emergency. If the situation warrants immediate attention, a healthcare professional may make a house visit to resolve the crisis.
7.5 Bereavement Support

There will come a time when the care of the loved one ends and the caregiver faces inevitable bereavement and loss which follows the impending death. What will the caregiver and family do and how will they cope with this reality? Suddenly everything changes and there is a need to refocus. When the funeral and burial services are over and after one’s extended family and friends have returned to their normal routines, the caregivers normally face a gaping void and the impact of the loss cannot be avoided or denied. Grief and loss is experienced and with it sadness and pain. Grieving has a slow process to recovery, which may take up to six months or a year to ease. Recurring memories and tears are common and may hit the person at unexpected moments. Emotions can be very strong or fragile and the person feels immobilised momentarily. Slowly with time but surely, the bereaved person will eventually return to normality. HCA Hospice Care recognises the need to support them and their families during this period as well.

HCA’s Sunflower Remembrance Day is a memorial service held 3 times a year to help caregivers come to terms with the loss of their loved ones.
8. Providing Medical Care

8.1 Medications

It is important for you as a caregiver to know and understand the purpose of the medications prescribed to effectively alleviate patient’s discomfort at home and minimise hospital admissions.

8.2 Considerations before serving the medications

- Right Drug - know its purpose
- Right Time – number of times a day and whether it should be given before or after food
- Right Dosage - frequency and maximum dosage allowed
- Are you the Right Person to administer the medication?

What if the caregiver cannot read and remember?

- Ask a family member who understands to help put the prescribed medications in a medication box that indicates different day and time or,
- Pack it in small zip lock bags and label accordingly (Morning, Afternoon and Night) in language or symbols that the caregiver understands.

What if the caregiver is forgetful?

- Draw out a timetable with specific scheduled time, starting with the morning dose until patient’s bedtime.
- Pin or place timetable in a visible spot e.g. fridge or dining table.
- Note down any extra doses that may have been given and inform primary nurse or doctor during their next visit.

Other important pointers

- Compliance to the medications is important and always consult the primary nurse or doctor before making any adjustments.
- Understand the possible side effects of the medication and seek doctor’s advice in addressing the problem.
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Services Provided</th>
<th>Contact Information</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Integrated Care (AIC)</td>
<td>Information &amp; Referral</td>
<td>6603 6800 (Office Hours)</td>
<td><a href="http://www.aic.sg">www.aic.sg</a></td>
</tr>
<tr>
<td>AWWA Centre for Caregivers (AWWA CFC)</td>
<td>Support Group; Training; Information &amp; Referral; Casework &amp; Counselling</td>
<td>Infoline: 6511 5318</td>
<td><a href="http://www.awwa.org.sg">www.awwa.org.sg</a></td>
</tr>
<tr>
<td>Community Development Council (CDC)</td>
<td>Job-matching for the needy; Social Assistance Schemes</td>
<td>ComCare Helpline: 1800 222 0000 (24 hours)</td>
<td><a href="http://www.cdc.org.sg">www.cdc.org.sg</a></td>
</tr>
<tr>
<td>HCA Hospice Care</td>
<td>Home Care; Day Care Centre</td>
<td>Main Line: 6251 2561</td>
<td><a href="http://www.hca.org.sg">www.hca.org.sg</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>After Office Hours Patient Care Helpline (for registered HCA patients only): 8123 7700</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Weekdays: 5.30pm – 8.30am Weekends &amp; PH: 24 hours)</td>
<td></td>
</tr>
<tr>
<td>National Cancer Centre Singapore (NCCS)</td>
<td>Information on NCCS’ specialist oncology clinics &amp; other NCCS outpatient services</td>
<td>Help Desk: 6436 8000</td>
<td><a href="http://www.nccs.com.sg">www.nccs.com.sg</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cancer Helpline: 6225 5655</td>
<td></td>
</tr>
<tr>
<td>Samaritans of Singapore (SOS)</td>
<td>Email befriending; Face-to-face sessions; Emergency squad; Local outreach to suicide survivors; Support group for suicide survivors</td>
<td>24-hour Hotline: 1800-221 4444</td>
<td><a href="http://www.samaritans.org.sg">www.samaritans.org.sg</a></td>
</tr>
<tr>
<td>Singapore Hospice Council (SHC)</td>
<td>Information on hospice and palliative care</td>
<td>SHC Secretariat: 6538 2231</td>
<td><a href="http://www.singaporehospice.org.sg">www.singaporehospice.org.sg</a></td>
</tr>
<tr>
<td>SG Enable</td>
<td>Information &amp; Referral</td>
<td>1800-8585 885</td>
<td><a href="http://www.sgenable.sg">www.sgenable.sg</a></td>
</tr>
<tr>
<td>Touch Caregivers Support (TCG) Singapore</td>
<td>Holistic care and support services for caregivers</td>
<td>6258 6797</td>
<td><a href="http://www.caregivers.org.sg">www.caregivers.org.sg</a></td>
</tr>
</tbody>
</table>
Please note that the following list of resources is not exhaustive. For more information on Intermediate and Long-Term Care, please visit the Agency for Integrated Care’s website (http://www.aic.sg).

### Inpatient Hospice, Day Hospice and Home Hospice Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tbody>
<tr>
<td>Agape Methodist Hospice</td>
<td>70 Barker Road #05-03, Singapore 309936</td>
<td>6478 4766</td>
</tr>
<tr>
<td>Assisi Hospice</td>
<td>820 Thomson Road, Singapore 574623</td>
<td>6347 6446</td>
</tr>
<tr>
<td>Bright Vision Hospital</td>
<td>5 Lorong Napiri, Singapore 547530</td>
<td>6248 5755</td>
</tr>
<tr>
<td>Dover Park Hospice</td>
<td>10 Jalan Tan Tock Seng, Singapore 308436</td>
<td>6500 7272</td>
</tr>
<tr>
<td>HCA Hospice Care</td>
<td>12 Jalan Tan Tock Seng, Singapore 308437</td>
<td>6251 2561</td>
</tr>
<tr>
<td>Methodist Hospice Fellowship</td>
<td>70 Barker Road #05-01, Singapore 309936</td>
<td>6478 4712</td>
</tr>
<tr>
<td>Metta Hospice Care</td>
<td>32 Simei Street 1, Singapore 529950</td>
<td>6580 4695</td>
</tr>
<tr>
<td>Singapore Cancer Society</td>
<td>15 Enggor Street #04-01 to 04, Realty Centre, Singapore 079716</td>
<td>6221 9578</td>
</tr>
<tr>
<td>St Joseph’s Home &amp; Hospice</td>
<td>921 Jurong Road, Singapore 649694</td>
<td>6268 0482</td>
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### Restructured Hospitals

<table>
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<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tr>
<td>Alexandra Hospital</td>
<td>378 Alexandra Road, Singapore 159964</td>
<td>6472 2000</td>
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<tr>
<td>Changi General Hospital</td>
<td>2 Simei Street 3, Singapore 529889</td>
<td>6788 8833</td>
</tr>
<tr>
<td>Khoo Teck Puat Hospital</td>
<td>90 Yishun Central, Singapore 768828</td>
<td>6555 8000</td>
</tr>
<tr>
<td>KKWC Hospital</td>
<td>100 Bukit Timah Road, Singapore 229899</td>
<td>6225 5554</td>
</tr>
<tr>
<td>National Cancer Centre</td>
<td>11 Hospital Drive, Singapore 169610</td>
<td>6436 8000</td>
</tr>
<tr>
<td>National University Hospital</td>
<td>5 Lower Kent Ridge Road, Singapore 119074</td>
<td>6779 5555</td>
</tr>
<tr>
<td>Singapore General Hospital</td>
<td>Outram Road, Singapore 169608</td>
<td>6222 3322</td>
</tr>
<tr>
<td>Tan Tock Seng Hospital</td>
<td>11 Jalan Tan Tock Seng, Singapore 308433</td>
<td>6256 6011</td>
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### Private Hospitals

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<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tr>
<td>East Shore Hospital</td>
<td>321 Joo Chiat Place, Singapore 427990</td>
<td>6344 7588</td>
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<tr>
<td>Gleneagles Hospital</td>
<td>6A Napier Road, Singapore 258500</td>
<td>6473 7222</td>
</tr>
<tr>
<td>Mt Alvernia Hospital</td>
<td>820 Thomson Road, Singapore 574623</td>
<td>6347 6688</td>
</tr>
<tr>
<td>Mt Elizabeth Hospital</td>
<td>3 Mount Elizabeth, Singapore 228510</td>
<td>6737 2666</td>
</tr>
<tr>
<td>Raffles Hospital</td>
<td>585 North Bridge Road, Singapore 188770</td>
<td>6311 1111</td>
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<tr>
<td>Thomson Medical Centre</td>
<td>339 Thomson Road, Singapore 307677</td>
<td>6250 2222</td>
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### Community Hospitals

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<thead>
<tr>
<th>Provider</th>
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<tr>
<td>Ang Mo Kio - Thye Hua Kwan Hospital</td>
<td>17 Ang Mo Kio Avenue 9, Singapore 569766</td>
<td>6453 8033</td>
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<tr>
<td>Bright Vision Hospital</td>
<td>5 Lorong Napiri, Singapore 547530</td>
<td>6248 5755</td>
</tr>
<tr>
<td>Kwong Wai Shiu Hospital &amp; Nursing Home</td>
<td>705 Serangoon Road, Singapore 328127</td>
<td>6299 3747</td>
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<td></td>
<td></td>
<td>(General Office)</td>
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<td></td>
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<td>6294 1189</td>
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<td></td>
<td></td>
<td>(Nursing Home)</td>
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<tr>
<td>St Andrew’s Community Hospital</td>
<td>8 Simei Street 3, Singapore 529895</td>
<td>6586 1000</td>
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<td>/ 1022 / 1057</td>
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<tr>
<td>St Luke’s Hospital for the Elderly</td>
<td>2 Bukit Batok Street, 11, Singapore 659674</td>
<td>6563 2281</td>
</tr>
<tr>
<td>West Point Hospital</td>
<td>235 Corporation Drive, Singapore 619771</td>
<td>6262 5858</td>
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### VWO Nursing Homes (with Government Subsidy)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
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<tbody>
<tr>
<td>All Saints Home – Tampines</td>
<td>11 Tampines Street 44, Singapore 529123</td>
<td>6788 2345</td>
</tr>
<tr>
<td>All Saints Home – Hougang</td>
<td>5 Poh Huat Road, Singapore 546703</td>
<td>6282 6969</td>
</tr>
<tr>
<td>Apex Harmony Lodge</td>
<td>10 Pasir Ris Walk, Singapore 518240</td>
<td>6585 2265</td>
</tr>
<tr>
<td>Bethany Methodist Nursing Home</td>
<td>9 Choa Chu Kang Avenue 4, Singapore 689815</td>
<td>6314 1580</td>
</tr>
<tr>
<td>Bright Hill Evergreen Home</td>
<td>100 Punggol Field, Singapore 828811</td>
<td>6459 3492</td>
</tr>
<tr>
<td>Bright Vision Hospital</td>
<td>5 Lorong Napiri, Singapore 547530</td>
<td>6248 5757</td>
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<tr>
<td>Provider</td>
<td>Address</td>
<td>Tel. No.</td>
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<tr>
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<tr>
<td>Grace Lodge</td>
<td>105 Punggol Road, Singapore 546636</td>
<td>6489 8161</td>
</tr>
<tr>
<td>Jamiyah Nursing Home</td>
<td>130 West Coast Drive, Singapore 127444</td>
<td>6776 8575</td>
</tr>
<tr>
<td>Ju Eng Home for Senior Citizen</td>
<td>205 Jalan Kayu, Singapore 799436</td>
<td>6484 6890</td>
</tr>
<tr>
<td>Kwong Wai Shiu Hospital &amp; Nursing Home</td>
<td>705 Serangoon Road, Singapore 328127</td>
<td>6299 3747</td>
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<td>6396 5601</td>
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<tr>
<td>Ling Kwang Home for Senior Citizens</td>
<td>156 Serangoon Garden Way, Singapore 556055</td>
<td>6287 5466</td>
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<tr>
<td>Lions Home for the Elders (Bedok)</td>
<td>487 Bedok South Avenue 2, Singapore 469316</td>
<td>6244 0667</td>
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<tr>
<td>Lions Home for the Elders (Toa Payoh)</td>
<td>41 Toa Payoh Rise, Singapore 298101</td>
<td>6252 9900</td>
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<tr>
<td>Man Fut Tong Nursing Home</td>
<td>20 Woodlands Street 82, Singapore 738507</td>
<td>6368 3301</td>
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<tr>
<td>Peacehaven Nursing Home</td>
<td>9 Upper Changi Road North, Singapore 507706</td>
<td>6546 5678</td>
</tr>
<tr>
<td>Ren Ci Community Hospital</td>
<td>71 Irrawaddy Road, Singapore 329562</td>
<td>6385 0288</td>
</tr>
<tr>
<td>Ren Ci Long Term Care</td>
<td>Blk 9, Level 1, 10 Buangkok View, Singapore 539747</td>
<td>6385 0288</td>
</tr>
<tr>
<td>Ren Ci Nursing Home</td>
<td>50 Jalan Tan Tock Seng, Singapore 308438</td>
<td>6385 0288</td>
</tr>
<tr>
<td>Singapore Christian Home For The Aged</td>
<td>70 Jalan Tan Tock Seng, Singapore 308439</td>
<td>6423 4310</td>
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<tr>
<td>Society for the Aged Sick</td>
<td>130 Hougang Avenue 1, Singapore 538900</td>
<td>6289 0993</td>
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<tr>
<td>Sree Narayana Mission Home for the Aged</td>
<td>12 Yishun Avenue 5, Singapore 768992</td>
<td>6752 1785</td>
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<tr>
<td>St Joseph’s Home &amp; Hospice</td>
<td>921 Jurong Road, Singapore 649694</td>
<td>6268 0482</td>
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<tr>
<td>St Theresa’s Home</td>
<td>49 Upper Thomson Road, Singapore 574325</td>
<td>6256 2532</td>
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<tr>
<td>Sunshine Welfare Action Mission</td>
<td>5 Sembawang Walk, Singapore 757717</td>
<td>6257 6117</td>
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<tr>
<td>Thong Teck Home for Senior Citizens</td>
<td>91 Geylang East Avenue 2, Singapore 389759</td>
<td>6846 0069</td>
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<tr>
<td>Villa Francis Home for the Aged</td>
<td>9 Mandai Estate, Singapore 729906</td>
<td>6269 2877</td>
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**VWO Nursing Homes (without Government Subsidy)**

<table>
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<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tbody>
<tr>
<td>All Saints Home - Hougang</td>
<td>5 Poh Huat Road, Singapore 546703</td>
<td>6282 6969</td>
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<td>6282 6960</td>
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<tr>
<td>Moral Home for the Aged Sick Limited</td>
<td>1 Jalan Bilai, Singapore 468854</td>
<td>6442 2268</td>
</tr>
<tr>
<td>Peacehaven – Hope Resident Living Area</td>
<td>9 Upper Changi Road North, Singapore 507706</td>
<td>6546 5678</td>
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<tr>
<td>Sunlove Home</td>
<td>70 Buangkok View, Singapore 534190</td>
<td>6387 3548</td>
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<tr>
<td>Surya Home</td>
<td>461 Lorong Buangkok Trafalgar Units, Singapore 545210</td>
<td>6483 1191</td>
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<td>Provider</td>
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<tr>
<td>Tai Pei Old People’s Home</td>
<td>10 Jalan Ampas, Singapore 329510</td>
<td>6255 2188</td>
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<tr>
<td>Tai Pei Social Service</td>
<td>Blk 5, 10 Buangkok View, Buangkok Green Medical Park, Level 5 &amp; 6, Singapore 539747</td>
<td>6387 4728</td>
</tr>
<tr>
<td>Thian Leng Old Folks’ Home</td>
<td>115 Lorong G Telok Kurau, Singapore 426317</td>
<td>6344 3186</td>
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<td><strong>Private Nursing Homes</strong></td>
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<tr>
<td><strong>Provider</strong></td>
<td><strong>Address</strong></td>
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<tr>
<td>Cherry Nursing Home</td>
<td>1218 Upper Serangoon Road, Singapore 534792</td>
<td>6382 2680</td>
</tr>
<tr>
<td>East Coast Medicare Centre</td>
<td>42 Eastwood Road, Singapore 486398</td>
<td>6442 2933</td>
</tr>
<tr>
<td>East Shore Residence</td>
<td>321 Joo Chiat Road Level 4, East Shore Hospital, Singapore 427990</td>
<td>6340 8687  6344 7588</td>
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<tr>
<td>Econ Medicare Centre (Braddell Road)</td>
<td>58 Braddell Road, Singapore 359905</td>
<td>6487 3133</td>
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<tr>
<td>Econ Nursing Home (Buangkok)</td>
<td>Block 5 Level 2 &amp; Basement, 10 Buangkok View, Singapore 539747</td>
<td>6385 6860</td>
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<tr>
<td>Econ Nursing Home (Bukit Timah)</td>
<td>16 Bukit Timah Avenue, Singapore 589666</td>
<td>6467 0170</td>
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<tr>
<td>Econ Medicare Centre (Chai Chee)</td>
<td>351 Chai Chee Street, Singapore 468982</td>
<td>6441 6811</td>
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<tr>
<td>Econ Medicare Centre (Choa Chu Kang)</td>
<td>53 Choa Chu Kang Road, Singapore 689385</td>
<td>6769 8878</td>
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<tr>
<td>Econ Medicare Centre (Upper East Coast Road)</td>
<td>452 Upper East Coast Road, Singapore 466500</td>
<td>6445 8838</td>
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<tr>
<td>Econ Medicare Centre (Yio Chu Kang)</td>
<td>451 Yio Chu Kang Road, Singapore 805947</td>
<td>6226 1188</td>
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<tr>
<td>Econ Nursing Home Sunny Ville Nursing Home</td>
<td>10 Ama Keng Road, Singapore 709828</td>
<td>6793 7009</td>
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<tr>
<td>Green View Nursing Home</td>
<td>3 Croucher Road, Singapore 359566</td>
<td>6282 1111</td>
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<tr>
<td>Irene Nursing Home</td>
<td>11 Jalan Ampas, Singapore 329514</td>
<td>6254 4085  6254 4360</td>
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<tr>
<td>Lee Ah Mooi Aged Home</td>
<td>450 Thomson Road, Singapore 298132</td>
<td>6256 1324</td>
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<tr>
<td>Margaret Choi Nursing Home</td>
<td>7 Chapel Road, Singapore 42951</td>
<td>6440 8207</td>
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<tr>
<td>Min Chong Comfort Home</td>
<td>39 Sims Avenue, Singapore 387412</td>
<td>6755 9634</td>
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<tr>
<td>Moonlight Home for the Aged &amp; Handicapped</td>
<td>156 Yio Chu Kang Road, Singapore 545610</td>
<td>6280 8990</td>
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<tr>
<td>Nightingale Nursing Centre (Braddell Road)</td>
<td>106 Braddell Road, Singapore 359912</td>
<td>6333 3000</td>
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<td>Nightingale Nursing Home</td>
<td>146 Braddell Road, Singapore 359929</td>
<td>6288 7597</td>
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<tr>
<td>Orange Valley Nursing Home (Changi)</td>
<td>52/53 Biggin Hill, Singapore 509945</td>
<td>6545 5977</td>
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<tr>
<td>Orange Valley Nursing Home (Clementi)</td>
<td>221 Clementi Avenue 4, Singapore 129881</td>
<td>6873 9988</td>
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### Useful Resources

**Orange Valley Nursing Home (Simei)**  
6 Simei Street 3, Singapore 529898  |  6260 0020

**Orange Valley Nursing Home (Thomson)**  
790 Thomson Road #01-01, Singapore 298142  |  6356 6996

**Orange Valley Nursing Home (Bukit Merah)**  
148A Silat Avenue, Singapore 168871  |  6276 5589

**Our Lady Of Lourdes Nursing Home for the Aged**  
19 Toh Drive, Singapore 507871  |  6542 7158

**Pacific Healthcare Nursing Home**  
6 Lengkok Bahru, Singapore 159051  |  6272 3133

**Paean Nursing Home**  
134 Lorong J. Telok Kurau, Singapore 425962  |  6344 9732

**Serene Nursing Home**  
31 Joo Chiat Lane, Singapore 428101  |  6348 1482

**Soo’s Nursing Home**  
45 Sixth Avenue, Singapore 276487  |  6467 1105

**The Lentor Residence**  
51 Lentor Avenue, Singapore 786876  |  6451 6300

**Unitedd Medicare Centre**  
170 Toa Payoh Lorong 6, Singapore 319400  |  6258 4848

**Windsor Convalescent Home**  
369 Pasir Panjang Road, Singapore 118706  |  6872 5881

**Windsor Nursing Home**  
2 Jalan Ulu Siglap, Singapore 457121  |  6241 5222

### Chronic Sick Facilities

<table>
<thead>
<tr>
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<td>Bright Vision Hospital</td>
<td>5 Lorong Napiri, Singapore 547530</td>
<td>6248 5755</td>
</tr>
</tbody>
</table>
| Kwong Wai Shiu Hospital & Nursing Home | 705 Serangoon Road, Singapore 328127 | 6299 3747 (General Office)  
6294 1189 (Nursing Home) |
| Ren Ci Community Hospital | 71 Irrawaddy Road, Singapore 329562 | 6385 0288 |
| Ren Ci Long Term Care | 10 Buangkok View, Blk 9, Level 1, Singapore 539747 | 6385 0288 |
| Ren Ci Nursing Home | 50 Jalan Tan Tock Seng, Singapore 308438 | 6385 0288 |
| St Luke’s Hospital for the Elderly | 2 Bukit Batok Street 11, Singapore 659674 | 6563 2281 |
## Nursing Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tbody>
<tr>
<td>Beacon Nursing Care</td>
<td>112 East Coast Road #04-64, Singapore 428802</td>
<td>6440 4907</td>
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<tr>
<td>Bendemeer Nurses Agency Pte Ltd</td>
<td>725 Clementi West Street 2, #01-206, Singapore 120725</td>
<td>6776 0787</td>
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<tr>
<td>Cecilia Healthcare &amp; Nursing Services</td>
<td>52 Chin Swee Rd #02-59, Singapore 169875</td>
<td>6532 3466</td>
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<tr>
<td>Christina Health &amp; Nursing Services</td>
<td>537 Bedok North St 3 #01-557, Singapore 460537</td>
<td>6242 4715</td>
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<tr>
<td>Home Nursing Foundation</td>
<td>93 Toa Payoh Central, Toa Payoh Central Community Building, #07-01, Singapore 319194</td>
<td>6854 5500, 6854 5555</td>
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<tr>
<td>Nightingale Nursing Home Pte Ltd</td>
<td>106 Braddell Road, Singapore 359912</td>
<td>6333 3000</td>
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<tr>
<td>Now Nurses on Wheels Pte Ltd</td>
<td>1 Sophia Road #04-14, Singapore 228149</td>
<td>6336 0428</td>
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<tr>
<td>Sharyim Health Services</td>
<td>10B Braddell Hill #25-06, Singapore 579721</td>
<td>6255 4333</td>
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<tr>
<td>Sister Choy Health Services Pte Ltd</td>
<td>35 Selegie Rd #09-26, Singapore 188307</td>
<td>6338 8811</td>
</tr>
<tr>
<td>Sue Private Nurses Agency Pte Ltd</td>
<td>304 Orchard Road #04-06, Singapore 238863</td>
<td>6732 1555</td>
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## Caregiver Support Services

<table>
<thead>
<tr>
<th>Provider</th>
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<tbody>
<tr>
<td>AWWA Centre for Caregivers</td>
<td>11 Lorong Napiri, Level 3, Singapore 547532</td>
<td>6511 5318</td>
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<tr>
<td>Caregiver Welfare Association (CWA)</td>
<td>Blk 3 Ghim Moh Road #01-294, Singapore 270003</td>
<td>6466 7957</td>
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<tr>
<td>HCA Hospice Care</td>
<td>12 Jalan Tan Tock Seng, Singapore 308437</td>
<td>6251 2561</td>
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<tr>
<td>Hua Mei Centre for Successful Ageing</td>
<td>298 Tiong Bahru #15-01/16, Central Plaza, Singapore 168730</td>
<td>6593 9500</td>
</tr>
<tr>
<td>Moral Community Case Management</td>
<td>14 Buangkok Green, Singapore 539755</td>
<td>6489 0721</td>
</tr>
<tr>
<td>Touch Caregivers Support</td>
<td>Blk 173 Lor 1 Toa Payoh #01-1264, Singapore 310173</td>
<td>6258 6797</td>
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## Medical/Rehabilitation Equipments, Home Modification & Assistive Technologies

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
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<tbody>
<tr>
<td>Assisted Living Pte Ltd (Head Office)</td>
<td>25 Tannery Lane #06-25, Singapore 347786</td>
<td>6254 2916</td>
</tr>
<tr>
<td>Assisted Living Pte Ltd (Showroom)</td>
<td>10 Sinaran Drive #03-20/21, Square 2, Singapore 307506</td>
<td>6254 1332</td>
</tr>
<tr>
<td>Provider</td>
<td>Address</td>
<td>Tel. No.</td>
</tr>
<tr>
<td>----------------------------------------</td>
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<tr>
<td>Bendemeer Medical Marketing &amp; Nursing Services</td>
<td>46 Lorong Low Koon, Singapore 536456</td>
<td>6293 2307</td>
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<tr>
<td>DNR Wheels Pte Ltd</td>
<td>25 Ubi Road 4, Singapore 408621</td>
<td>6254 4070</td>
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<tr>
<td>Handicaps Welfare Association (HWA)</td>
<td>16 Whampoa Drive, Singapore 327725</td>
<td>6254 3006</td>
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<tr>
<td>HCA Hospice Care</td>
<td>12 Jalan Tan Tock Seng, Singapore 308437</td>
<td>6251 2561</td>
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<tr>
<td>Lifeline Corporation Pte Ltd</td>
<td>No. 5 Upper Aljunied Link, #08-03 Quart 2 Industrial Building, Singapore 367903</td>
<td>6289 2062</td>
</tr>
<tr>
<td>Nightingale Nursing Home Pte Ltd</td>
<td>106 Braddell Road, Singapore 359912</td>
<td>6333 3000</td>
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<tr>
<td>Rehab Asia Pte Ltd</td>
<td>Blk 11 Kallang Place #07-11, Singapore 339155</td>
<td>6396 0813</td>
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<tr>
<td>Rehambart</td>
<td>12 Boon Teck Road #01-01, Singapore 329579</td>
<td>6250 0555</td>
</tr>
<tr>
<td>Soxal (for oxygen cylinders)</td>
<td>Customer Service Unit 13 Tuas Avenue 20, Singapore 638825</td>
<td>6265 4555</td>
</tr>
<tr>
<td>The HomeCare Place</td>
<td>Changi General Hospital, 2 Simei Street 3, Level 1, Singapore 529889</td>
<td>6850 1858</td>
</tr>
<tr>
<td>Touch Caregivers Support</td>
<td>Blk 173, Toa Payoh Lorong 1, #01-1264, Singapore 310173</td>
<td>6258 6797</td>
</tr>
<tr>
<td>Trident Pharm Pte Ltd</td>
<td>No. 10 Upper Aljunied Link #03-02, Johnson Control Building, Singapore 367904</td>
<td>6288 7723</td>
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### Ambulance Services

<table>
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<tr>
<th>Provider</th>
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<tbody>
<tr>
<td>A3 Ambulance &amp; Assistance Services Pte Ltd</td>
<td>11 Jalan Bt Merah #03-4458, Singapore 150011</td>
<td>6272 6018</td>
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<tr>
<td>Alpha Ambulance Services</td>
<td>10 Anson Road #27-18, International Plaza, Singapore 079903</td>
<td>6777 7389</td>
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<tr>
<td>Blesswell Ambulance &amp; Medical Assistance Pte Ltd</td>
<td>7 Keppel Road #03-39, Tanjong Pagar Complex, Singapore 089053</td>
<td>6273 0147</td>
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<tr>
<td>Civic Ambulance Services Pte Ltd</td>
<td>106 Braddell Rd, Singapore 359912</td>
<td>6333 3000</td>
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<tr>
<td>Comfort Ambulance &amp; Services</td>
<td>231 Simei St 4 #02-122, Singapore 520231</td>
<td>6445 7300</td>
</tr>
<tr>
<td>E R Ambulance &amp; Services Pte Ltd</td>
<td>Blk 1093 Lower Delta Road Mapletree Industrial Building, #05-01/02, Singapore 169204</td>
<td>6222 2995</td>
</tr>
<tr>
<td>First Ambulance Services</td>
<td>167 Woodlands St 11 #01-11, Singapore 730167</td>
<td>6368 4798</td>
</tr>
<tr>
<td>Grace Vision Ambulance &amp; Transport Services</td>
<td>PO Box 0821 Toa Payoh, Singapore 913135</td>
<td>6288 6778</td>
</tr>
<tr>
<td>HMS Ambulance Service Pte Ltd</td>
<td>219 Lorong 8 Toa Payoh #20-643, Singapore 310219</td>
<td>9146 8064</td>
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<tr>
<td>Provider</td>
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<tr>
<td>Hope Ambulance Service</td>
<td>20 Woodlands Link #09-30, Singapore 738733</td>
<td>6555 1152</td>
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<tr>
<td>Life Care Ambulance &amp; Services</td>
<td>2 Teck Whye Ave #05-214, Singapore 680002</td>
<td>6256 2522</td>
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<tr>
<td>Rusen Transport Company</td>
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<td>9785 8598</td>
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<tr>
<td>SCDF Emergency Ambulance Service</td>
<td><a href="www.scdf.gov.sg">Website</a> (Call Centre)</td>
<td>995</td>
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<tr>
<td>1777 Non-Emergency Private Ambulance Services</td>
<td><a href="www.scdf.gov.sg">Website</a></td>
<td>1777</td>
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<tr>
<td>St John Ambulance</td>
<td>209 Jurong East St 21 #01-357, Singapore 600209</td>
<td>6566 1903</td>
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<tr>
<td>Star Care Ambulance Services</td>
<td>243 Jurong East St 24 #05-643, Singapore 600243</td>
<td>6899 1000</td>
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### Befriending Services

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<thead>
<tr>
<th>Provider</th>
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<tbody>
<tr>
<td>Comfort Keepers (Head Office) Noble Care Pte Ltd</td>
<td>Blk 221 Henderson Road, #07-18, Henderson Building, Singapore 159557</td>
<td>6336 3376</td>
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<tr>
<td>Comfort Keepers (Hougang)</td>
<td>Blk 212 Hougang Street 21 #02-347, Singapore 530212</td>
<td>6285 8562</td>
</tr>
<tr>
<td>Comfort Keepers (Jurong &amp; Bukit Batok)</td>
<td>10 Bukit Batok Crescent #04-02, The Aspire, Singapore 658079</td>
<td>6515 5308</td>
</tr>
<tr>
<td>Comfort Keepers (Yishun)</td>
<td>90 Yishun Central #B1-03, Khoo Teck Puat Hospital, Singapore 768828</td>
<td>6659 5390</td>
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<tr>
<td>HCA Hospice Care</td>
<td>12 Jalan Tan Tock Seng, Singapore 308437</td>
<td>6251 2561</td>
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<tr>
<td>Lions Befrienders Service Association (Head Office)</td>
<td>130 Bukit Merah View #01-358, Singapore 150130</td>
<td>6375 8600</td>
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<tr>
<td>Because He Cares</td>
<td><a href="http://www.becausehecares.info">Website</a></td>
<td>8182 1543</td>
</tr>
<tr>
<td>TRANS Family Services Centre (Bedok)</td>
<td>Blk 411 Bedok North Avenue 2, #01-106, Singapore 460411</td>
<td>6449 0762</td>
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<tr>
<td>TRANS Family Services Centre (Bukit Timah)</td>
<td>Blk 1 Toh Yi Drive #01-143, Singapore 591501</td>
<td>6466 2287</td>
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### Financial Schemes

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<tr>
<th>Provider</th>
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<tbody>
<tr>
<td>Central Singapore CDC</td>
<td><a href="www.centrasingsingaporecdc.org.sg">Website</a></td>
<td>6370 9901</td>
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<tr>
<td>North East CDC</td>
<td><a href="www.northeastcdc.org.sg">Website</a></td>
<td>6424 4000</td>
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<tr>
<td>North West CDC</td>
<td><a href="www.northwestcdc.org.sg">Website</a></td>
<td>6767 2288</td>
</tr>
<tr>
<td>South East CDC</td>
<td><a href="www.southeastcdc.org.sg">Website</a></td>
<td>6243 8753</td>
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<tr>
<td>South West CDC</td>
<td><a href="www.southwestcdc.org.sg">Website</a></td>
<td>6316 1616</td>
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### Dealing with Loss (Bereavement, Support Group & Counselling)

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<tr>
<th>Provider</th>
<th>Address</th>
<th>Tel. No.</th>
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<tbody>
<tr>
<td>Academy of Human Development Pte Ltd (AHD)</td>
<td>43 Middle Road #03-00, Boon Sing Building, Singapore 188952</td>
<td>6425 2422</td>
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<tr>
<td>Counselling and Care Centre</td>
<td>Blk 536 Upper Cross Street #05-241, Singapore 050536</td>
<td>6536 6366</td>
</tr>
<tr>
<td>HELP Family Service Centres (help for single parents and children)</td>
<td>Blk 570 Ang Mo Kio Ave 3 #01-3317, Singapore 560570</td>
<td>6457 5188</td>
</tr>
<tr>
<td>HCA Hospice Care</td>
<td>12 Jalan Tan Tock Seng, Singapore 308437</td>
<td>6251 2561</td>
</tr>
<tr>
<td>WiCare @ Bishan</td>
<td>9 Bishan Place, Office Tower #08-01, Singapore 579837</td>
<td>6354 2475</td>
</tr>
<tr>
<td>National Council of Social Service</td>
<td>170 Ghim Moh Road #01-02, Ulu Pandan Community Building, Singapore 279621</td>
<td>6210 2500</td>
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<tr>
<td>Shan You Counselling Centre</td>
<td>Blk 5 Upper Boon Keng Road #02-15, Singapore 380005 (at multi storey carpark level 2)</td>
<td>6741 9293</td>
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<tr>
<td>Care Corner Counselling Centre</td>
<td>Blk 62B Lorong 4 Toa Payoh #02-143, Singapore 312062</td>
<td>6353 1180</td>
</tr>
<tr>
<td>TRANS Family Services Centre (Bedok)</td>
<td>Blk 411 Bedok North Ave 2 #01-106, Singapore 460411</td>
<td>6449 0762</td>
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<tr>
<td>TRANS Family Services Centre (Bukit Timah)</td>
<td>Blk 1 Toh Yi Drive #01-143, Singapore 591501</td>
<td>6466 2287</td>
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<tr>
<td>Singapore Counselling Centre</td>
<td>9 Penang Road #13-19, Park Mall, Singapore 238459</td>
<td>6339 5411</td>
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### Funeral Service Providers/ Undertakers

<table>
<thead>
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<tr>
<td>Association of Funeral Directors</td>
<td>6296 5051</td>
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<tr>
<td>All Saint Care Services</td>
<td>6341 7114</td>
</tr>
<tr>
<td>Ang Chin Huat Funeral Services</td>
<td>6254 9866</td>
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<tr>
<td>Ar Raudhah Mosque Muslim Casket</td>
<td>6899 5840</td>
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<tr>
<td>Baba Casket Embalming &amp; Funeral Services Pte Ltd</td>
<td>6456 7423</td>
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<tr>
<td>Casket Company Embalming &amp; Funeral Services Pte Ltd</td>
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<td>Casket Fair Fairprice</td>
<td>6455 9909</td>
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<tr>
<td>City Casket &amp; Funeral Services</td>
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<td>Direct Singapore Funeral Services</td>
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<tr>
<td>Family Care Funeral Services</td>
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<tr>
<td>Hindi Casket</td>
<td>6297 0694</td>
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<td>Hosanna Bereavement Services Pte Ltd</td>
<td>6352 7797</td>
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<td>Jasabudi Muslim Casket Services</td>
<td>9657 4198</td>
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<td>New Indian Casket Pte Ltd</td>
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<td>Peace Casket</td>
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<td>Persekutuan Kebajikan Islam Telok Kurau Singapore</td>
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<td>Rajoo Casket</td>
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<tr>
<td>SC Casket Funeral Services</td>
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<td>Serbaguna Muslim Funeral Services</td>
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<td>Singapore Muslim Casket &amp; Marble Contractor</td>
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<td>The Resting Place Pte Ltd</td>
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<td>Total Care Bereavement Services</td>
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Rehabilitation Services Providers

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<tr>
<th>Provider</th>
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<tbody>
<tr>
<td>Core Concepts Physiotherapy</td>
<td>73 Tras Street #03-01, Tanjong Pagar, Singapore 079012</td>
<td>6226 3632 9232 2661 (SMS)</td>
</tr>
<tr>
<td>Fizziobel</td>
<td>2 Finlayson Green #12-01, Singapore 049247</td>
<td>6327 2072</td>
</tr>
<tr>
<td>Physio Solutions</td>
<td>190 Clemenceau Ave, #02-13, Singapore 239924</td>
<td>6333 1211</td>
</tr>
<tr>
<td>Physionique</td>
<td>8 Claymore Hill, #01-02, 8 on Claymore, Singapore 229572</td>
<td>6734 0245</td>
</tr>
<tr>
<td>Physiotherapy Associates Pte Ltd</td>
<td>290 Orchard Road #09-13/14, Paragon Medical Tower, Singapore 238859</td>
<td>6834 9755</td>
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<tr>
<td>Sia Physiotherapy Clinic</td>
<td>190 Clemenceau Avenue #05-02, Singapore 239924</td>
<td>6336 5093</td>
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<tr>
<td>SPD Therapy Hub Society for the Physically Disabled</td>
<td>2 Peng Nguan Street, SPD Ability Centre, Singapore 168955</td>
<td>6579 0700</td>
</tr>
<tr>
<td>Urban Rehab Pte Ltd (Raffles Place)</td>
<td>22 Malacca Street #03-03, RB Capital Building, Singapore 048980</td>
<td>6533 9133 9740 2164 (HP)</td>
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<tr>
<td>Urban Rehab Pte Ltd (Orchard)</td>
<td>391B Orchard Road #25-07, Ngee Ann City Tower B, Singapore 238874</td>
<td>6533 9133 9835 2929 (HP)</td>
</tr>
</tbody>
</table>
Acknowledgements

We thank the following organisations for their input and support in the production of the Palliative Guidebook:

- Agency for Integrated Care
- Peacehaven Nursing Home
- St Luke’s Hospital for the Elderly
- The National Council of Social Service

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- Ms Agnes Hew for Guidebook review
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- Sister Hong Ho Ying for Guidebook review