Guide To Effective Hospital Visitation

“Is any among you sick? Let him call for the elders of the church and they are to pray over him, anointing him with oil in the name of the Lord Jesus”. James 5:14
As a member of the Deaconate, you are an extension of the love, comfort and compassion of Jesus Christ to those who are hospitalized for the purpose of physical healing. Visiting people in the hospital presents a unique opportunity for you to provide support and encouragement to those who are facing challenging, and oftentimes, unknown and frightening circumstances.

Following are some practical suggestions for effective hospital visitation.

**PREPARE FOR YOUR HOSPITAL VISIT**

- Call the hospital just prior to making the visit to make sure the patient has not been discharged.
- Coordinate your visit with the patient’s treatment schedule. Many treatments and tests are done in the early morning hours, so plan your visit accordingly.
- Pray for the patient before you go and pray that the Lord will give you the grace to be an agent of care and healing to the person you are visiting.
- Dress appropriately.
- Avoid wearing perfume, cologne or any other scents that may aggravate allergies or respiratory conditions.
- IMPORTANT – If you are sick or think you may be getting sick – STAY AWAY!

**OBSERVE HOSPITAL RULES**

- Use the parking area designated for visitors.
- Identify yourself at the Reception Desk or Nurses Station.
- Make visits only during hospital visitation hours.
- Privacy laws limit what information you may get at the front desk or nurse’s station. Don’t expect to get personal patient information from the staff or get upset when that information is not forthcoming.

**OBSERVE THE PATIENT’S ENVIRONMENT**

- Always wash your hands before and after your visit to the patient.
- Always consult the nurses when the patient’s curtain is pulled, the door is closed, or when there’s any signage on the door, such as NO VISITOR, OXYGEN IN USE, etc.
- Knock softly on the door and announce yourself before you enter the patient’s room.
- If the patient is sharing the room with another patient, be sensitive to the other patient’s privacy.
- If there are visitors or family members in the patient’s room and you are invited to come in, remember that you are there to visit the patient, not mingle with others in the room.
IMPORTANT: Do not talk “about the patient” to the others in the room. Never act like the patient is not present or cannot hear you.

- If, during the visit, a nurse, doctor or other staff member comes into the room to tend to the patient, briefly and courteously leave the room.

HOSPITAL VISITATION PROTOCOL

- Position yourself in the line of the patient’s vision, if at all possible.
- Use caution in shaking or holding the patient’s hand. You do not want to spread germs to the patient whose immune system may very well be compromised or interfere with the IV, etc.
- Cut your visit short if the patient is eating, unless they ask you to stay.
- NEVER sit on the bed.
- Do not speculate about the patient’s physical condition or hospital procedure.
- Make short visits. Normal visits should last about 10 minutes or less, depending on the relationship, purpose, and the state of the patient’s health. If the patient is sleepy or in pain, the visit should be no more than 5 minutes.
- If the patient is awake, alert, and not in a great deal of pain, a visit of up to 30 minutes might be appropriate. However, if the person has no family or seems to really enjoy the visit, use your judgment, but never overstay your welcome. Anything over 60 minutes is not advisable.
- Do not wake the patient if he/she is asleep. Instead, leave a handwritten note or card identifying yourself and the time of your visit.
- Be an active listener. The patient will generally like to discuss their sickness and other needs, if asked. You should listen more than speak.
- Express love and genuine interest in the patient. You should show empathy, but careful not to share your own “war stories”.
- The patient may complain about the medical treatment they are receiving, but don’t add to the fire by undermining the staff’s authority or expertise. DO NOT OFFER MEDICAL ADVICE!
- DO NOT attempt to change the patient’s position in the bed or help them to the bathroom. Instead, call the nurse for assistance.
- Be sure your visit is encouraging to the patient. Do not discuss the bad news around the world, gossip, or negative issues.
- If you don’t know the patient’s spiritual condition, ask. But don’t argue or theorize. Don’t carry a LARGE Bible. If the patient is unsaved, share the Gospel or your personal testimony, and leave a non-threatening Gospel tract.
- Be observant of the patient’s body language. If the patient is showing fatigue, such as yawning, not making eye contact, heavy eyelids, etc., cut your visit short. It is better to under-stay than to over-stay your visit.
• When it is time to leave, offer a prayer and, with the patient’s permission, hold the patient’s hand gently or place your hand on the patient’s arm or shoulder. However, do not squeeze or touch the hand if an IV is inserted. Be careful not to disturb and tubes, IV lines, or machines.
• When praying, be specific and comprehensive. Pray for the patient’s freedom from pain, family concerns, and God’s will to be accomplished in this sickness and recovery.
• If you promise to return, be sure you can follow through. Otherwise, make no promises.

WHEN NOT TO VISIT

• When you have a cold or other illness.
• When you are going out of obligation instead of love and concern.
• When you have unresolved issues with the patient or a member of the patient’s family.

SUGGESTIONS FOR VISITATION WITH A TERMINAL PATIENT

• Be honest in your feelings and admit your helplessness and concern.
• Don’t be shocked by anything the dying patient may say.
• Try to anticipate physical needs without being told.
• If the patient is saved, discuss the glory of heaven and the Lord’s presence. Always have hope, look forward to something.
• If the patient is not saved, offer to share and lead the patient into the prayer of repentance and salvation.

HOW OFTEN SHOULD A VISIT BE MADE?

• If the patient is in a local hospital, visit the patient once or twice a week.
• If the patient is in a hospital more than a 30-minute drive away, a weekly visit is advised.
• If the patient is in an extended care unit or rehab facility, once a week visitation is recommended.
• If the patient is in a bad way or near death (ICU) daily visitation may be needed.

SUPPORT OF FAMILIES OF PATIENTS

In addition to visiting a patient in the hospital, there are times when visiting with family, especially if that family is small and there is not a great deal of support, is very important. Sitting with the family during surgical procedures or when a family member is in “critical or intensive care” can minister greatly to the family. This is a wonderful way to show concern, compassion and encouragement to the family.

Prolonged hospitalizations can be very wearing on family members and frequently the focus of attention is exclusively on the patient. Giving family members attention,
support and an opportunity to talk can be very helpful. Saying something like “this must be a very difficult time for you. How are you doing?” can be very helpful. Inviting the family member to take a short walk, get a cup of coffee or a bite to eat, can help energize them so that they are better able to support the person who is ill. Your invitation gives the family member the permission to focus on his/her needs for a few moments-hopefully without guilt.

Remember, a close family member of someone who is seriously ill may be struggling with their own impending loss, as well as the patient’s situation. Be very sensitive to that and encourage them to talk. Your willingness to listen is very important.
CHRIST CHURCH
HOSPITALIZATION VISITATION REPORT FORM

Date __________________________
Visitor _________________________

*After visiting, please give this form to your Senior Deacon Leader via e-mail or hard copy. Or call your SDL with the report.

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