DAY SPRING, LLC.

ALS & HIGH DEPENDENCY CARE SPECIALISTS

HOME HEALTH SERVICES

FAMILY EDITION • 2026

NON-MEDICAL HOME CARE SERVICE

Dignified, Compassionate Care at Home

FAMILY RESOURCE GUIDE



UNDERSTAND
ALS and what to expect

PREPARE
Your home and care plan

NURTURE
Comfort, dignity and joy

SUPPORT
Families and caregivers

EXPLORE
Trusted resources

You are not alone.

Practical guidance, trusted resources and steady support for individuals and families, every step of the way.

Day Spring Home Health

Compassionate, ALS-Focused Non-Medical Home Care for Texas Families

SCAN TO VISIT OUR WEBSITE

dayspringhomehealth.com/book

Services • Consultation • Family resources

Support Line: 1-888-823-3558

Compassionate care. Professional excellence. Dignified living at home.

START HERE

Find Your Next Step in 30 Seconds

When the next step feels unclear, start here. Choose the pathway that matches today's need.

EMERGENCY

Call 911

Severe breathing distress, blue/gray color, unresponsiveness, severe choking or immediate danger.

CLINICAL

Contact the treating clinical team

New or worsening breathing, swallowing, secretions, fever, repeated falls, skin concerns or clinical equipment needs.

DAY SPRING

Contact Day Spring

Staffing, schedule, authorized nonmedical support, coordination, service-plan questions and family support.

QUICK ROUTES

p96 **Family Action Toolkit**

Emergency sheets, care passport, equipment inventory and who-to-call tools.

p101 **Quality of Life & Wellness**

Emotional wellness, caregiver resilience, connection, joy and meaning.

p122 **Digital Resource Center**

Trusted ALS education, caregiver, youth, Spanish and Texas resources.

SCAN OR TAP TO VISIT DAY SPRING

dayspringhomehealth.com

Services • Consultation • Family resources

IMPORTANT This guide supports, but does not replace, the treating team's instructions, emergency plan, or current Day Spring service plan.

Your Guide at a Glance

Tap a section in the digital guide - or use the page number in print.

1 Quick Start & Your Day Spring Team — PAGE 6
2 Understanding ALS & Centering the Person — PAGE 16
3 Prepare for What's Ahead — PAGE 26
4 Support Daily Life — PAGE 38
5 Kids & Teens in the Home — PAGE 56
6 Stay Ready — PAGE 64
7 Navigate Change — PAGE 81
8 Keep It Personal — PAGE 86
Pull-Out Family Action Toolkit — PAGE 96
9 Quality of Life, Emotional Wellness & Connection — PAGE 101
10 Safety, Service Scope & Client Rights — PAGE 109
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FAST ACCESS

Tap a tile in the digital guide

Digital Resource Center — PAGE 122
Professional Source Notes — PAGE 130
Release Control — PAGE 131
Contact Day Spring — PAGE 132

Our Promise to Your Family

Care should feel organized, respectful and human - especially when needs become complex.

1 Dignity first

Protect privacy, preferences, routines and the person's voice.

2 Safety with clarity

Use clear emergency, clinical and Day Spring service pathways.

3 Prepared, not rushed

Plan equipment, communication, home changes and backup support before they become urgent.

4 Family-centered support

Include caregivers, children, teens and other important people in age-appropriate ways.

5 Support within the plan

We support the person with nonmedical tasks within the approved service plan, written clinical instructions and Day Spring's approved role.

6 Communication that follows through

Observe, document, escalate and coordinate so important changes do not get lost.

The goal is not to make home feel clinical.

The goal is to make support safer, calmer and more predictable while preserving everyday life.

DAY SPRING HOME HEALTH

Our Commitment to ALS Families

Day Spring Home Health is primarily dedicated to supporting individuals living with ALS and the families who care for them. This focus guides our ongoing learning and individualized non-medical support within our authorized scope and each person's service plan. The person's dignity, safety, comfort, and preferences come first.

A Respectful Partnership at Home

We recognize that ALS can bring uncertainty, grief, frustration, and caregiver fatigue. Families deserve to feel heard and supported. Our team is expected to respond with patience, compassion, and professionalism.

Care specialists also need a safe, respectful environment to provide attentive, consistent support. We ask everyone—our team, clients, families, and visitors—to communicate respectfully, honor personal and professional boundaries, and work together to resolve concerns.

Threats, intimidation, harassment, discriminatory remarks, physical aggression, and repeated personal insults are unacceptable and will be addressed fairly. These behaviors can disrupt care and draw attention away from the person receiving support. These expectations apply equally to agency personnel and others in the home.

Your Voice and Choices Matter

You may ask questions, participate in service planning, request changes, refuse services, and raise complaints without discrimination or retaliation. Disagreement or reporting a concern will not, by itself, be treated as misconduct. We respect disability-related communication differences and will allow time and provide appropriate support for communication.

Working Through Concerns Together

Please bring concerns to agency leadership so we can listen, clarify expectations, and work toward a practical resolution. Refer to the complaint notice in your admission materials for the administrator's contact information and the agency's review and resolution timeframes.

You may also contact Texas Health and Human Services Complaint and Incident Intake directly at 1-800-458-9858 or P.O. Box 149030, Austin, Texas 78714-9030. You do not need to complete Day Spring's internal complaint process first.

When safety concerns arise, leadership will assess the situation and take appropriate protective steps, considering the immediate needs of the person receiving care and the care team. Any necessary service changes, transfer, or discharge will follow applicable requirements and agency policy, including required notices and documentation. Making a complaint will not, by itself, be grounds for ending services.

> **Together, we can create a supportive home environment where families feel heard, care specialists feel respected, and the person living with ALS remains our shared priority.**

DAY SPRING SUPPORT LINE

1-888-823-3558

Call us. You do not have to navigate ALS alone.

www.dayspringhomehealth.com

SCAN TO VISIT

SECTION 1

START HERE

Quick Start & Your Day Spring Team

Your first steps with confidence.



INSIDE THIS SECTION

- Who to call
- Your care team
- Communication pathways
- Clinical relationships
- Day Spring service model
- Next steps

A confident start begins with knowing who is beside you.

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
1-888-823-3558

PLATINUM EXPERIENCE

The Day Spring difference

Premium home-support coordination for families living with ALS. E3

ONE TEAM.
COORDINATED CARE.
A CLEAR PATH FOR
WHAT COMES NEXT.



PEOPLE.
PLANS.
COMMUNICATION.
SUPPORT.
BUILT AROUND YOU.

ALS-aware support

Care built around changing needs and dignity at home.

Clear channels

Emergency, clinical and service concerns are routed appropriately.

Leadership access

Family-facing executive and clinical contacts are visible and reachable.

Care-plan alignment

Services follow the approved plan and documented preferences.

Reliable communication

Observations, handoffs and follow-through are structured.

Family confidence

Quick tools, education and visual guidance reduce uncertainty.

Expert suggestions to strengthen market position

1. Add QR-linked digital resources.
2. Use section tabs or thumb markers.
3. Include one-page summary sheets at major transitions.
4. Refresh care snapshots after hospital changes.
5. Show therapy/ referral pathways clearly.

Compassionate care. Professional excellence. Dignified living at home.

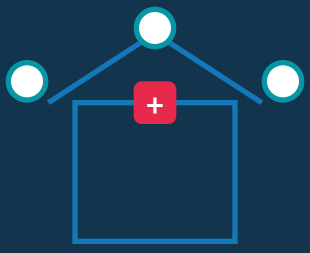
QUICK START

1 START

Your Day Spring Care Team

Know who to contact, what they own, and how to reach them.

A1



ONE TEAM.

CLEAR PATH.

Executive leadership, client support and clinical coordination - connected around the person and family.

EMERGENCY? CALL 911

NE — NATHANIEL EBIEM

CEO

Executive Line 1:	214-228-0620
Executive Line 2:	469-333-6171
Support Line:	1-888-823-3558
Email:	n.ebiem@dayspringhomehealth.com

LG — LIZZIE GARCIA

CFO | HRD

Executive Line 2:	469-333-6171
Executive Line 1:	214-228-0620
Support Line:	1-888-823-3558
Email:	lizzie@dayspringhomehealth.com

SM — SHARON MOTSI

Clinical Operations Manager

Direct Line:	214-593-9904
Executive Line 2:	469-333-6171
Support Line:	1-888-823-3558
Email:	s.motsi@dayspringhomehealth.com

PRIMARY CLINICAL OPERATIONS CONTACT: **Sharon Motsi**

VISIT DAY SPRING ONLINE

Services · Consultation · Resources

dayspringhomehealth.com

60-SECOND GUIDE

Who to call - and when

Use the response level that matches what is happening right now. A2

1

EMERGENCY NOW

Call 911

Severe breathing difficulty, unresponsiveness, severe choking, serious injury, or another immediate threat to life or safety.

2

URGENT CLINICAL CHANGE

Treating clinical team

New swallowing difficulty, increasing breathing symptoms, fever with respiratory change, new pressure area, or equipment failure.

3

DAY SPRING SERVICE ISSUE

Day Spring

Staffing, visit timing, task scope, handoff concerns, communication, or service quality. A service call does not replace a clinical call.

DAY SPRING QUICK CONTACT

Support 1-888-823-3558

Executive 469-333-6171

Website
dayspringhomehealth.com

Keep the person's service address, emergency contacts, baseline communication method, clinical team, equipment supplier, power-backup information and medical instructions easy to locate.

THE CARE RELATIONSHIP

A clear division of responsibilities

Person Living With ALS

Sets goals and preferences, consents to support and participates in decisions using accessible communication.

Family Or Authorized Representative

Shares routines and observations, confirms authority, coordinates appointments and helps maintain the emergency plan.

Licensed Clinical Team

Diagnoses and treats, assesses swallowing and breathing, prescribes devices, teaches clinical procedures and sets medical instructions.

Day Spring

Assesses nonmedical support needs, staffs approved personal and household tasks, records observations, communicates changes and coordinates within the agreed plan.

CARE COORDINATION

Third-party clinical & therapy suppor

When changing function may call for outside specialists and how Day Spring fits in. E4

OT Occupational Therapy (OT)



When to involve:
Hand use, fatigue, daily tasks, adaptive equipment.

PT Physical Therapy (PT)



When to involve:
Mobility, transfers, fall risk, positioning.

SLP Speech-Language Pathology (SLP)



When to involve:
Speech, swallowing, AAC, voice/message banking.



Respiratory Therapy



When to involve:
Cough, NIV, secretion and breathing support.

Dietitian / Nutrition



When to involve:
Intake, weight change, meal planning support.

Neurology / ALS Clinic



When to involve:
Overall disease management and treatment decisions.

THE DAY SPRING PATHWAY

A clear process from a change in function to a coordinated plan.

1. **Notice change**
   Observe and document functional changes.
2. **Report concern**
   Inform your Day Spring care team.
3. **Clinical referral**
   Day Spring connects with the licensed clinical team.
4. **Coordinate plan**
   Collaborate on recommendations and approved services.
5. **Orient assigned staff**
   Share the plan with your Day Spring care team.

IMPORTANT | **Day Spring does not independently prescribe therapy or change clinical instructions.**
Day Spring coordinates approved nonmedical support around the licensed plan.

Agency Service Model

Compact guidance | Topics 1-2 of 8

01 Referral and intake

PAGE 022

WHAT MATTERS

Start with the person's goals, functional needs, clinical supports and household situation.

Family focus

Share current routines, risks, preferred schedule and contacts.

Day Spring role

Obtain consent, assess the home, define tasks, staffing and start date in writing.

Clinical review

Urgent starts still require a safe handoff and clear scope.

HOW SERVICE STARTS AND ADAPTS

01 Intake: Needs and contacts • 02 Assessment: Home and routine • Changes and follow up Day Spring confirms tasks, staffing and communication in the individual plan.

02 What Day Spring provides

PAGE 023

WHAT MATTERS

Day Spring provides nonmedical personal care, companionship, homemaker support, meal preparation, medication reminders, transport accompaniment and respite within the service plan.

Family focus

Choose the tasks that preserve comfort and independence.

Day Spring role

Assign only agreed tasks and document changes before implementation.

Clinical review

Medical assessment, treatment and device settings belong to licensed clinicians.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Agency Service Model

Compact guidance | Topics 3-4 of 8

03 The first home assessment

PAGE 024

WHAT MATTERS

A visit should examine entrances, bathroom, bed, transfers, communication, equipment, power and emergency access.

Family focus

Show the actual daily routine, not an idealized version.

Day Spring role

Identify training needs and tasks that cannot safely begin yet.

Clinical review

Request PT, OT or respiratory guidance for specialized equipment.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 A person centered care plan

PAGE 025

WHAT MATTERS

A useful plan names tasks, timing, cues, preferences, risks, contacts and escalation triggers.

Family focus

Review the draft with the person and family.

Day Spring role

Keep a controlled current version accessible to assigned staff.

Clinical review

Update after falls, breathing or swallowing changes, new devices or hospital discharge.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Agency Service Model

Compact guidance | Topics 5-6 of 8

05 Staff matching

PAGE 026

WHAT MATTERS

ALS support may require patience, communication skill, transfer training and reliable coverage.

Family focus

Describe language, schedule and personality preferences.

Day Spring role

Verify qualifications, task authorization, availability and orientation before assignment.

Clinical review

Do not equate a generic caregiving background with competence on a specific device.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Shift handoff

PAGE 027

WHAT MATTERS

A handoff prevents missed changes in positioning, intake, equipment or appointments.

Family focus

Agree on the information the family wants in each update.

Day Spring role

Record observations, completed tasks, concerns, supplies and the next shift's priorities.

Clinical review

Escalate urgent change immediately; a shift note is not a substitute for a call.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

AGENCY SERVICE MODEL

Agency Service Model

Compact guidance | Topics 7-8 of 8

07 Coverage and backup

PAGE 028

WHAT MATTERS

A plan should state who responds when a worker is late or absent.

Family focus

Keep a reachable phone and an agreed interim safety plan.

Day Spring role

Confirm replacement skill and give a structured handoff.

Clinical review

Never leave a person with an unmet critical need while coverage is unresolved.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Quality review

PAGE 029

WHAT MATTERS

Service quality includes dignity, consistency, communication and timely escalation.

Family focus

Report what is working and what is not, with examples.

Day Spring role

Review incidents, missed tasks, feedback and plan changes with leadership.

Clinical review

Track follow up to closure rather than merely recording a complaint.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

SECTION 2

UNDERSTAND

Understanding ALS & Centering the Person

Knowledge. Perspective. Dignity. What matters.

INSIDE THIS SECTION

- Understanding ALS
- Changing function
- The person behind ALS
- Family and pets
- Home environment
- Preferences



Understand the condition without losing sight of the person.

BOOK A CONSULTATION
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UNDERSTANDING ALS

Understanding ALS

Compact guidance | Topics 1-2 of 8

01 What ALS changes

PAGE 006

WHAT MATTERS

ALS affects motor neurons controlling voluntary movement.

Family focus

Ask the person which task feels harder today and preserve their preferred way of doing it.

Day Spring role

Record functional changes and pass them to the care coordinator; clinicians evaluate symptoms.

Clinical review

A simple baseline of walking, hand use, speech, swallowing and breathing helps identify change.

WHERE NEEDS CAN CHANGE

Movement: Walking, hands, transfers • Communication: Speech and expression • Eating and breathing: Swallowing, cough, breathing The order and timing differ for every person.

02 A diagnosis and the first month

PAGE 007

WHAT MATTERS

A neurologist evaluates symptoms and testing; a single symptom does not establish ALS.

Family focus

Keep a question list, contacts, appointments and the person's own goals in one accessible place.

Day Spring role

Confirm the referral, service address, emergency contacts and the approved nonmedical care plan.

Clinical review

Ask the ALS clinic about therapy, respiratory, nutrition and communication assessments.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Understanding ALS

Compact guidance | Topics 3-4 of 8

03 Different patterns of onset

PAGE 008

WHAT MATTERS

Limb weakness and speech or swallowing changes may appear in different orders.

Family focus

Notice which activities are becoming tiring or unsafe without assuming the person has lost decision making ability.

Day Spring role

Reassess tasks and coverage after meaningful changes; do not assign a stage from observation.

Clinical review

Match equipment to function and clinician recommendations, not a calendar.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 The care team

PAGE 009

WHAT MATTERS

ALS care can involve neurology, nursing, respiratory therapy, PT, OT, speech language pathology, dietetics, social work and palliative care.

Family focus

Know who to call for each concern and request permission before sharing information.

Day Spring role

Keep a current contact and escalation list in the service record.

Clinical review

The clinic guides clinical decisions; Day Spring coordinates approved home support.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Understanding ALS

Compact guidance | Topics 5-6 of 8

05 Questions for clinic visits

PAGE 010

WHAT MATTERS

Short visits go further when changes and questions are specific.

Family focus

Bring a log of falls, choking, weight changes, fatigue, sleep, cough and equipment problems.

Day Spring role

Share factual observations with the authorized family or clinical contact.

Clinical review

Ask who is responsible for each next step, the deadline and whom to contact if it changes.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Goals of care

PAGE 011

WHAT MATTERS

The person's priorities may include comfort, communication, time at home, privacy and independence.

Family focus

Ask what matters most before changing routines or accepting help.

Day Spring role

Document preferences within the approved plan and honor consent.

Clinical review

Revisit goals when function or treatment choices change.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Understanding ALS

Compact guidance | Topics 7-8 of 8

07 Cognition and behavior

PAGE 012

WHAT MATTERS

Some people with ALS experience changes in thinking or behavior; many do not.

Family focus

Raise new changes with the clinician and use supported communication.

Day Spring role

Describe observations neutrally and route concerns through the care coordinator.

Clinical review

Ask the clinical team about assessment and decision support when appropriate.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 A realistic timeline

PAGE 013

WHAT MATTERS

ALS is progressive, but timing differs.

Family focus

Review likely next needs at each clinic visit without treating them as inevitable on a date.

Day Spring role

Build a coverage plan that can change as needs change.

Clinical review

Reassess equipment, staffing and emergency plans whenever function changes.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

PERSON AND FAMILY

Person And Family

Compact guidance | Topics 1-2 of 8

01 The person remains in charge

PAGE 014

WHAT MATTERS

Physical dependence does not erase preferences, relationships or privacy.

Family focus

Speak to the person directly, allow time to answer and seek consent.

Day Spring role

Train staff in the person's communication method and preferred routines.

Clinical review

Post a one page preference card only with consent.

THE PERSON STAYS AT THE CENTER

Person: Goals, choices, consent • Family: Routines and support • Care team: Clinical advice and coordination Ask the person how they want others involved.

02 Family roles and boundaries

PAGE 015

WHAT MATTERS

Family members may help with decisions, care, logistics or finances, but authority differs.

Family focus

Identify the designated decision maker and who receives updates.

Day Spring role

Verify authorized contacts before disclosing information or accepting instructions.

Clinical review

Keep written instructions and consent current.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

PERSON AND FAMILY

Person And Family

Compact guidance | Topics 5-6 of 8

05 Managing visitors

PAGE 018

WHAT MATTERS

Visitors can bring connection and fatigue at the same time.

Family focus

Ask the person for preferred times, duration and privacy boundaries.

Day Spring role

Follow the household visitor plan and infection precautions.

Clinical review

Keep visits flexible around meals, rest and respiratory routines.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Intimacy and identity

PAGE 019

WHAT MATTERS

ALS changes logistics, not a person's need for closeness and autonomy.

Family focus

Ask privately about comfort, privacy and desired assistance.

Day Spring role

Maintain respectful boundaries and avoid assumptions.

Clinical review

Clinical questions about symptoms or positioning go to the care team.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

PERSON AND FAMILY

Person And Family

Compact guidance | Topics 7-8 of 8

07 Grief and emotional health

PAGE 020

WHAT MATTERS

People may experience fear, sadness, anger or relief at different times.

Family focus

Listen without forcing optimism; request mental health or spiritual support if desired.

Day Spring role

Escalate statements of self harm or immediate danger through emergency procedures.

Clinical review

Palliative care and social work can support the family alongside disease care.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Financial and legal planning

PAGE 021

WHAT MATTERS

Benefits, insurance, work, advance directives and delegated authority can take time.

Family focus

Ask a social worker or qualified adviser about options; keep copies of key documents.

Day Spring role

Record only the contacts and authorizations needed for service.

Clinical review

Do not let a caregiver interpret legal documents or make financial decisions.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

HOME ENVIRONMENT

Pets at Home

Protect comfort, safety and connection for both the person and household pets.



What matters

Pets can bring comfort, routine and enotional support. They can also create fall risks, infection concerns, and equipment interference if the home is not set up carefully.

Family focus

Keep walkways clear, supervise pets during transfers, and arrange backup pet care when the family is overwhelmed or away.

Day Spring role

Day Spring helps maintain a calm, safe care environment and reports pet-related safety concerns. Pet feeding, walking, grooming, and veterinary care remain a family responsibility unless separately arranged.

Clinical review

Ask the clinical team for guidance if bites, scratches, allergies, wounds, respiratory irritation, or behavior changes affect care or safety.

Quick action

Move pets out of the room during transfers, emergency care, respiratory procedures, or any situation where equipment and pathways must stay clear.

Pet-friendly home checklist

- Clear pathways
- Secure bowls and litter areas
- Supervise visits
- Plan backup pet care
- Protect equipment tubing and cords

Boundary reminder: Pets may be part of emotional support at home, but safe caregiving, equipment access, and emergency pathways must always come first.

Home Environment, Pets & Family Action Plan

A safer, more comfortable home. A clearer plan. A more supported journey — together.



1 Home Environment & Pets

A safe, comfortable space for the person and their pets.

Safe pathways
- Keep walkways clear
- Remove trip hazards
- Ensure good lighting
- Make key items reachable

Pet care essentials
- Secure food & water bowls
- Keep litter box accessible and clean
- Store supplies in easy reach, but out of the way

Supervise interaction
- Match pets to the person's energy and comfort
- Supervise close contact
- Watch for signs of stress in pets or the person

Protect equipment
- Keep tubing and cords out of reach
- Use cord covers or clips
- Ensure pets cannot chew on equipment

Plan backup pet care
- Identify a caregiver for pets if you are unavailable
- Keep a list of pet care instructions
- Include supplies and veterinarian contact information

2 Daily Support Rhythm

Consistent routines promote comfort, safety, and dignity.

Morning
- ☐ Comfort and positioning
- ☐ Hygiene and dressing
- ☐ Nutrition and hydration
- ☐ Mobility support
- ☐ Respiratory readiness
- ☐ Share plan for the day

Daytime
- ☐ Engaging activities
- ☐ Nutrition and hydration
- ☐ Mobility and transfers
- ☐ Hygiene and comfort
- ☐ Use communication tools
- ☐ Monitor energy and rest breaks

Evening
- ☐ Hygiene and skin care
- ☐ Comfortable positioning
- ☐ Evening nutrition and hydration
- ☐ Calm environment
- ☐ Prepare for overnight
- ☐ Review any changes

Overnight
- ☐ Safety checks as needed
- ☐ Positioning for comfort
- ☐ Monitor breathing support
- ☐ Manage equipment
- ☐ Respond to needs
- ☐ Support restful sleep

3 Family Action Plan

Clear communication and shared planning keep everyone aligned.

Primary contacts
Name: _____
Relationship: _____
Phone: _____
Email: _____

Backup contacts
Name: _____
Relationship: _____
Phone: _____
Email: _____

Preferred communication method
- ☐ Phone call
- ☐ Text message
- ☐ Email
- ☐ Patient portal
- ☐ Other: _____

What matters most to the client
_____
_____
_____
_____

Upcoming appointments & questions
Next appointment: _____
Date: _____
Questions for the next clinic conversation:
_____
_____

DAY SPRING LLC.

You are not alone.

Day Spring is committed to humble, dignified, and compassionate support for the person and family — at home and on every step of the journey.

COMPASSIONATE CARE. PROFESSIONAL EXCELLENCE. DIGNIFIED LIVING AT HOME.

SECTION 3

PREPARE

Prepare for What's Ahead

Plan early. Reduce avoidable urgency. Preserve choice.

INSIDE THIS SECTION

- Home readiness
- Equipment planning
- Communication planning
- Clinic preparation
- Backup power
- Planning ahead



Preparation creates more room for calm, choice and confidence.

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
1-888-823-3558

PREPARE TOOLKIT

Prepare Before You Need It

A simple four-step pathway to turn uncertainty into practical preparation.

1 KNOW

Capture today's baseline: communication, mobility, meals, breathing, routines and independence.

2 WATCH

Notice meaningful changes such as fatigue, falls, harder transfers, longer meals, weaker speech or breathing changes.

3 ASK

Bring the change to the right licensed clinician or ALS team member for evaluation and recommendations.

4 READY

Put approved equipment, home changes, communication backup, written instructions and trained support in place.

Use this question whenever something changes

What changed? -> What can we prepare? -> Who should guide it? -> How can Day Spring support?

HOME READINESS

My ALS Home Readiness Plan

Walk through the home before a change becomes urgent. Use clinical recommendations for equipment, transfers and accessibility.

ENTRY & EXIT

- [ ] Clear path and threshold
- [ ] Ramp/lift discussion if needed
- [ ] Emergency exit plan

BATHROOM

- [ ] Transfer space
- [ ] Grab bars / shower setup
- [ ] Toileting plan and privacy

BEDROOM

- [ ] Bed access on both sides
- [ ] Equipment / charging space
- [ ] Nighttime call method

LIVING AREAS

- [ ] Wheelchair turning space
- [ ] Remove trip hazards
- [ ] Communication within reach

KITCHEN & MEALS

- [ ] Safe seating and positioning
- [ ] Adaptive items as recommended
- [ ] Written meal/feeding directions

PETS & HOUSEHOLD

- [ ] Pet safety during transfers
- [ ] Supply storage
- [ ] Backup helper for pets/home

CHANGE TRACKER

My Baseline -> What Changed?

A quick comparison page to help the family describe changes clearly to the appropriate clinical team.

AREA	USUAL FOR ME	NEW OR DIFFERENT
Mobility / transfers	Notes: _____	Notes: _____
Speech / communication	Notes: _____	Notes: _____
Meals / swallowing	Notes: _____	Notes: _____
Breathing / cough / secretions	Notes: _____	Notes: _____
Energy / fatigue	Notes: _____	Notes: _____
Skin / positioning	Notes: _____	Notes: _____
Sleep / nighttime needs	Notes: _____	Notes: _____
Mood / thinking / behavior	Notes: _____	Notes: _____
ADLs / personal care	Notes: _____	Notes: _____

Report concerning changes through the appropriate clinical channel.

For severe breathing difficulty, severe choking, unresponsiveness or immediate danger, call 911.

CLINIC READY

Before the Next ALS Clinic Visit

Use this page to organize observations and questions. Bring current written instructions and an updated medication list.

Changes to mention

- [ ] New or worsening changes
- [ ] Falls / near-falls
- [ ] Transfer difficulty
- [ ] Speech / communication changes
- [ ] Meal duration / swallowing changes
- [ ] Breathing / sleep changes
- [ ] Skin / positioning concerns
- [ ] New caregiver support needs

Questions to consider

- [ ] PT / OT reassessment?
- [ ] SLP / AAC discussion?
- [ ] Nutrition / swallowing review?
- [ ] Respiratory review?
- [ ] Equipment to order early?
- [ ] Home modifications?
- [ ] Palliative / comfort support?
- [ ] What should trigger an urgent call?

My top three questions

1. _____

2. _____

3. _____

NEXT APPOINTMENT / FOLLOW-UP _____

WHO IS FOLLOWING UP _____

EMERGENCY READY

My Emergency Snapshot & Go-Bag

Keep essential information and backup items together so another person can quickly understand what matters.

PREFERRED NAME

PRIMARY COMMUNICATION METHOD

MOBILITY / TRANSFER METHOD

RESPIRATORY EQUIPMENT

NUTRITION / FEEDING SUPPORT

ALLERGIES

MEDICATION LIST LOCATION

ALS CLINIC / CLINICAL CONTACT

EMERGENCY CONTACT

EQUIPMENT VENDOR / BACKUP POWER

Go-bag / ready-kit checklist

- [ ] Printed emergency snapshot
- [ ] Current medication list
- [ ] Nonelectric communication backup
- [ ] Chargers / batteries
- [ ] Written feeding instructions if applicable
- [ ] Needed feeding supplies if applicable
- [ ] Equipment information / vendor contacts
- [ ] Copies of key identification / insurance information

IMMEDIATE DANGER / SEVERE BREATHING DIFFICULTY / SEVERE CHOKING / UNRESPONSIVE -> CALL 911

BACKUP PLAN

Power & Equipment Backup Plan

Plan for charging, outages and equipment problems before they happen. Follow manufacturer and clinical instructions for medical equipment.

1 Equipment that needs power

List respiratory, communication, mobility, bed or other powered equipment.

2 Primary charging plan

Where are chargers kept? What must be charged every day?

3 Backup power

Document approved battery or backup-power options and expected duration.

4 Vendor support

Keep equipment vendor, after-hours and replacement contacts together.

5 Outage action

Know what to do first, who to contact and when the clinical team or 911 is needed.

6 Travel / evacuation

Plan how equipment, supplies, communication and transportation will move with the person.

COMMUNICATION

Plan Communication Early

Preserve choice and connection by discussing communication options before speech becomes difficult.

1 TODAY

Preferred name, normal response time, yes/no method and important phrases.

2 EARLY CHANGES

Discuss low-tech backup, writing, text-to-speech and accessibility with SLP/clinical team.

3 AAC READY

Keep the chosen AAC system charged, positioned and accessible; train key support people.

4 BACKUP

Maintain a nonelectric yes/no or communication method for outages and emergencies.

My communication passport

Primary method: _____ Backup method: _____ Yes/No signal: _____

RESOURCE PLANNING

Insurance, Benefits & Equipment Funding Questions

A conversation organizer for the family, insurer, social worker, equipment provider and care team - not financial or legal advice.

- [ ] What equipment is covered and what documentation is required?
- [ ] Is prior authorization required?
- [ ] Which DME / equipment providers are in network?
- [ ] Are home modifications covered or supported by another program?
- [ ] What are repair, replacement and rental rules?
- [ ] Are communication devices covered?
- [ ] What respite or caregiver-support benefits are available?
- [ ] What transportation benefits or community resources may apply?
- [ ] Who can help with appeals or documentation questions?
- [ ] What out-of-pocket costs should we plan for?

Contacts & next actions

INSURANCE / BENEFITS CONTACT

SOCIAL WORKER / NAVIGATOR

EQUIPMENT PROVIDER

NEXT ACTION / DUE DATE

PLANNING AHEAD

Planning Ahead With Dignity

A calm space to document what matters and identify conversations to have with family and licensed clinicians.

1 What matters most to me

Comfort, communication, privacy, routines, relationships, home life and personal priorities.

2 Who should speak for me if I cannot

Document the appropriate healthcare decision-maker through the proper legal process.

3 What should my clinical team know

Discuss goals, preferences and questions about future nutrition, respiratory and comfort support.

4 Where are important documents kept

Record the location of advance directives, healthcare proxy documents and other relevant records.

5 Who needs a copy

Identify the family members and healthcare professionals who should have access to current documents.

6 When should we review this

Revisit preferences after major changes and whenever the person wants to update them.

WHOLE PERSON

Whole-Person Changes

ALS support is not only about movement. Track the person's communication, comfort, thinking, emotions, relationships and daily life.

1 Physical

Strength, mobility, transfers, fatigue, positioning

2 Communication

Speech, response time, AAC access, yes/no reliability

3 Nutrition

Meal time, swallowing, hydration, written feeding plan

4 Breathing

Cough, secretions, sleep, breathing comfort, equipment

5 Thinking / Behavior

New changes in judgment, behavior or ability to manage routines

6 Emotional Well-Being

Fear, grief, frustration, connection, coping and support

7 Family / Caregiver

Workload, sleep, respite, backup help and communication

8 Meaning & Identity

Preferences, faith/culture if desired, hobbies, pets, relationships and goals

FAMILY PLAN

Caregiver & Backup-Care Plan

Make responsibilities visible so the family knows who can step in, what they need to know and how to reach them.

Support circle

PRIMARY FAMILY CONTACT

BACKUP FAMILY CONTACT

DAY SPRING SERVICE CONTACT

CLINICAL / ALS TEAM CONTACT

EQUIPMENT / DME CONTACT

TRANSPORTATION BACKUP

PET / HOUSEHOLD BACKUP

AFTER-HOURS / EMERGENCY PLAN

What every backup helper should know

- [ ] Preferred communication method
- [ ] Where written instructions are kept
- [ ] Nutrition / feeding plan location
- [ ] Pet / household routines
- [ ] Safe transfer / mobility routine
- [ ] Medication support boundaries
- [ ] Respiratory equipment basics and escalation plan
- [ ] Who to call for clinical vs service concerns

Respite and backup coverage are preparation tools - not signs that the family is failing.

SECTION 4

DAILY LIFE

Support Daily Life

Comfort. Connection. Dignity. Every day.

INSIDE THIS SECTION

- ADLs
- Mobility and transfers
- Communication and AAC
- Meals and nutrition
- Tube-feeding support
- Medication support



Support should change as function changes - dignity should not.

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MOBILITY AND DAILY LIFE

Mobility And Daily Life

Compact guidance | Topics 1-2 of 8

01 Walking and fall risk

PAGE 030

WHAT MATTERS

Weakness, fatigue and foot drop can change safe mobility quickly.

Family focus

Clear paths and ask the therapist about appropriate aids.

Day Spring role

Follow the assessed assistance level; report trips, near falls and new weakness.

Clinical review

A fall with injury, head strike or new symptoms needs prompt medical evaluation.

WHEN MOVEMENT CHANGES

Notice: Record what became harder • Assess: PT or OT reviews method • Train and reassess A device is useful only when it fits the person and the home.:

02 Transfers

PAGE 031

WHAT MATTERS

Moving between bed, chair and toilet requires a current technique and the right number of trained helpers.

Family focus

Do not attempt an improvised lift.

Day Spring role

Use only the assessed method and manufacturer instructions after competency training.

Clinical review

Stop and reassess when the person cannot assist as expected.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Mobility And Daily Life

Compact guidance | Topics 3-4 of 8

03 Gait belts

PAGE 032

WHAT MATTERS

A gait belt is an aid for selected transfers; it does not make an unsafe transfer safe.

Family focus

Ask PT when it is appropriate and where it must not be placed.

Day Spring role

Check fit and use only if trained and authorized.

Clinical review

A belt is not a restraint or a substitute for a mechanical lift.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Mechanical lifts

PAGE 033

WHAT MATTERS

A floor or ceiling lift can reduce manual lifting demands when selected by a therapist.

Family focus

Confirm sling type, size, attachment and destination before every transfer.

Day Spring role

Use trained staff and the specified number of helpers; check equipment condition.

Clinical review

Stop if a sling, hook, battery or transfer path is uncertain.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Mobility And Daily Life

Compact guidance | Topics 5-6 of 8

05 Wheelchairs and seating

PAGE 034

WHAT MATTERS

A manual chair may become tiring; a fitted power chair can support mobility and positioning.

Family focus

Discuss seating, controls, transport and home access early.

Day Spring role

Check brakes, foot supports, cushions and safe paths before use.

Clinical review

A seating specialist should assess pressure and posture needs.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Bed and positioning

PAGE 035

WHAT MATTERS

Weakness can make turning and pressure relief difficult.

Family focus

Ask for a positioning plan that respects comfort and sleep.

Day Spring role

Follow prescribed turn and skin check routines; never drag across sheets.

Clinical review

Report redness that persists, pain, or a new pressure area.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Mobility And Daily Life

Compact guidance | Topics 7-8 of 8

07 Bathing and grooming

PAGE 036

WHAT MATTERS

Bathrooms combine slip risk, fatigue and privacy needs.

Family focus

Select preferred timing and what the person can still do.

Day Spring role

Use the approved shower chair, transfer method and water safety checks.

Clinical review

Request OT review when the current method becomes unsafe.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Toileting and continence

PAGE 037

WHAT MATTERS

Access, timing and dignity matter as mobility declines.

Family focus

Discuss commode, urinal, clothing and nighttime plan with the care team.

Day Spring role

Follow hygiene, skin and infection prevention routines.

Clinical review

Report pain, fever, retention, blood or an abrupt change.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

ADLs by ALS Condition Progress

Use changing function to plan support for activities of daily living with more confidence, comfort, and safety at home.



1 Stage 1 | Early changes and planning ahead

Focus on energy conservation, safety, and setup that helps the person stay involved in daily routines.



Bathing & grooming
Seated setup, simpler routines, rest breaks



Dressing
Easy fasteners, laid-out clothing, more time



Toileting
Grab bars or raised seat if needed



Eating
Lighter utensils, cup lids, meal pacing



Mobility
Cane or walker if needed, short transfers



Communication
Voice amplification or simple tools

2 Stage 2 | Growing support needs

Add hands-on help and equipment that improve comfort, transfers, and routine daily care.



Bathing & grooming
Help with showering and lower-body care



Dressing
Assistance with sleeves, shoes, buttons, and positioning



Toileting
Supervised transfers, bedside commode if needed



Eating
Meal setup, adaptive utensils, upright positioning



Mobility
Wheelchair for distance, transfer board or gait belt



Communication
AAC tablet, communication board, saved phrases

3 Stage 3 | Advanced or high-dependency support

Use higher-support care routines and equipment to protect comfort, dignity, and communication, and safety.



Bathing & grooming
Full assistance, gentle routines, pressure protection



Dressing
Full support, bed-level care as needed



Toileting
Lift-assisted or two-person support when indicated



Eating
Full meal support or prescribed feeding-related support



Mobility
Hospital bed, patient lift, power wheelchair, repositioning



Communication
Eye-gaze or advanced AAC system

Family Focus

Protect dignity, conserve energy, and involve the person in choices whenever possible. Small changes in routine often make daily life easier.

Day Spring Role

Day Spring supports approved nonmedical ADLs such as personal care, dressing, grooming, mobility assistance, toileting support, meal support, positioning, and observation/reporting of changes.

Clinical Review

PT, OT, SLP, the prescribing clinician, and other licensed professionals should guide individual equipment, swallowing, skin, transfer, and communication decisions.

Quick Cue

Review ADL support early if you notice new falls, harder transfers, choking or coughing with meals, skin redness, more fatigue, weaker speech, or shortness of breath.

Compassionate care. Professional excellence. Dignified living at home.

DAY SPRING HOME HEALTH | DALLAS–FORT WORTH

Speech And Communication

Compact guidance | Topics 1-2 of 8

01 Early communication planning

PAGE 038

WHAT MATTERS

Speech can become harder to understand before alternatives are ready.

Family focus

Ask about voice or message banking and important phrases while speech is available.

Day Spring role

Learn the person's preferred pace and confirmation method.

Clinical review

Speech language pathology can evaluate options early.

BUILD COMMUNICATION CONTINUITY

Now: Preferred speech and signals • Backup: Board or written choices • Technology: SLP guided AAC option Keep the chosen backup available if a device or power fails.

02 Yes and no signals

PAGE 039

WHAT MATTERS

A consistent signal can support urgent and everyday choices.

Family focus

Agree on a reliable eye, finger or device response and test it.

Day Spring role

Confirm important answers aloud and allow time.

Clinical review

Recheck when fatigue changes the reliability of a signal.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Speech And Communication

Compact guidance | Topics 3-4 of 8

03 Low tech boards

PAGE 040

WHAT MATTERS

Letter boards, picture boards and written choices can work during power or device failure.

Family focus

Keep a backup board within reach.

Day Spring role

Train every assigned worker on the agreed scanning method.

Clinical review

Include a call method for when no one is in the room.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Speech generating devices

PAGE 041

WHAT MATTERS

AAC systems can use touch, switches, eye gaze or other access methods.

Family focus

Practice before communication becomes urgent.

Day Spring role

Keep chargers, mounts and backup messages ready.

Clinical review

Device selection and training belong with an SLP and equipment team.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

SPEECH AND COMMUNICATION

Speech And Communication

Compact guidance | Topics 5-6 of 8

05 Communication in emergencies

PAGE 042

WHAT MATTERS

Emergency responders need to understand baseline speech and how to ask questions.

Family focus

Keep a short communication card near the bed and exit.

Day Spring role

Bring the device or board during transport if feasible.

Clinical review

Include emergency contacts, communication access and key preferences.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Respectful conversation

PAGE 043

WHAT MATTERS

A slow response does not mean a person has nothing to say.

Family focus

Ask one question at a time and avoid finishing sentences without permission.

Day Spring role

Speak to the client rather than only to a relative.

Clinical review

Confirm decisions through the established communication method.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Speech And Communication

Compact guidance | Topics 7-8 of 8

07 Technology access

PAGE 044

WHAT MATTERS

Phones, tablets, switches and smart home controls can extend independence.

Family focus

Choose meaningful tasks such as calling for help, lights and entertainment.

Day Spring role

Maintain charging and accessible placement.

Clinical review

Test connectivity and a non digital backup.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Privacy and consent

PAGE 045

WHAT MATTERS

AAC devices and journals may contain intimate information.

Family focus

Decide who may assist with messages or accounts.

Day Spring role

Do not read, share or photograph private content without authorization.

Clinical review

Use the minimum information needed for care.

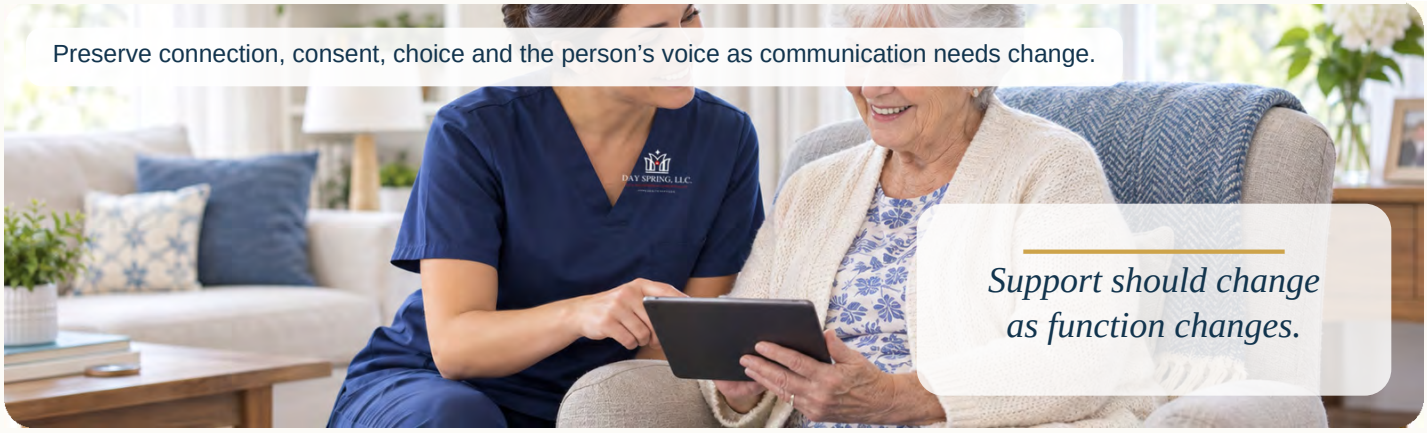
QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

COMMUNICATION & CONNECTION

Communication by Changing Function

Preserve connection, consent, choice and the person's voice as communication needs change.



Support should change as function changes.

1 Natural speech + extra time

Allow pauses; reduce competing noise; ask one question at a time.

2 Amplification / low-tech tools

Voice amplifier, yes/no signal, alphabet or picture board.

3 AAC tablet / saved phrases

Keep device charged, mounted and within reach; maintain backup phrases.

4 Eye-gaze / advanced AAC

SLP and equipment team guide access method, setup and training.

Person-first communication

Speak directly to the person. Allow time to respond. Never assume reduced speech means reduced understanding.

My Communication Passport

Preferred name _____

My YES signal _____

My NO signal _____

Primary method _____

Backup method _____

Please allow me ___ seconds to respond

F Family Focus

Use the person's preferred method and give adequate response time.

DS Day Spring Role

Keep communication tools accessible; follow the established routine.

C SLP / Clinical Review

SLP guides AAC selection and training; report rapid or unexpected change.

Eating And Nutrition

Compact guidance | Topics 1-2 of 8

01 Swallowing change

PAGE 046

WHAT MATTERS

Coughing, a wet voice, prolonged meals or weight loss can signal swallowing difficulty.

Family focus

Report changes promptly and request a swallowing assessment.

Day Spring role

Follow the current clinician approved food and liquid plan.

Clinical review

Do not independently thicken liquids or change textures.

RESPOND TO A MEALTIME CHANGE

Observe: Coughing, fatigue or intake • Ask: SLP and dietitian assess • Follow: Individual food and liquid plan Report new swallowing concerns; do not change texture independently.

02 Mealtime setup

PAGE 047

WHAT MATTERS

Fatigue, posture and distractions affect meals.

Family focus

Ask the clinician about safe positioning and meal pacing.

Day Spring role

Follow the individualized plan and remain attentive for distress.

Clinical review

Stop feeding and seek help if choking or breathing difficulty occurs.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Eating And Nutrition

Compact guidance | Topics 3-4 of 8

03 Food preferences

PAGE 048

WHAT MATTERS

Enjoyment and culture remain important even when eating becomes harder.

Family focus

Share favorite foods with the dietitian or SLP for safe adaptation.

Day Spring role

Document accepted foods and actual intake when required.

Clinical review

Clinical texture recommendations take priority over convenience.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Hydration and weight

PAGE 049

WHAT MATTERS

Reduced intake and weight loss warrant clinical attention.

Family focus

Ask the care team how to monitor weight and fluids.

Day Spring role

Record intake only as directed and report meaningful changes.

Clinical review

Do not diagnose dehydration from a single observation.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Eating And Nutrition

Compact guidance | Topics 5-6 of 8

05 Feeding tube decisions

PAGE 050

WHAT MATTERS

A feeding tube is a medical decision that may support nutrition and medication delivery.

Family focus

Discuss timing, goals and risks with the ALS team.

Day Spring role

Day Spring is a nonmedical service. We may assist with prescribed tube-feeding/nutrition routines only when allowed by the service plan, written instructions, Texas rules, and verified training/competency.

Clinical review

The prescribing clinician/RN directs the regimen and any required delegation. Staff do not independently change formula, rate, schedule, route, or tube-care instructions.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Tube supply readiness

PAGE 051

WHAT MATTERS

Plans may depend on formula, supplies, water, pump and power.

Family focus

Keep supplier and clinician contacts available.

Day Spring role

Check agreed supply inventory and report shortages before they become urgent.

Clinical review

A blocked or displaced tube requires the clinical plan; do not improvise.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

EATING AND NUTRITION

Eating And Nutrition

Compact guidance | Topics 7-8 of 8

07 Oral care

PAGE 052

WHAT MATTERS

Mouth comfort and hygiene matter whether meals are oral or tube based.

Family focus

Ask the dental or clinical team about an accessible routine.

Day Spring role

Follow the care plan and use safe positioning.

Clinical review

Report sores, bleeding or signs of infection.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Choking response

PAGE 053

WHAT MATTERS

An obstruction can become an emergency within minutes.

Family focus

Make sure household members know the emergency plan and CPR training expectations.

Day Spring role

Call 911 for severe choking or inability to breathe, and follow dispatcher instructions.

Clinical review

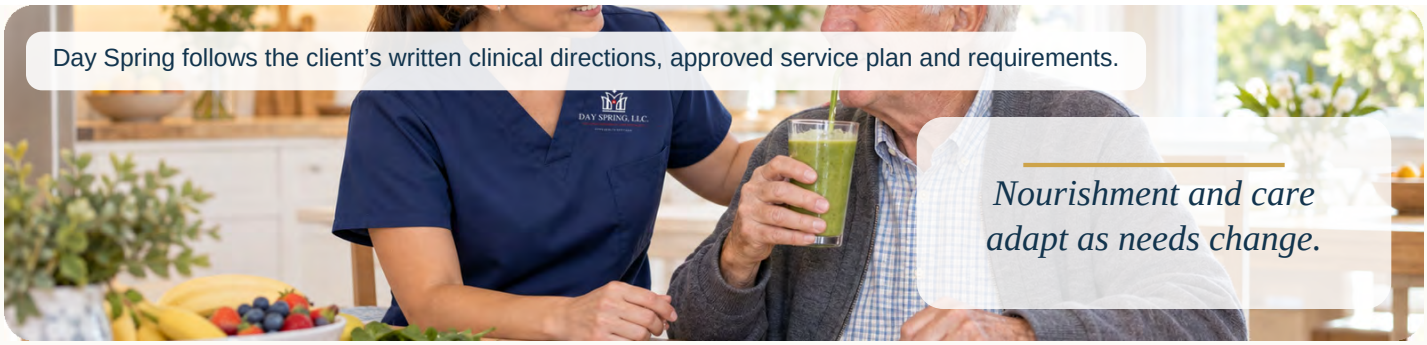
Do not use a device or technique without training and authorization.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

NONMEDICAL SUPPORT SCOPE

Nutrition, Tube Feeding & Medication Support



1 Meals & Hydration

Support meal setup, positioning and pacing according to the plan; use prescribed texture/consistency directions; observe and report coughing, choking, wet voice, prolonged meals, fatigue, reduced intake or other change from baseline.

2 Tube Feeding Support

When included in the approved plan and permitted under written clinical directions plus applicable authorization/delegation, training and competency requirements, trained staff may assist with the prescribed routine. Staff do not independently change formula, rate, schedule, route, flush amounts or tube-care directions.

3 Medication Intake

Within authorized nonmedical scope and the written medication plan, staff may assist with medication intake/self-administration and, where legally authorized/delegated, carry out the approved routine after required training/competency. Staff do not prescribe, add, stop, substitute or change doses.

Stop & Escalate

CALL 911: severe choking, severe breathing difficulty, unresponsiveness, or any immediate threat to life or safety.

CONTACT THE APPROPRIATE CLINICAL TEAM PROMPTLY: new swallowing problems, repeated coughing with meals, tube concerns, medication reaction or uncertainty, or a significant change from baseline.

F Family Focus

Keep the current written plan and clinical contacts easy to locate. Tell Day Spring when instructions change.

DS Day Spring Role

Provide authorized nonmedical assistance, observe, document and communicate changes; do not make independent clinical decisions.

C Clinical Review

The prescribing clinician/nurse and other licensed professionals determine clinical orders, treatment, feeding instructions and medication directions.

Document the authorized support provided

Record the assistance provided, relevant intake observations, tolerance, changes from baseline, concerns reported, and escalation completed according to Day Spring policy and the service plan.

NUTRITION & FEEDING SUPPORT

Feeding Access - What Each Device Means

Individualized by the ALS/team; this is not a complete list of every enteral device used in medicine. G-tube is the general stomach-access device; PEG and RIG/PRG describe common placement methods.

NG tube

Nasogastric tube: passes through the nose into the stomach. Usually a temporary or short-term route for nutrition, hydration or medications.



NJ tube

Nasojejunal tube: passes through the nose beyond the stomach into the jejunum. Less common in ALS; used when stomach feeding is not appropriate.



G-tube

Gastrostomy tube: general term for a tube placed through the abdominal wall directly into the stomach.



PEG

Percutaneous endoscopic gastrostomy: a G-tube placed using endoscopic guidance.



RIG / PRG

Radiologically inserted/percutaneous radiologic gastrostomy: a G-tube placed using imaging guidance; method selection depends on clinical factors.



Low-profile button

A skin-level gastrostomy device that lies close to the abdomen and connects to an extension set for feeding, fluids or medications.



GJ tube

Gastrojejunostomy tube: enters through the stomach and extends into the jejunum. Used for selected GI or aspiration-related situations under specialist guidance.



J-tube / PEJ

Jejunostomy tube: feeds directly into the jejunum. Less common for ALS and generally reserved for specific medical circumstances.



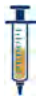
NUTRITION & FEEDING SUPPORT

How Tube Feeding May Be Delivered

The tube is only one part of the system. Formula, method, volume, rate, flushes and medication use must follow the current written clinical regimen.

Bolus syringe

A large enteral syringe delivers a measured feeding over a shorter period. May also be used for water flushes or medications when authorized.



Gravity bag

Formula flows from a hanging bag through tubing using gravity. The flow is controlled by the set and prescribed plan.



Feeding pump

An electronic enteral pump delivers formula at a programmed rate and volume. Often used for continuous, cyclic or slower feedings.



Continuous feeding

Pump-delivered nutrition over many hours, sometimes overnight or across most of the day.



Cyclic feeding

Pump feeding during a defined block of time, often to allow more freedom during other hours.



Intermittent feeding

Scheduled feedings given over longer periods than a bolus, using gravity or pump depending on the plan.



Extension set / ENFit

Connector tubing used with low-profile buttons and other enteral systems. ENFit-style connectors are designed to reduce misconnections.



Portable backpack / pole

Carries or supports a pump and formula container so prescribed feeding can continue with mobility.



DAY SPRING: follow the approved service plan and written regimen - do not independently change formula, rate, route, schedule or flush amounts.

SECTION 5

FAMILY LIFE

Kids &Teens in the Home

Truth, reassurance, healthy roles and room to remain a child.

INSIDE THIS SECTION

- Talk honestly by age
- Protect childhood roles
- Home safety
- School and friends
- Emotional support
- Family plan



Children can be included without becoming responsible for adult care.

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
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KIDS & TEENS

Talking about ALS in an age-aware way

Children and teens do better when they are included with truthful, understandable information and space to ask questions.

Young children

Use short, concrete explanations. Repeat as needed. Reassure them that ALS is not contagious and that they did not cause it. Keep familiar routines whenever possible.

School-age children

Explain visible changes before they become surprising. Invite questions. Give simple choices about how they want to help or spend time together.

Teens

Offer direct information and privacy. Include them in appropriate family conversations without making them responsible for adult decisions, clinical care or household stability.

Every age

Say what you know, what you do not know, and what the family is doing next. Avoid promises about timing or progression that no one can guarantee.

Aligned with ALS Association Youth Education and Families & ALS resources. Communication is a central theme; the Association provides age-targeted materials for youth and school professionals.

KIDS & TEENS

Helping without becoming the caregiver

Young people can participate in family life without carrying adult caregiving responsibility.

Healthy ways to help

Bring a favorite blanket or book; choose music; spend time together; help with a pet; get an adult when help is needed; use the agreed emergency contact plan; share how they are feeling.

Adult responsibilities

Transfers and lifting; medication decisions; tube-feeding procedures; respiratory equipment; tracheostomy or suction tasks; overnight monitoring; deciding when symptoms are medically urgent; managing finances or staffing.

Family rule: no secret emergencies

Children and teens should know exactly which adult to call. They should never be asked to judge a breathing problem, choking event, equipment alarm, medication question or change in consciousness. If an adult is unavailable and there is immediate danger, call 911.

Protect childhood

Keep school, friendships, sports, hobbies, rest and private time visible on the family calendar. A child or teen may want to help - but helping should not cost them their role as a child, student, sibling or grandchild.

KIDS & TEENS

A safer home for everyone

ALS equipment can change traffic patterns, cords, power use, privacy and emergency access.

Clear pathways

Keep toys, backpacks, pet items and charging cords out of wheelchair and transfer paths.

Equipment boundaries

Teach children not to climb on, unplug, silence alarms on, move, or play with respiratory, feeding, lift or mobility equipment.

Transfer privacy

Create a simple cue - closed door, sign or family phrase - so transfers, toileting and personal care remain private and uninterrupted.

Power safety

Identify outlets and backup power equipment that are adult-only. Keep emergency lighting accessible.

Pets

Plan where pets should be during transfers, equipment movement and emergency response.

Emergency access

Children should know the home address, the trusted adult contact, and how to call 911 when instructed or when immediate danger is obvious.

Home safety should be individualized with the ALS clinic/clinical team, especially PT/OT, respiratory therapy and equipment professionals. Day Spring follows the approved service plan and household safety plan.

KIDS & TEENS

School, friends and normal life

ALS can affect concentration, attendance, mood and social life even when the young person is not providing hands-on care.

Consider telling the school - with the family's permission

A counselor, teacher, nurse or trusted administrator can help with attendance changes, a quiet place to regroup, assignment flexibility, transportation disruptions or a sudden family hospitalization. Share only what the family and student are comfortable sharing.

Friends

Help the young person choose a simple explanation they can use with friends. They do not owe everyone a detailed medical explanation.

Routine

Protect predictable school, meals, sleep, activities and time away from ALS. Routine can provide stability when home life is changing.

When extra support may help

Persistent withdrawal, major school decline, intense worry, hopelessness, sleep disruption or feeling responsible for the adult's health are reasons to involve a parent/guardian and an appropriate pediatric, school or mental-health professional.

The ALS Association offers an At School guide for professionals supporting students affected by ALS and youth resources designed for different developmental stages.

KIDS & TEENS

Make room for every feeling

Sadness, anger, embarrassment, worry, relief, love and wanting a break can exist at the same time.

Ask

What have you noticed? What are you wondering about? What feels hardest right now?

Listen

Do not rush to fix the feeling. Correct misinformation gently and thank them for telling you.

Name the plan

Explain what the adults are doing next: clinic visit, equipment delivery, caregiver shift, school contact or family meeting.

Keep connection

Build one-on-one time that is not about ALS - a show, game, meal, drive, walk, music or quiet time together.

Texas family resource

The ALS Association Texas Youth and Children Program offers workshops, therapy groups and youth-specific resources for families affected by ALS.

ALS Association Texas: 877-714-0088 | als.org/support/programs/youth-and-children-program-texas

KIDS & TEENS

Our family plan

Write down the basics before a stressful day.

TRUSTED ADULT #1

TRUSTED ADULT #2

SCHOOL CONTACT

DAY SPRING SERVICE CONTACT

WHAT THE CHILD/TEEN SHOULD DO IF EQUIPMENT ALARMS

WHERE TO GO DURING A TRANSFER OR EMERGENCY

PET PLAN

FAMILY CHECK-IN DAY/TIME

WHAT HELPS THIS YOUNG PERSON FEEL CALM

QUESTIONS WE WANT TO ASK THE ALS CLINIC

Compassion in Practice

Safety and compliance matter. So do ordinary moments, relationships and the way support feels.

Ask before helping

Offer choices whenever possible. Do not assume that needing physical help means losing decision-making voice.

Protect normal family life

Make room for school, work, pets, meals, celebrations, quiet time and relationships.

Speak to the person

Use the person's preferred communication method and allow enough response time.

Notice the caregiver too

Fatigue, grief and overload can affect the whole household. Encourage backup support and respite planning.

Keep children out of adult roles

Kids and teens may help in small, safe ways, but they should not carry clinical or primary caregiving responsibility.

Escalate without alarming

Describe what changed, use the correct support channel and communicate calmly and clearly.

A safe home can still feel like home.

Good support protects dignity, reduces avoidable risk and helps the family preserve connection.

SECTION 6

STAY READY

Breathing, Equipment & Safety

Awareness. Safety. Peace of mind.



INSIDE THIS SECTION

- Breathing awareness
- Respiratory support
- Equipment by need
- Home safety
- Emergency readiness
- Backup planning

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BREATHING AND RESPIRATORY

Breathing And Respiratory

Compact guidance | Topics 1-2 of 8

01 Breathing changes

PAGE 054

WHAT MATTERS

Weak respiratory muscles can reduce cough and make lying flat uncomfortable.

Family focus

Report morning headaches, poor sleep, breathlessness and weak cough to the clinic.

Day Spring role

Observe and promptly escalate changes from baseline.

Clinical review

A respiratory therapist evaluates function and equipment.

CHOOSE THE RIGHT RESPONSE

Routine: Follow the respiratory plan • New change: Call the clinical team • Severe distress: Call 911 Keep device specific emergency instructions from the treating team.

02 Noninvasive ventilation

PAGE 055

WHAT MATTERS

NIV supports breathing through a mask or interface when prescribed.

Family focus

Learn the prescribed routine, mask fit concerns and supplier contact.

Day Spring role

Assist only with tasks explicitly authorized and trained in the care plan.

Clinical review

Do not change settings or substitute equipment independently.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Breathing And Respiratory

Compact guidance | Topics 3-4 of 8

03 Cough assistance

PAGE 056

WHAT MATTERS

A weak cough can make secretion clearance difficult.

Family focus

Ask the respiratory team about a personalized airway clearance plan.

Day Spring role

Keep trained operators and supplies identified.

Clinical review

Device technique and settings require clinical instruction.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Suction equipment

PAGE 057

WHAT MATTERS

Suction may be prescribed for secretions, with technique depending on the person and device.

Family focus

Clarify exactly who is authorized to perform which suction tasks.

Day Spring role

Maintain a visible emergency contact and equipment plan.

Clinical review

Invasive suction is a clinical task; do not assume it is within nonmedical service.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

BREATHING AND RESPIRATORY

Breathing And Respiratory

Compact guidance | Topics 5-6 of 8

05 Tracheostomy and ventilation

PAGE 058

WHAT MATTERS

A tracheostomy or invasive ventilator requires a highly specific clinical and emergency plan.

Family focus

Confirm licensed coverage, backup equipment and emergency power.

Day Spring role

Nonmedical staff support only approved ancillary tasks and summon trained clinical help.

Clinical review

Dislodgement, obstruction or respiratory distress requires the emergency plan and 911 when indicated.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Power loss

PAGE 059

WHAT MATTERS

Power dependent breathing equipment needs a tested backup plan.

Family focus

Know battery runtime, charging, supplier and evacuation destination.

Day Spring role

Check accessible supplies and communicate outages promptly.

Clinical review

Call emergency services when breathing support cannot be maintained.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

BREATHING AND RESPIRATORY

Breathing And Respiratory

Compact guidance | Topics 7-8 of 8

07 Infection and respiratory symptoms

PAGE 060

WHAT MATTERS

Illness can be harder to tolerate when respiratory reserve is low.

Family focus

Follow the clinician's advice on vaccines, exposure and early reporting.

Day Spring role

Use hand hygiene and stay home when ill per agency policy.

Clinical review

Fever, increasing secretions or breathing change should be reported promptly.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Respiratory emergency card

PAGE 061

WHAT MATTERS

A compact card can speed a response when the person cannot speak.

Family focus

List equipment, baseline support, contacts and hospital preference with consent.

Day Spring role

Keep the card current and easy to locate.

Clinical review

The clinical team should approve device specific instructions.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

BREATHING & RESPIRATORY SUPPORT

Respiratory Options by Common Need

ALS respiratory weakness is usually a ventilation problem. Device selection, settings and timing belong to the ALS/pulmonary/respiratory team.

Nighttime hypoventilation / orthopnea / morning headaches	Noninvasive ventilation (NIV), commonly bilevel positive-pressure support; some devices use backup-rate or volume-assured modes.
Coexisting obstructive sleep apnea	CPAP may be prescribed for obstructive sleep apnea, but CPAP is not the same as ventilatory assistance for ALS respiratory-muscle weakness.
Weak cough / retained secretions	Mechanical insufflation-exsufflation (cough-assist), breath stacking and/or manually assisted cough when taught and prescribed.
Oral secretions that cannot be cleared	Portable suction, often with a Yankauer oral tip; secretion-management medications are clinician-directed.
Thick mucus / mucus plugging risk	Hydration, humidification, cough-assist and suction; nebulized therapy only when ordered for the specific indication.
Progressive daytime ventilatory weakness	Extended NIV, mouthpiece or mask ventilation, or a portable/home ventilator as prescribed.
Severe weakness / invasive ventilation chosen	Tracheostomy with invasive mechanical ventilation; requires extensive planning, training, supplies and ongoing clinical support.
Low oxygen from another lung/cardiac problem	Supplemental oxygen only when clinically indicated. Oxygen does not replace ventilation for ALS hypoventilation and should not be independently adjusted.

New severe breathing distress, blue/gray color, unresponsiveness or immediate danger = 911.

BREATHING & RESPIRATORY SUPPORT

Breathing Machines & Airway-Clearance Equipment

A plain-language glossary for families. Brand names vary; the clinical team determines which equipment is appropriate and how it should be set.

NIV / NPPV

Noninvasive ventilation: pressurized air delivered through a mask or mouthpiece to assist breathing without a tracheostomy.



Bilevel / BPAP

A common NIV approach using a higher pressure for inhalation and lower pressure for exhalation. Some devices include a backup breathing rate.



Volume-assured NIV

A mode that adjusts pressure support toward a target ventilation. Examples include AVAPS or iVAPS; settings are clinician-prescribed.



Home ventilator

Portable mechanical ventilator that can provide noninvasive or invasive support and more advanced modes as needs increase.



Cough-assist / MI-E

Mechanical insufflation-exsufflation: alternates positive and negative pressure to help simulate a stronger cough and move secretions.



Portable suction

Removes secretions from the mouth or airway using tubing and an appropriate suction interface. Technique depends on the airway and care plan.



Nebulizer

Turns prescribed liquid medication or saline into a mist. It treats a medication/airway indication; it does not replace ventilation.



Humidification / HME

Adds or conserves moisture in inhaled air. Especially important with tracheostomy or ventilator use when prescribed.



Tracheostomy tube

An artificial airway placed through the neck into the trachea. May be used with invasive ventilation and requires specialized care.



Pulse oximeter

Monitoring tool that estimates oxygen saturation and pulse. It does not measure carbon dioxide and cannot by itself determine adequate ventilation.



Equipment By Changing Needs

Compact guidance | Topics 1-2 of 8

01 Early needs equipment

PAGE 062

WHAT MATTERS

Simple adaptations can conserve energy: built up grips, reachers, seating and bathroom supports.

Family focus

Ask OT which items fit the person and home.

Day Spring role

Check that equipment is used as assessed.

Clinical review

Avoid buying a device before confirming fit and safety.

SELECT EQUIPMENT BY FUNCTION

Need: What task is difficult? • Fit: Who assesses the device? • What if it fails? Needs may overlap; this is a decision path, not a timetable.:

02 Middle needs equipment

PAGE 063

WHAT MATTERS

Progressive weakness may call for a fitted chair, transfer aid, hospital bed or AAC.

Family focus

Plan access, delivery, training, insurance and storage early.

Day Spring role

Document who may operate each device.

Clinical review

Reassess when equipment no longer matches function.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Equipment By Changing Needs

Compact guidance | Topics 3-4 of 8

03 Advanced needs equipment

PAGE 064

WHAT MATTERS

Complex seating, lifts, respiratory support and backup communication may become central.

Family focus

Coordinate suppliers and clinical teams before a transition home.

Day Spring role

Confirm trained coverage, supplies and power contingency.

Clinical review

Do not accept a task merely because equipment is present.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Hospital bed

PAGE 065

WHAT MATTERS

Adjustability can support positioning, transfers and caregiver ergonomics.

Family focus

Ask about mattress, rails and fall risks with the clinical team.

Day Spring role

Check brakes, cords and agreed bed height.

Clinical review

Rails can create entrapment risk and need professional assessment.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Equipment By Changing Needs

Compact guidance | Topics 5-6 of 8

05 Pressure relief surfaces

PAGE 066

WHAT MATTERS

Cushions and mattresses may reduce pressure risk as movement declines.

Family focus

Ask for a seating or wound assessment if discomfort or skin change develops.

Day Spring role

Follow prescribed repositioning and skin observation.

Clinical review

Equipment does not replace checks and timely reporting.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Bathroom equipment

PAGE 067

WHAT MATTERS

Grab bars, shower chairs, commodes and lifts serve different functions.

Family focus

Have OT assess fit, installation and transfer path.

Day Spring role

Inspect stability before use.

Clinical review

A towel bar is not a grab bar.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

EQUIPMENT PLANNING

Equipment by Stage

Use changing needs to plan ahead, stay safer, and introduce the right support at the right time.



1 Stage 1 | Early support and planning ahead

Focus on energy conservation, safety, and simple supports.


Grab bars / handrails


Shower chair or bench


Raised toilet seat


Walker or cane if needed


Voice amplification or simple communication tools

2 Stage 2 | Growing support needs

Add equipment that improves transfers, mobility, and daily routines.


Transport chair or wheelchair


Hospital bed or adjustable bed


Transfer board or gait belt


Bedside commode


AAC tablet or communication device


Cough-assist or respiratory support as prescribed

3 Stage 3 | Advanced or high-dependency support

Use higher-support equipment to protect comfort, breathing, communication, and safe caregiving.


Power wheelchair with positioning


Patient lift


Pressure-relief mattress


Suction setup and respiratory equipment


Eye-gaze or advanced AAC system


Feeding pump supplies or bedside support when prescribed


Backup power planning

Family focus

Think ahead. Equipment works best when it arrives before a crisis and when everyone understands how to use it safely.

Day Spring role

Day Spring observes changing needs, supports safe routines, and coordinates with the family and clinical team around approved equipment use.

Clinical review

PT, OT, SLP, respiratory therapy, the prescribing clinician, and the durable medical equipment supplier should guide individual equipment selection and setup.

Quick cue

New weakness, falls, harder transfers, breathing changes, or communication difficulty are signals to review equipment needs early.

Boundary reminder: Stages are a planning tool. Actual equipment needs depend on the person's function, clinician guidance, and home environment.

VISUAL EQUIPMENT NAVIGATOR

Equipment Bundles by Changing Support Need

See what may help, why it may help, and who should guide the next step.

1 PLANNING AHEAD — Early changes

2 GROWING SUPPORT — Increasing needs

3 HIGH-DEPENDENCY — Advanced support

Functional planning levels - not a prediction of how ALS will progress or when a particular device will be needed.

LEVEL 1 - PLANNING AHEAD

ADL	ADL	MOBILITY	NUTRITION	COMMUNICATION
Grab bars / shower chair	Raised toilet seat	Cane / walker	Adaptive utensils	Simple communication tools

LEVEL 2 - GROWING SUPPORT

MOBILITY	ADL	COMFORT	SAFETY	COMMUNICATION
Wheelchair	Bedside commode	Adjustable / hospital bed	Transfer aid when approved	AAC tablet

LEVEL 3 - HIGH-DEPENDENCY

MOBILITY	SAFETY	COMFORT	COMMUNICATION
Power wheelchair	Patient lift	Pressure-relief surface	Eye-gaze AAC
RESPIRATORY	NUTRITION	SAFETY	
Prescribed respiratory equipment	Prescribed feeding support	Backup power	

Who guides it?

PT/OT: mobility, transfers, positioning and home fit | SLP: communication and swallowing | Respiratory/medical team: respiratory equipment | Medical/nutrition team: prescribed feeding support

DAY SPRING: supports authorized nonmedical routines, observes and documents changes, reinforces safe setup, and coordinates with the family and clinical team.

SAFETY AND EMERGENCIES

Safety And Emergencies

Compact guidance | Topics 1-2 of 8

01 Call 911 criteria

PAGE 070

WHAT MATTERS

Severe breathing difficulty, unresponsiveness, serious injury or severe choking warrants emergency response.

Family focus

Keep address, gate code and emergency plan visible.

Day Spring role

Call 911 and follow dispatch directions, then notify contacts per plan.

Clinical review

Do not delay emergency help while documenting.

THREE RESPONSE LEVELS

Immediate: 911 for severe danger • Urgent: Clinical team for change • Service: Agency for coverage issues The individual emergency plan controls who else is notified.

02 Change in condition

PAGE 071

WHAT MATTERS

A new symptom can require clinical advice even when it is not an immediate emergency.

Family focus

Agree on after hours numbers and thresholds with the clinic.

Day Spring role

Report objective facts: onset, change, observations and action taken.

Clinical review

Use the written escalation pathway and close the loop.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Safety And Emergencies

Compact guidance | Topics 3-4 of 8

03 Falls and near falls

PAGE 072

WHAT MATTERS

A near fall can signal a transfer plan that no longer fits.

Family focus

Preserve details and ask for reassessment.

Day Spring role

Attend to immediate safety, report, document and review contributing factors.

Clinical review

Do not lift a fallen person without checking injury and a safe method.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Medication boundaries

PAGE 073

WHAT MATTERS

Medication lists and schedules may be complex.

Family focus

Keep the current clinician approved list accessible.

Day Spring role

Provide reminders/assistance with self-administered medication and, when lawfully delegated or authorized, medication administration - only within the written plan and verified competency.

Clinical review

The prescribing/clinical team directs medication orders, dose changes, new medications, missed-dose instructions, and adverse-effect decisions. Staff do not independently adjust medications.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Safety And Emergencies

Compact guidance | Topics 5-6 of 8

05 Infection prevention

PAGE 074

WHAT MATTERS

Hand hygiene, clean equipment and appropriate protective supplies protect the household.

Family focus

Provide soap, supplies and a plan for sick visitors.

Day Spring role

Follow agency training and the care plan.

Clinical review

Clinical procedures require separate competency and authorization.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Home hazards

PAGE 075

WHAT MATTERS

Clutter, loose rugs, pets, cords and dim light increase risk.

Family focus

Walk the routes from bed to bathroom and exit.

Day Spring role

Report hazards and agree on practical fixes.

Clinical review

Review after equipment delivery or room changes.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Safety And Emergencies

Compact guidance | Topics 7-8 of 8

07 Severe weather

PAGE 076

WHAT MATTERS

Texas storms and heat can threaten power, access and staffing.

Family focus

Maintain supplies, cooling options, contacts and evacuation choices.

Day Spring role

Activate the agency continuity and client contact process.

Clinical review

For life sustaining equipment, follow the clinical power plan immediately.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Incident learning

PAGE 077

WHAT MATTERS

An incident record should support response and prevention, not blame.

Family focus

Share the facts and the client's perspective.

Day Spring role

Record time, observations, notifications and corrective action.

Clinical review

Leadership reviews trends and verifies completion.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

CHANGE-TO-ACTION MAP

What May Change - What May Help - Who Guides It

A family roadmap for recognizing change and connecting the right support.

CHANGE NOTICED	POSSIBLE SUPPORT	WHO GUIDES IT	DAY SPRING SUPPORT
Harder transfers	Transfer / positioning review	PT / OT / clinical team	Follow approved transfer routine; report change.
More falls or weaker walking	Mobility aid / wheelchair review	PT / OT	Support authorized mobility and home-safety routine.
Weaker speech	AAC / communication system	SLP	Keep system accessible; use preferred method.
Coughing or fatigue with meals	Swallowing / nutrition review	SLP / dietitian / medical team	Follow written meal or prescribed feeding directions.
Breathing difficulty or weak cough	Respiratory assessment / equipment	Respiratory / medical team	Follow authorized routine; promptly escalate change.
Skin redness / pressure discomfort	Positioning / pressure-relief review	Nurse / PT / OT / medical team	Support approved positioning; observe and report.
Greater fatigue	Pacing / energy conservation	OT / clinical team	Simplify approved routines; support rest.
More help needed with ADLs	Personal-care / equipment review	OT / PT / clinical team	Provide authorized nonmedical ADL assistance with dignity.

EMERGENCY

Immediate threat to life or safety: Call 911.

CLINICAL

New or worsening symptoms: treating clinical team.

DAY SPRING

Staffing, coordination and authorized nonmedical support.

SECTION 7

NAVIGATE CHANGE

Navigate Change

Guidance and support through transitions.

INSIDE THIS SECTION

- Hospital to home
- Clinical partners
- Palliative support
- Family well-being
- Major changes
- Next decisions



Every transition is easier when people, information and next steps stay connected.

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Transitions And Decisions

Compact guidance | Topics 1-2 of 8

01 Hospital admission

PAGE 078

WHAT MATTERS

A hospital team needs a clear baseline and current equipment information.

Family focus

Bring medication list, communication method, device details and contacts.

Day Spring role

Notify the coordinator and document coverage changes.

Clinical review

The discharge team determines clinical readiness for home.

A COMPLETE HANDOFF HOME

Discharge: Written clinical plan • Home: Equipment and supplies • First shift and changes Resolve safety and clinical coverage gaps before changed tasks begin.:

02 Discharge home

PAGE 079

WHAT MATTERS

New equipment or function can change staffing and training needs.

Family focus

Request written discharge instructions and supplier training.

Day Spring role

Reassess the home plan before restarting changed tasks.

Clinical review

Resolve gaps in clinical coverage before the first shift.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

TRANSITIONS AND DECISIONS

Transitions And Decisions

Compact guidance | Topics 3-4 of 8

03 Palliative care

PAGE 080

WHAT MATTERS

Palliative care focuses on symptoms, goals and quality of life and can accompany other treatments.

Family focus

Ask for a referral when burdensome symptoms or hard choices arise.

Day Spring role

Coordinate nonmedical routines around the person's goals.

Clinical review

Clinical decisions remain with the person and licensed team.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Hospice

PAGE 081

WHAT MATTERS

Hospice eligibility and services are determined by the hospice and treating clinicians.

Family focus

Ask how hospice, family and Day Spring responsibilities will fit together.

Day Spring role

Document task boundaries and communication paths.

Clinical review

Avoid duplicate or conflicting instructions.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Transitions And Decisions

Compact guidance | Topics 5-6 of 8

05 Advance care planning

PAGE 082

WHAT MATTERS

Preferences about interventions should be discussed before a crisis when possible.

Family focus

Review choices with the clinical team and qualified counsel as needed.

Day Spring role

Know where the valid documents are and whom to contact.

Clinical review

Staff do not interpret or create medical orders.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Decision support

PAGE 083

WHAT MATTERS

A person may need more time or communication support to express a choice.

Family focus

Use accessible options and confirm understanding.

Day Spring role

Respect the person's authority unless legally changed.

Clinical review

Escalate uncertainty about capacity or authority to appropriate professionals.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Transitions And Decisions

Compact guidance | Topics 7-8 of 8

07 End of life comfort

PAGE 084

WHAT MATTERS

Comfort, family presence, culture and privacy may become central.

Family focus

Ask the hospice or clinical team for symptom and emergency guidance.

Day Spring role

Provide approved personal support and a calm environment.

Clinical review

Call the designated clinical service for expected changes; use 911 according to the plan.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Bereavement and closure

PAGE 085

WHAT MATTERS

Families may need practical information and space after a death.

Family focus

Ask the clinical or hospice team for the immediate procedure.

Day Spring role

Follow agency reporting, privacy and property rules.

Clinical review

Offer relevant grief resources without assuming what the family needs.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

SECTION
8

KEEP IT PERSONAL

Keep It Personal

Your information. Your preferences. Your plan.

INSIDE THIS SECTION

- Care passport
- Daily routine
- Equipment register
- Coverage and backup
- Clinic conversation
- Action tracker



The plan should reflect the life, routines and relationships that matter.

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PERSONAL PLANNING TOOLS

My care passport

Keep this page available to your authorized care team. Update it when contacts or preferences change.

1. **Legal name and best contact**
2. **Preferred name and pronunciation**
3. **What matters most to me**
4. **How I communicate yes and no**
5. **Primary family contact**
6. **ALS clinic and after hours contact**
7. **Day Spring coordinator**
8. **Equipment supplier**
9. **Updated by and date**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

PERSONAL PLANNING TOOLS

My daily routine

Describe the preferred routine. Clinical instructions and the individualized care plan govern care tasks.

1. **Wake-up and bedtime times**
2. **Morning priorities**
3. **Meals and drinks**
4. **Rest and comfort**
5. **Communication and connection**
6. **Evening priorities**
7. **Overnight support**
8. **What helps me feel respected**
9. **Review date and owner**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

PERSONAL PLANNING TOOLS

Equipment and supply register

Record the actual equipment in the home. Keep manufacturer instructions and clinical orders with the care record.

1. **Category and where it lives**
2. **Device and model**
3. **Purpose in the current plan**
4. **Supplier and phone**
5. **Training completed**
6. **Authorized operators**
7. **Power and backup plan**
8. **Supply reorder point**
9. **Next inspection or review**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

PERSONAL PLANNING TOOLS

Coverage and backup plan

Use this page to close gaps in scheduled support and communicate who will respond.

1. **Client and week beginning**
2. **Daytime coverage**
3. **Evening and overnight coverage**
4. **Weekend coverage**
5. **Backup contact**
6. **If a worker is late or absent**
7. **Unresolved coverage gaps**
8. **Confirmed by and date**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

PERSONAL PLANNING TOOLS

My next clinic conversation

Bring specific changes, the person's priorities and questions. Confirm next steps before leaving.

1. **Visit date and clinician**
2. **My top priority**
3. **Changes since the last visit**
4. **Breathing and sleep questions**
5. **Eating and communication questions**
6. **Mobility and equipment questions**
7. **Agreed next steps**
8. **Follow up contact and date**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

PERSONAL PLANNING TOOLS

Care review and action tracker

Review what worked, what changed and what needs an update. Record the next review date.

1. **Review date and participants**
2. **Person’s current priorities**
3. **What is working well**
4. **What has changed**
5. **Action one**
6. **Action two**
7. **Action three**
8. **Next review**

KEEP IT CURRENT

Update this page after meaningful changes and store completed pages securely.

EQUIPMENT COMPARISON

Equipment for daily independence

Needs overlap and do not follow a fixed timetable. Select equipment through individual assessment and confirm training before use.

Adaptive utensils and reachers

Support selected hand tasks and reduce reach demands.

WHEN TO CONSIDER When a task becomes harder; ask OT to assess grip and fit.

Shower chair and commode

Provide a seated option for personal routines.

WHEN TO CONSIDER When standing or bathroom access becomes difficult; request an OT assessment.

Walking aid or ankle support

May assist selected mobility needs after assessment.

WHEN TO CONSIDER Ask PT about the appropriate device, fit and safe use.

Manual or power wheelchair

Support mobility with suitable seating and access controls.

WHEN TO CONSIDER Plan early with PT, OT and a seating specialist; check home and transport access.

Communication board or AAC device

Support choices and conversation when speech is difficult.

WHEN TO CONSIDER An SLP can assess access methods, vocabulary and a backup approach.

EQUIPMENT COMPARISON

Equipment for greater support needs

Needs overlap and do not follow a fixed timetable. Select equipment through individual assessment and confirm training before use.

Hospital bed and pressure surface

Support positioning, comfort and care access.

WHEN TO CONSIDER Ask the clinical or therapy team about fit, skin needs and entrapment risk.

Mechanical lift and sling

Support transfers when the assessed method calls for a lift.

WHEN TO CONSIDER Therapy assessment, the correct sling, trained operators and manufacturer instructions

Noninvasive ventilation

Prescribed breathing support through an interface.

WHEN TO CONSIDER Respiratory clinicians determine suitability and settings; follow the individual plan.

Cough assist and suction

Prescribed support for airway clearance or secretions.

WHEN TO CONSIDER Clinical teaching and task authorization determine who may use each device.

Feeding equipment

Supports a prescribed enteral nutrition plan.

WHEN TO CONSIDER The clinical team specifies use, supplies, operator training and troubleshooting.

CONTACT & SUPPORT HUB

Stay connected with Day Spring

Who to contact, how to reach us, and the right channel for support.

G4

Real people. Responsive support.

Our leadership team is here for you. Whether you have a clinical question, need service support, or want to discuss care planning, we are a phone call or email away.



NE — NATHANIEL EBIEM

CEO | Executive Director of Operations & Client Support Services

- E — Executive Line 1: 214-228-0620
- E — Executive Line 2: 469-333-6171
- S — Support Line: 1-888-823-3558
- E — Email: n.ebiem@dayspringhomehealth.com
- W — Website: dayspringhomehealth.com

LG — LIZZIE GARCIA

CFO | Executive Director of HR & Client Support Services

- E — Executive Line: 469-333-6171
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SM — SHARON MOTSI

Clinical Operations Manager | Primary Clinical Manager

- D — Direct Line: 214-593-9904
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- W — Website: dayspringhomehealth.com

Your response path

Use the right channel to get the fastest and most effective support.

01 — Emergency

Call 911 for immediate danger or life-threatening situations.

02 — Clinical concern

Contact the treating clinical team and Day Spring clinical manager.

03 — Service support

Contact Day Spring for staffing, coordination, scheduling and nonmedical support questions.

PULL-OUT
TOOLS

KEEP IT READY

Family Action Toolkit

Practical pages to print, complete, update and keep accessible.

- Emergency Refrigerator Sheet - English
- Hoja de Emergencia - Español
- My ALS Care Passport
- Equipment & Vendor Inventory
- Caregiver Training & Competency Hub
- Bilingual Who-to-Call Quick Reference






CONNECT WITH DAY SPRING

1-888-823-3558

dayspringhomehealth.com/services

Call or visit to explore services, ALS support and consultation.

Keep the right information
easy to find when it matters.

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
1-888-823-3558

KEEP VISIBLE • UPDATE AFTER MAJOR CHANGES

TOOLS

ALS Emergency Information

This sheet helps communicate essential information. It does not replace physician orders, advance directives or emergency instructions.

LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

HOME ADDRESS

EMERGENCY / 911
Severe breathing distress, blue or gray color, unresponsiveness, severe choking or immediate danger.

CLINICAL TEAM
Breathing or swallowing changes, fever, repeated falls, secretions, skin concerns, clinical equipment or new needs.

DAY SPRING
Staffing, schedule, coordination, authorized nonmedical support and nonurgent service questions.

CLINICAL / SUPPORT SNAPSHOT

COMMUNICATION METHOD

MOBILITY / TRANSFER

RESPIRATORY EQUIPMENT

NUTRITION / FEEDING TUBE

ALLERGIES

MEDICATION LIST LOCATION

ALS CLINIC / NEUROLOGIST

EMERGENCY CONTACT

AT THE READY

EQUIPMENT VENDOR / PHONE

BACKUP POWER PLAN

ADVANCE DIRECTIVE / LOCATION

Note: bring backup communication, chargers, respiratory supplies and feeding supplies when applicable.

KEEP THIS SHEET VISIBLE — ON THE REFRIGERATOR OR IN THE CARE BINDER
Share it with new caregivers and update it after any major change.

MY ALS CARE PASSPORT

TOOLS

What Helps Me Feel Safe, Heard & Respected

Keep this with the person, share it with new caregivers, and update it when communication, mobility, routines or preferences change.

COMMUNICATION

How I communicate best, how much time I need to respond, and my backup communication method.

MOBILITY & POSITIONING

My safest transfer method, equipment used, positioning and pressure-relief preferences.

BREATHING & SECRETIONS

My prescribed respiratory equipment, my baseline, and who to call for a change.

NUTRITION & HYDRATION

My current route (oral / tube / combination), routine, feeding plan location, swallowing and texture instructions.

PERSONAL COMFORT

Favorite music, TV or topics, people and pets important to me, and what comforts me on a hard day.

PLEASE KNOW

Please ask before helping, please do not, and something I still want to do or enjoy.

IMPORTANT CONTACTS

PRIMARY FAMILY / CAREGIVER

ALS CLINIC / CLINICAL CONTACT

DAY SPRING SERVICE CONTACT

EQUIPMENT & VENDOR INVENTORY

Know What You Have — and Who Supports It

Record the exact equipment, vendor and backup plan. Clinical equipment settings should only be changed by authorized persons under the current plan.

CATEGORY / EQUIPMENT	BRAND / MODEL	VENDOR / PHONE	BACKUP / NOTES
Mobility / wheelchair			
Transfer / lift			
Bed / mattress			
Communication / AAC			
NIV / ventilator			
Cough-assist			
Suction			
Feeding pump			
Oxygen (if prescribed)			
Other			

POWER & BACKUP

BACKUP BATTERY / POWER STATION _____

GENERATOR / CHARGING PLAN _____

WHO KNOWS HOW TO USE BACKUP EQUIPMENT _____

Update this page whenever equipment, vendors or backup plans change.

CAREGIVER TRAINING CENTER

TOOLS

Learn • Demonstrate • Document • Refresh

Educational resources help families ask better questions. Hands-on clinical or delegated tasks still require the training, competency, authorization and supervision applicable to that task.

ALS CAREGIVER RESOURCES

ALS Association caregiver education, support groups and practical resources.

Scan QR / tap card

10 THINGS TO KNOW

Quick printable guides including breathing, swallowing, feeding tubes, mental health, emergencies and in-home care.

Scan QR / tap card

LIVING WITH ALS GUIDES

Comprehensive English resource guides covering mobility, nutrition, communication, breathing and planning.

Scan QR / tap card

SPANISH ALS GUIDES

Spanish Living with ALS resource guides for families who prefer Spanish-language education.

Scan QR / tap card

TRAINING RECORD — FAMILY / CAREGIVER

TOPIC / EQUIPMENT _____

TRAINED BY / ORGANIZATION _____

DATE / REFRESH DUE _____

Revisit training after any equipment change, hospitalization or new caregiver.

SECTION 9

LIVE WELL

Quality of Life, Emotional Wellness & Connection

Support the whole person - not only the condition.

INSIDE THIS SECTION

- Quality-of-life wheel
- Emotional check-in
- Caregiver resilience
- Support groups
- Joy & creativity
- Meaning & legacy



What would make this a better week - not just a safer week?

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
1-888-823-3558

DAY SPRING WHOLE-PERSON TOOL

My Quality of Life Wheel

A simple conversation tool for identifying what matters most right now. It is not a clinical score or diagnosis.



TRY THIS CONVERSATION

1. Choose one or two areas that would make the greatest difference this week.
2. Identify what the person wants to preserve, change or enjoy.
3. Decide whether the next step belongs to family, Day Spring, or the clinical team.
4. Revisit after a meaningful change - not on a rigid schedule.

EMOTIONAL WELLNESS

How Am I Doing - Really?

ALS can affect emotions, identity, relationships and the sense of control.
Checking in can make it easier to ask for the right kind of support.

MY CHECK-IN

Today I feel: calm / worried / sad /
frustrated / lonely / hopeful / tired /
grateful / other. What is weighing on me?
What helped today? What would I like more of?
Who would I like to talk with?

FAMILY / CAREGIVER CHECK-IN

What feels hardest right now? Am I getting enough rest? Do I have backup? Am I carrying responsibilities alone? What is one task someone else could take this week?

WHEN PROFESSIONAL SUPPORT MAY HELP

- Persistent sadness, anxiety, panic, hopelessness or loss of interest that is affecting daily life.
- Family conflict, overwhelming grief, caregiver exhaustion or difficulty coping with major changes.
- A desire for counseling, social work, spiritual care, palliative support or a mental-health professional.

URGENT EMOTIONAL CRISIS

In the U.S., call or text 988 for the Suicide & Crisis Lifeline. Spanish support is available.

If there is immediate danger or a medical emergency, call 911.

Day Spring can support communication and coordination, but does not replace emergency or licensed mental-health care.

CARE FOR THE CAREGIVER

Caregiver Resilience & Respite Plan

Supporting a person with ALS is meaningful work, but no caregiver should have to carry every responsibility alone.

MY BACKUP PLAN

Primary backup person: _____

Second backup person: _____

Who can help with meals / errands: _____

Who can sit with my loved one while I rest: _____

What I need help with this week: _____

My protected rest time: _____

SMALL THINGS THAT PROTECT ENERGY

Accept specific help. Schedule respite before exhaustion. Protect sleep when possible. Keep medical and service contacts organized. Eat and hydrate regularly. Maintain one personal activity that is yours.

SIGNS TO REASSESS THE PLAN

Frequent missed sleep, resentment, constant urgency, isolation, inability to leave the home, unsafe lifting, skipped appointments, or feeling unable to continue at the current pace.

A premium care plan includes the caregiver, too.

Ask: What can family, friends, respite services, the ALS care team, community organizations, or Day Spring reasonably take off the primary caregiver's plate?

FIND YOUR PEOPLE

Connection & Support Groups

Different people may need different communities. Choose the support that fits the person, family role, schedule and comfort level.

1

Person living with ALS

Peer support, education, social connection and practical experience.

2

Spouse / partner

Relationship changes, caregiving, grief, intimacy and shared decision-making.

3

Family caregiver

Respite ideas, coping strategies, practical problem-solving and peer connection.

4

Kids & teens

Age-appropriate support for a parent's or grandparent's ALS diagnosis.

5

Bereavement / former caregiver

Grief support and connection after a loss or major transition.

6

Virtual participation

Useful when transportation, fatigue, communication or mobility makes in-person groups difficult.

START WITH THE ALS ASSOCIATION

Support groups are available for families affected by ALS, including virtual options and Texas programs.

Ask the ALS care coordinator which group best matches your current needs.

LIVING, NOT ONLY MANAGING

Joy, Creativity & Meaningful Activity

ALS may change how an activity is done. It does not remove the need for pleasure, humor, creativity, purpose or belonging.

Music

Playlists, concerts, hands-free music tools, favorite songs, sing-alongs.

Art

Digital art, adaptive tools, photography, painting or viewing art together.

Writing

Memoir, journaling, poetry, letters, family stories or voice-to-text.

Games

Digital board games, trivia, cards adapted for access, sports conversations.

Nature

Porch time, garden visits, nature audio, windowside routines, accessible outings.

Connection

Movie night, friends, faith community, pets, family meals, virtual clubs.

Ask one question each week:

What is something you still want to enjoy, create, experience or share?

The ALS Association Creative Pursuits program offers adaptive and social activities for people with ALS and caregivers.

KEEP THE PERSON VISIBLE

The Little Things That Matter

A high-quality support plan should preserve identity, relationships, comfort and personal meaning - not only complete tasks.

My favorite music / artist: _____

A topic I love talking about: _____

My preferred morning routine: _____

Something that comforts me: _____

How I like people to help: _____

Something I do not want people to do: _____

People / pets I want near me: _____

Something I still want to do: _____

MEANING & LEGACY IDEAS

Family stories - letters - favorite recipes - photo albums - voice recordings - videos - messages for children - spiritual reflections - traditions - a playlist - a memoir - a project created together.

OPTIONAL SPIRITUAL / MEANING-CENTERED SUPPORT

What gives me strength or peace?

Would I like prayer, meditation, music, a chaplain or a faith-community visit?

Are there traditions, rituals or beliefs I want respected in my home?

Spiritual support should always follow the person's preferences - never assumptions.

RESOURCE HUB

Whole-Person Support - Quick Connections

Use these official resources as starting points. Program schedules and availability can change, so confirm current details directly with the source.

ALS Support Groups

Peer and family support

ALS Association - Texas

Local care navigation and resources

Texas Caregiver Program

Caregiver workshops and support

Texas Youth & Children

Workshops, therapy groups and youth resources

Creative Pursuits

Adaptive arts, clubs and social experiences

SAMHSA Treatment Locator

Mental-health treatment finder

988 Lifeline

24/7 crisis support in the U.S.

Resource review date: September 27, 2026 | Confirm current schedules, eligibility and availability before use.

SECTION 10

CLIENT PROTECTION

Safety, Service Scope & Client Rights

Clear boundaries, respectful service and practical safeguards - written for families, not regulators.

INSIDE THIS SECTION

- Safety & service boundaries
- Medication safety
- ALS clinic coordination
- Client rights & concerns
- Personal support at home
- Emergency preparedness
- Nutrition & respiratory safeguards
- Documentation & accountability

Clear roles protect dignity, trust and continuity at home.

BOOK A CONSULTATION
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SAFETY & SERVICE BOUNDARIES

Four Layers Guide Every Service

The goal is simple: know who leads each decision, what Day Spring can support, and when a clinical or emergency response is needed.

1

Emergency & medical direction

911 for immediate danger. Treating clinicians lead diagnosis, treatment, medical orders and clinical decisions.

2

ALS clinical team

Neurology, nursing, PT, OT, respiratory therapy, SLP, dietitian and other clinicians guide discipline-specific needs.

3

Applicable service standards

The exact task must fit the setting, the current plan, agency policy, staff training/competency and any required clinical authorization or delegation.

4

Day Spring service plan

The signed agreement and individualized service plan define the authorized nonmedical support Day Spring is expected to provide.

FAMILY RULE OF THUMB: a diagnosis or equipment order does not automatically authorize every task. When a need changes, pause, communicate and confirm the correct service or clinical pathway.

ALS CLINIC COORDINATION

Bring the home into the clinic - and the clinic plan back home

The ALS Association describes multidisciplinary care as a coordinated model in which several disciplines address changing needs.

Neurology / medical

Diagnosis, disease management, treatment decisions and overall medical plan.

Nursing

Clinical coordination, education, symptom review and follow-up.

PT / OT

Mobility, transfers, positioning, energy conservation, equipment and home access.

Respiratory therapy

Breathing assessment, airway clearance and respiratory equipment.

SLP

Speech, AAC, communication access and swallowing evaluation.

Dietitian

Nutrition, hydration, weight and feeding strategy.

Social work / mental health

Resources, coping, family needs, benefits and support.

Day Spring

Nonmedical home support, observations, staffing, routines and implementation of the approved service plan within scope.

ALS Association Certified and Recognized Treatment Centers use a multidisciplinary care model. Client-specific recommendations from the treating ALS clinic control over general educational content in this booklet.

PERSONAL SUPPORT AT HOME

What Day-to-Day Assistance May Include

Day Spring is a nonmedical home-care provider. Support should remain person-centered, task-specific and consistent with the current service plan.

PERSONAL CARE

Bathing, dressing, grooming, toileting, positioning, feeding assistance and other authorized activities of daily living.

MOBILITY & TRANSFERS

Ambulation, transfer and positioning support using the approved method and equipment for the person.

ROUTINE HOME SUPPORT

Homemaker, companion, respite and other authorized nonmedical support that helps the person remain safely engaged at home.

HEALTH-RELATED SUPPORT

Certain tasks may require additional authorization, training, competency verification, written instructions and/or clinical delegation before staff may perform them.

WHAT THIS MEANS FOR ALS

ALS can change strength, mobility, speech, swallowing and breathing over time. A new diagnosis, new device or new family request does not by itself change Day Spring's authorized scope. The task, the person's current condition, the home setting, written plan, staff competency and any required clinical authorization must all align.

NUTRITION SUPPORT AT HOME

Feeding-Tube Support Requires a Clear Written Plan

Families should know exactly what is authorized, who trained the caregiver, and what to do when something changes.

1 • WRITTEN REGIMEN

The current feeding/medication regimen should clearly identify formula or medication, route, amount, timing, flushes and applicable precautions.

2 • TRAINING & COMPETENCY

Before an authorized task is performed, the person providing support must have the training and competency required for that task and setting.

3 • NO INDEPENDENT CHANGES

Day Spring staff do not independently change formula, rate, route, schedule, flush amounts, medication dose or tube-care instructions.

4 • STOP & ESCALATE

Pain, resistance, leakage, displacement, unusual symptoms, respiratory distress or another unexpected change should follow the written escalation plan; immediate danger = 911.

DAY SPRING BOUNDARY: support is provided only when the task is within the agency's authorized scope, included in the individualized service plan, supported by current written instructions, and all applicable training/competency or clinical-authorization requirements are satisfied.

RESPIRATORY SUPPORT AT HOME

Respiratory & Tracheostomy Tasks Need Task-Specific Authorization

Respiratory equipment can be lifesustaining. The safest approach is a precise plan, verified competency and a clear escalation pathway.

CLINICAL LEAD

The treating respiratory/medical team determines the device, interface, settings, airway-clearance plan and clinical goals.

TASK AUTHORIZATION

Some respiratory or tracheostomy tasks may be eligible for trained support in qualifying home situations, but authorization is not automatic.

TRAINING & OVERSIGHT

Where clinical delegation or supervision is required, the responsible clinician assesses the person, task and environment; provides or verifies training; documents instructions; and follows up as required.

DAY SPRING BOUNDARY

Staff do not independently change ventilator/NIV settings, oxygen flow, suction parameters or tracheostomy procedures. New or unstable respiratory changes require clinical reassessment.

EMERGENCY

Severe breathing distress, blue/gray color, unresponsiveness, severe choking or immediate danger = 911. Do not wait for routine agency communication.

MEDICATION SAFETY

Reminder, assistance and administration are not the same thing

The service plan must clearly state what Day Spring is expected and authorized to do.

Reminder

Prompting the client that it is time to take a medication. The client remains responsible for deciding and performing the medication task.

Assist with self-administration

Physical assistance with a medication the client is directing and self-administering, when permitted by the plan and agency policy.

Administration

Giving medication to a client who cannot self-administer is a different activity and may require RN/physician delegation, orders, documentation and supervision.

Non-negotiable boundaries

Unlicensed staff do not prescribe, diagnose, independently add/stop/substitute medications, calculate medication doses, or decide that a PRN medication should be given when that decision requires nursing judgment. Adverse reactions, missed doses and medication discrepancies are escalated and documented according to the plan and agency policy.

Before the first shift

Confirm the current medication list; the exact authorized task; who fills any pill reminder container; PRN decision rules; route; documentation expectations; after-hours contact; allergies/adverse reactions; and what requires 911.

CLIENT RIGHTS & SERVICE CONCERNS

Respect, Participation & a Clear Path for Concerns

Families should understand services, charges, responsibilities, complaint options and how changes will be communicated.

BE INFORMED

Receive clear information about services, responsibilities, charges, notices and material changes.

PARTICIPATE

Be involved in service planning and communicate preferences, concerns and changes in need.

BE TREATED WITH DIGNITY

Expect respectful service, privacy and communication without intimidation or retaliation.

RAISE A CONCERN

Use Day Spring's internal concern/grievance pathway without fear of reprisal. If a regulatory complaint is needed, Texas HHS Complaint and Incident Intake is available.

SERVICE CONCERN PATHWAY

1. Contact Day Spring so the concern can be reviewed and addressed. 2. Document what happened, when, who was involved and the requested resolution. 3. For concerns about a Texas-regulated service provider, families may contact Texas HHS Complaint and Incident Intake at 1-800-458-9858. Immediate danger or suspected crime should follow the appropriate emergency pathway.

SAFETY SYSTEMS

Infection control and emergency preparedness

The home plan and the agency plan should work together.

Infection prevention

Hand hygiene before/after client contact; PPE when indicated; clean handling of equipment/supplies; reporting of infection concerns; and following Day Spring's written infection-control policies based on evidence-based guidance.

Emergency preparedness

Maintain a written household emergency plan for likely hazards, backup contacts, power-dependent equipment, transportation, evacuation/shelter needs and who can assume responsibility if service is disrupted.

Three response channels

RED - 911 for severe breathing difficulty, severe choking, unresponsiveness or immediate danger. BLUE - ALS/clinical team for new or worsening symptoms, swallowing/breathing changes or equipment/clinical questions. GOLD - Day Spring for staffing, schedule, authorized service-plan support and nonurgent coordination.

Power-dependent ALS equipment

List every device that requires electricity, battery runtime, charger location, backup source, vendor contact and what to do if power is not restored. Do not wait for an outage to test the plan.

QUALITY & ACCOUNTABILITY

Document What Happened - Not What You Assume

Good documentation supports continuity, protects the person and helps the right team respond to changes.

CLIENT RECORD

Keep the individualized service plan, applicable assessments, consents/notices, significant events, supervisory documentation and discharge information required for the service.

SHIFT DOCUMENTATION

Record services actually provided, objective observations, changes reported, who was notified, the time of notification and follow-up.

INCIDENTS & SAFETY EVENTS

Follow Day Spring's incident and abuse/neglect/exploitation procedures promptly. Emergency safety comes first; required agency reporting follows the applicable process.

QUALITY IMPROVEMENT

Patterns in missed care, complaints, incidents, infection concerns, equipment problems and service changes should be reviewed for corrective action and prevention.

DOCUMENTATION STANDARD

Use objective language. Describe what was seen, heard or reported. Do not diagnose, reinterpret clinical orders or alter records after the fact without following the agency's correction process. When a situation is urgent, respond first and document promptly afterward.

DAY SPRING POLICIES

What families should know before service starts

This summary reflects the policies provided for this booklet. The signed client agreement controls if terms differ.

Billing	Services are billed weekly under the client agreement.
Deposit	A service deposit is required before start when stated in the agreement; the agreement defines the amount and application/return terms.
Payment	ACH/direct deposit may be required for applicable clients. Payment is received when funds successfully post.
Holiday rate	Holiday pricing applies when stated in the signed rate schedule/service agreement.
Late fees	Late-payment charges apply only as stated in the executed agreement.
Termination	Day Spring policy uses a 30-calendar-day written notice period unless the agreement or an applicable safety/legal exception provides otherwise.
LTC insurance	Day Spring may assist families with long-term-care insurance documentation/coordination; coverage decisions remain with the insurer.
Nonemergency communication	Routine HR/CFO/administrative matters are handled during applicable business hours. Emergencies are not handled through routine business communication channels.
Scope changes	A new task, equipment need, clinical instruction or increased level of support must be reviewed before staff are expected to perform it.

Policy summary supplied for the Day Spring booklet. Before release, reconcile this page against the current master client agreement, rate sheet, payment policy, cancellation/termination policy and after-hours communication policy.

KEEPING THE GUIDE CURRENT

Family Guidance Should Stay Simple - Source Review Happens Behind the Scenes

Day Spring can keep the client experience warm and clear while maintaining a disciplined professional review process.

1

FAMILY-FACING GUIDE

Use plain language, practical boundaries and clear emergency/clinical/service pathways. Avoid turning the family guide into a regulatory manual.

2

CLINICAL REVIEW

Recheck nutrition, respiratory, swallowing, mobility, medication and equipment language when clinical practice or the person's plan changes.

3

SERVICE-SCOPE REVIEW

Before release, confirm the agency's current licensed service categories, policies, task authorization, training/competency requirements and any required delegation or supervision.

4

SOURCE REVIEW

Maintain the detailed legal/regulatory sources in the professional reference record and verify them before publication or after a material rule change.

CLIENT-FACING PRINCIPLE: the guide explains what families need to know. Detailed regulatory citations remain available in the source notes and internal release review without dominating the family experience.

SECTION 11

TRUSTED LEARNING & CONNECTION

Trusted Resources & Family Connections

Reliable education, practical tools and supportive connections for families and care teams.

INSIDE THIS SECTION

- ALS education & practical guides
- Video learning library
- Caregiver support
- Kids & teens
- Emotional wellness
- Spanish-language resources
- Texas family connections
- Professional source notes

Trusted information helps families ask better questions and feel more prepared.

BOOK A CONSULTATION
Scan or tap to schedule with Day Spring
1-888-823-3558

11 RESOURCES

SCAN • LEARN • CONNECT

Day Spring Digital Resource Center

A curated pathway to trusted ALS education, emotional support, caregiver resources, youth programs and Spanish-language materials.

LEARN

Living with ALS Guides

Condition, mobility, nutrition, communication, breathing and planning.

SCAN QR / TAP CARD

EMOTIONAL WELLNESS

After the Diagnosis

Psychological, emotional and social adjustment after an ALS diagnosis.

SCAN QR / TAP CARD

CAREGIVER SUPPORT

Resources for Caregivers

Caregiver education, support groups and practical resources.

SCAN QR / TAP CARD

CONNECT

Support Groups

Find ALS support groups for people living with ALS, caregivers and families.

SCAN QR / TAP CARD

KIDS & TEENS

Youth & Children - Texas

Workshops, therapy groups and age-appropriate support for children and teens.

SCAN QR / TAP CARD

ESPAÑOL

Guías Vivir con ELA

Spanish-language ALS guides for families who prefer Spanish resources.

SCAN QR / TAP CARD

TEXAS

ALS Association Texas

Local care navigation, programs, equipment and family support in Texas.

SCAN QR / TAP CARD

FAMILY

Families and ALS Guide

Family communication and support for parents, children, youth and professionals.

SCAN QR / TAP CARD

Resources And Next Steps

Compact guidance | Topics 1-2 of 8

01 Start here this week

PAGE 094

WHAT MATTERS

A small set of actions makes the guide operational.

Family focus

Write three priorities, the clinic contact, backup caregiver and next appointment.

Day Spring role

Schedule assessment, confirm coverage and create the first care plan.

Clinical review

Review high risk gaps before service starts.

TURN INFORMATION INTO ACTION

Priorities: Choose three questions • Contacts: Name the team and backup • Return to the plan Use the fillable planning pages to keep the next steps together.:

02 Questions for the ALS clinic

PAGE 095

WHAT MATTERS

Ask about respiratory, swallowing, nutrition, mobility, AAC and clinical follow up.

Family focus

Take notes on the owner and timing of each recommendation.

Day Spring role

Integrate only authorized home support steps.

Clinical review

Seek a written plan for device specific emergencies.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Resources And Next Steps

Compact guidance | Topics 3-4 of 8

03 Questions for Day Spring

PAGE 096

WHAT MATTERS

Ask which tasks, hours, staff skills, backups and communication routes are available.

Family focus

Provide the true home routine and equipment list.

Day Spring role

Explain scope, assessment, training and escalation in writing.

Clinical review

Confirm pricing and agreement terms separately.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

04 Video library for families

PAGE 097

WHAT MATTERS

Videos can start a conversation but cannot replace hands on clinical teaching.

Family focus

Watch ALS Association caregiver, mobility and respiratory series with the care team.

Day Spring role

Use the links on the resource page for education and discussion.

Clinical review

Do not learn suction, ventilator or feeding procedures solely from video.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Resources And Next Steps

Compact guidance | Topics 5-6 of 8

05 Texas support

PAGE 098

WHAT MATTERS

The ALS Association offers Texas care services, caregiver programs and clinic information.

Family focus

Ask about local equipment, groups and youth support.

Day Spring role

Offer referrals with consent.

Clinical review

Availability and eligibility should be verified directly.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

06 Research and registry

PAGE 099

WHAT MATTERS

The CDC National ALS Registry provides research information and participation options.

Family focus

Discuss research interests with the neurologist.

Day Spring role

Protect autonomy and privacy in research choices.

Clinical review

Participation is voluntary and separate from Day Spring services.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

Resources And Next Steps

Compact guidance | Topics 7-8 of 8

07 A monthly review

PAGE 100

WHAT MATTERS

A scheduled review can catch gradual change before crisis.

Family focus

Revisit goals, symptoms, equipment, caregiver load and contacts.

Day Spring role

Update tasks, training, staffing and emergency plans.

Clinical review

Set the next review date and an owner for every action.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

08 Your next conversation

PAGE 101

WHAT MATTERS

This guide is a starting point for a personal plan.

Family focus

Tell the team what matters today and what worries you most.

Day Spring role

Listen, confirm, document and follow through.

Clinical review

Call Day Spring for service questions and the clinical team for medical care.

QUESTIONS & NEXT ACTION

What changed, and when? • Who owns the next step, and by what date? • What must be added to the individual care plan?

VERIFIED RESOURCES

Videos & practical learning

Trusted source links referenced in the original guide.

ALS caregiver video series
https://www.als.org/blog/als-advice-one-caregiver-another

Breathing changes video series
https://www.als.org/navigating-als/living-with-als/therapies-care/addressing-respiratory-changes

Mobility video series
https://www.als.org/blog/living-als-maintaining-your-independence-mobility-declines

ALS journey toolkit
https://www.als.org/navigating-als/newly-diagnosed/als-journey-toolkit

Texas care services
https://www.als.org/support/states/texas

CDC National ALS Registry
https://www.cdc.gov/als/index.html

VERIFY BEFORE USE

External links, clinical recommendations and service information can change. Confirm current instructions with the treating team and verify external resources when needed.

SOURCE NOTES

Evidence & editorial boundaries

Source notes retained from the original guide.

Day Spring Llc Capability Statement

Supplied PDF, July 2026. Company description, services, coverage and contacts.

The ALS Association

What is ALS, Therapies and Care, AAC, respiratory changes, journey toolkit, caregiver videos and Texas programs. als.org.

Nih Ninds And Medlineplus

ALS overview, symptoms and treatment context. ninds.nih.gov; medlineplus.gov.

CDC National ALS Registry

Registry and research participation information. cdc.gov/als.

Editorial Date

September 2026. External links and clinical recommendations can change; verify before use.

VERIFIED RESOURCES

ALS Association & Family Education

Use these sources for deeper education and current patient/family resources.

Living with ALS Resource Guides
als.org/navigating-als/resources/living-als-resource-guides

Certified and Recognized ALS Centers & Clinics
als.org/support/certified-centers-clinics

Youth Education and Support
als.org/navigating-als/resources/Youth-Education

Families and ALS Resource Guide
als.org/navigating-als/resources/Families-and-ALS-Resource-Guide

At School: Supporting Students Affected by ALS
als.org/order-portal/resource-guide/school-guide-supporting-students-who-have-been-affected-als

Texas Youth and Children Program
als.org/support/programs/youth-and-children-program-texas

Medical Information Materials
als.org/navigating-als/resources/medical-information-materials

Adapting Your Environment
als.org/navigating-als/living-with-als/adapting-your-environment

PROFESSIONAL SOURCE NOTES

Texas Service Standards & Safety References

These technical sources support the service-scope and safety framework. They are retained for professional verification without making the family guide read like a regulatory handbook.

PERSONAL ASSISTANCE SERVICES GUIDANCE

Texas Health and Human Services - HCSSA/PAS provider guidance and pre-survey materials.

DELEGATION IN INDEPENDENT LIVING SETTINGS

Texas Board of Nursing - Rule 225 and delegation guidance for qualifying tasks and stable/predictable conditions.

CLIENT COMPLAINTS & INCIDENTS

Texas Health and Human Services - Complaint and Incident Intake; consumer and provider reporting information.

AGENCY POLICIES & CLIENT RECORDS

REFERENCE DESTINATIONS

hhs.texas.gov - Home and Community Support Services Agencies / Complaint & Incident Intake

bon.texas.gov - Rule 225 / Delegation to Unlicensed Personnel in Independent Living Environments

Texas Administrative Code - current HCSSA/PAS requirements applicable to the agency's licensed categories

Verify current versions before public release; source inclusion does not imply agency endorsement.

TEXAS HHSC COMPLIANCE

This guide is educational and does not replace physician orders, the authorized service plan, clinical instructions, or applicable Texas Health and Human Services Commission (HHSC) requirements.

FINAL

EDITORIAL & RELEASE CONTROL

Review Before Public Distribution

EDITION CONTROL

EDITION	v1 Client Edition
PREPARED	September 27, 2026
DOCUMENT OWNER	Day Spring, LLC.
USE	Family education and nonmedical home-care support resource

APPROVED
FOR PUBLIC DISTRIBUTION

Version V1 • Approved
This edition completed the review process and is approved for release to families.

CLINICAL CONTENT REVIEW

ALS/neurology clinician and relevant disciplines review clinical education as applicable.

SERVICE-SCOPE REVIEW

Confirm current license categories, agency policy, task authorization, training/competency and any required clinical delegation/supervision.

AGENCY POLICY REVIEW

Confirm the current client agreement, billing/deposit/termination language, emergency procedures and service-plan workflow.

SOURCE VERIFICATION

Recheck professional references and QR destinations before release and after material changes.

BRAND & CONTACT REVIEW

Confirm leadership titles, phone numbers, email addresses, website and logo presentation.

EDITORIAL BOUNDARY: this guide is educational and family-facing. It does not replace individualized medical advice, physician orders, advance directives, emergency instructions, or the current Day Spring service agreement and individualized service plan.

DAY SPRING, LLC.

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