



Practical advice for patients and carers during hospital visitor restrictions

Currently there are restrictions on the number of visitors that patients can have at Victorian hospitals. While these restrictions are critical to protect vulnerable patients and hospital staff from the spread of COVID-19, they can cause distress and anxiety for people affected by cancer during an already difficult time – especially for those in palliative care.

Here are some practical steps for carers, friends and family to help you feel connected and informed about the treatment and care of your loved one.

Practical tips during hospital visitor restrictions

Nominate a main caregiver for hospital visits and information

Make sure this person can be reliably contacted – they always have a mobile phone on them, and the phone is taken off silent. While only one carer can be in the hospital on any given day, the carer can be a different person each day if several family members or friends are involved.

Find out the specific restrictions at your hospital

Each hospital has individual processes and procedures so it's important you understand the specific restrictions. Visit the hospital's website for

visitor hours, call the general enquiries line or speak with your treating team.

Get to know your treating team and their roles and responsibilities

Ask your treating team for a list of key contacts at the hospital, the best number/s to call them on (including after-hours contacts) and find out the type of information they can help you with.

Identify the best time to get the most out of your hospital visit

Speak with your treating team or the nurse in charge about the best time of day to visit when the patient is available and most alert.

Arrange to dial in via phone or video call (telehealth) to specialist appointments

If you can't be at the hospital for specialist appointments or when the treating team is visiting patients on their 'rounds of the ward', carers can ask to be dialled in for critical things such as test results, treatment planning, and at discharge for medication instructions.

Keep a diary or electronic record to retain instructions

Whether you're the patient or carer, it's useful to keep a record or diary of conversations, medications, side-effects and make a note of questions as you think of them that you can reference at your next appointment.

Raise cultural or spiritual needs that are important to you

Most hospitals have pastoral and spiritual care workers to care for the spiritual needs of patients, families and staff. Ask the hospital about its Pastoral and Spiritual Care service and to arrange a visit from a pastoral practitioner.

Arrange an interpreter if English is not the patient's preferred language

Hospital visitors are permitted if you are providing interpreter or informal language support to enable the delivery of care by the care team.

Make sure you have an advance care plan

As treatment options continue to improve, people are living longer with cancer. While palliative care and advance care plans once meant end-of-life, today people can be referred to these services much earlier if they're living with cancer or if their cancer returns.

Consider what are acceptable and unacceptable health outcomes for you and who will make decisions on your behalf if you're not able to.

Find out if community based or hospital in the home services are an option

Hospital in the home (HITH) or community health services may be an option for patients to receive care or treatment from home, or other suitable location. Some of the services that can be provided at home are chemotherapy, wound care, antibiotics and palliative care. There's no additional charge for HITH patients as they're regarded as hospital inpatients.

Get a written plan at discharge and see if a carer can be part of the discharge briefing

At discharge make sure the patient has been given a written plan with clear instructions for post hospital care and wound care products if needed. This should include follow up care, medications and dosage, instructions for pain management, symptoms to look out for and emergency contact details.

For patients in palliative care

Ask if special consideration can be made about the number of visitors and duration of visits throughout the day.

You can also discuss palliative care options for people wishing to die at home.

Connect with patient services to resolve issues or raise concerns

If you've been unable to resolve an issue directly with the treating nurse, medical team or nurse unit manager, ask to speak to the manager of the area or contact patient liaison/ advocate (also called consumer liaison) services.

For more details about hospital visiting restrictions visit:

www.cancervic.org.au/covid-hospital-visits
or the Department of Health and Human Services:
www.dhhs.vic.gov.au/visiting-hospitals-covid-19

For information and support contact a cancer nurse



13 11 20



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www.cancervic.org.au



For other languages call 13 14 50