MODULE 11

Your First Patient

Practical Tips for Your First Day in the Home

WHAT YOU'LL LEARN

Learning Objectives

01 Review and understand a Care Plan before your first visit

02 Know what to bring and how to prepare the night before

03 Navigate arriving at the patient's home with confidence

04 Follow the first visit flow from introduction to departure

05 Build rapport while maintaining professional boundaries

06 Complete documentation accurately after the visit

07 Avoid the most common first-day mistakes

A WORD BEFORE YOU START

It's Normal to Be Nervous

Every caregiver remembers their first patient. The butterflies, the second-guessing, the wondering if you'll do it right.

Here's the truth: **you've been trained for this**. You passed orientation. You know the policies. Now it's time to put it into practice — and we'll be right behind you.

BEFORE THE VISIT

Review the Care Plan

Your supervisor will give you the Care Plan before your first visit. **Read it thoroughly.** This is not optional — it's your roadmap.

- **Patient's name, age, and diagnosis** — know who you're caring for
- **Authorized services** — exactly what you're allowed (and expected) to do
- **Schedule** — days, times, and duration of visits
- **Mobility and safety needs** — fall risk, assistive devices, wheelchair
- **Dietary restrictions or preferences** — allergies, texture modifications
- **Emergency contacts** — family members, physician, pharmacy
- **Special instructions** — cultural preferences, pet in the home, access codes

YOUR FIRST VISIT KIT

What to Bring

ALWAYS HAVE

- Your NobleCare ID badge
- Copy of the Care Plan (paper or digital)
- Phone — charged, with supervisor's number saved
- Disposable gloves (at least 2 pairs)
- Hand sanitizer
- Pen and documentation forms

GOOD TO HAVE

- A small notepad for reminders
- Extra pair of clean scrubs in the car
- Water bottle and a snack (for you)
- GPS directions confirmed the night before
- A calm, positive mindset

PREPARATION

The Night Before

01 **Confirm the address** and test your route — aim to arrive 10 minutes early

02 **Re-read the Care Plan** one more time — focus on the first visit's tasks

03 **Lay out your clothes** — clean scrubs or professional attire per NobleCare dress code

04 **Charge your phone** — you'll need it for clock-in and emergencies

05 **Set two alarms** — being late to your first visit is not an option

06 **Pack your bag** — ID, gloves, sanitizer, documentation, pen

07 **Get a good night's sleep** — you want to be sharp and present

THE ARRIVAL

Arriving at the Patient's Home

01 **Park respectfully** — don't block driveways, use designated spots if noted

02 **Take a breath** — you're ready for this

03 **Knock or ring the bell** — never use a key unless specifically authorized

04 **Clock in** when you enter the home — not before

05 **Introduce yourself warmly:** "Hi, I'm [Name] from NobleCare. I'll be here to help you today."

06 **Show your ID badge** — the patient has a right to know who is in their home

THE GOLDEN WINDOW

The First 15 Minutes

The first 15 minutes set the tone for the entire relationship. **Don't rush into tasks.** Take time to connect.

- **Ask how they're feeling today** — a genuine question, not a formality
- **Learn their preferred name** — "What would you like me to call you?"
- **Observe the environment** — temperature, lighting, safety hazards, overall condition
- **Ask about their routine** — "Is there a particular order you like things done?"
- **Let them know your schedule** — "I'll be here until [time] today"
- **Ask if family members have any instructions** — if present

> *Remember: you are a guest in their home. Act like it.*

STEP BY STEP

The First Visit Flow

01 **Arrive and introduce yourself** — warm, professional, ID visible

02 **Wash your hands** — immediately upon entry, every time

03 **Connect before you work** — 5-10 minutes of conversation

04 **Review the Care Plan tasks** — confirm what the patient expects today

05 **Provide care per the plan** — follow the sequence, don't skip steps

06 **Check in throughout** — "Are you comfortable?" "Is this water warm enough?"

07 **Before leaving:** ensure the patient is safe, comfortable, and has what they need

08 **Say goodbye warmly** — "I'll be back on [day]. Call the office if you need anything."

09 **Clock out** and complete your documentation

CONNECTION MATTERS

Building Rapport

Trust is not built in a day. It's built in **small moments** — consistently, over time.

Use their name. Remember details they share.

Be consistent — same time, same quality, every visit.

Listen more than you talk.

Respect their space, their pace, their way.

Show up like you care — because you do.

BOUNDARIES

Rapport With Boundaries

You can be warm, kind, and caring while maintaining professional boundaries. These exist to protect both you and the patient.

APPROPRIATE

- Sharing that you enjoy cooking or gardening
- Asking about their grandchildren
- Listening to their stories with genuine interest
- Being consistent, reliable, and kind
- Saying "I enjoy spending time with you"

CROSSING THE LINE

- Sharing personal problems or financial stress
- Exchanging personal phone numbers
- Visiting outside of scheduled work hours
- Accepting gifts, loans, or personal favors
- Becoming their "friend" instead of their caregiver

AFTER EVERY VISIT

Documentation After the Visit

Complete your visit note **the same day** — ideally right after you leave. The longer you wait, the less accurate it becomes.

- **Date, clock-in time, clock-out time** — exact, not rounded
- **Tasks performed** — list every service you provided from the Care Plan
- **Patient's condition** — mood, physical state, any changes you noticed
- **Patient statements** — in their own words, in quotes
- **Concerns or changes** — anything you reported to your supervisor
- **Your signature**

> *If it's not documented, it didn't happen. Protect yourself.*

LEARN FROM OTHERS

Common First-Day Mistakes

- **Arriving late** — plan for traffic, construction, and wrong turns. Be early.
- **Jumping straight into tasks** — take time to connect first
- **Not reading the Care Plan carefully** — leads to scope errors
- **Forgetting to wash hands on arrival** — infection control starts at the door
- **Being on your phone** — the patient notices, and it communicates disrespect
- **Not asking questions** — if you're unsure, ask the patient or call your supervisor
- **Leaving without checking the patient is comfortable** — never rush out
- **Waiting to document** — complete your note the same day

IT HAPPENS

When Something Goes Wrong

Things will not always go perfectly. That's okay. What matters is how you respond.

01 **Stay calm.** Take a breath. Don't panic.

02 **Assess the situation.** Is anyone in immediate danger? If yes, call 911.

03 **Call your supervisor.** That's what they're there for.

04 **Follow instructions.** Your supervisor will tell you what to do next.

05 **Document everything.** What happened, what you did, who you called.

You will never be in trouble for calling the office. You WILL be in trouble for not calling.

REAL TALK

Handling Difficult Situations

PATIENT REFUSES CARE

Respect their right to refuse. Document it. Notify your supervisor. Never force or coerce.

PATIENT IS RUDE OR HOSTILE

Stay professional. Don't take it personally. It may be frustration, pain, or fear. Report persistent issues.

FAMILY MEMBER IS OVERBEARING

Listen respectfully. Follow the Care Plan. Redirect requests outside scope to the office.

YOU DON'T KNOW WHAT TO DO

Stop. Call your supervisor. Asking for help is professional, not weak. We expect it.

YOU'RE NOT ALONE

Your Support System

NobleCare does not send you out and forget about you. You have support at every step.

YOUR SUPERVISOR

(740) 262-9845

Available during business hours

On-call after hours for emergencies

EMAIL

hello@noblecareohio.com

Response within 2 hours

Non-urgent questions and concerns

- **First-week check-in** — your supervisor will call to see how it's going
- **30-day review** — formal feedback on your performance
- **Open door policy** — Sahur Aser, RN BSN is always accessible

WHAT WOULD YOU DO?

Scenario

SITUATION

It's your first visit with Mrs. Johnson. When you arrive, her daughter meets you at the door and says: *"Mom's been having trouble with her medications. Can you* ***sort her pill box*** *for the week? The last caregiver always did it."*

A) Sort the pill box — the daughter says the last caregiver did it

B) Refuse and say "That's not in my job description"

C) Explain that medication management is outside your scope, offer verbal reminders, and call the office to discuss the family's needs

D) Sort the pill box but don't document it

CORRECT ANSWER: C

Stay In Scope — Communicate Professionally

WHY THE OTHERS ARE WRONG

- **A — Sorting medications** is outside a caregiver's scope. A medication error could harm or kill the patient.
- **B — Blunt refusal** damages the relationship and doesn't solve the problem
- **D — Not documenting** won't protect you if something goes wrong

WHAT TO SAY

"I can definitely remind her when it's time for medications, but sorting them is something a nurse would need to handle. Let me call the office — they can set up the right support for your mom."

WHAT WOULD YOU DO?

Scenario

SITUATION

You arrive at your first patient's home and the patient says: *"I don't want you here. I didn't ask for this.* ***Please leave.***" The patient appears upset but is not in any danger.

A) Stay anyway and start providing care — they'll warm up eventually

B) Leave immediately without saying anything

C) Calmly introduce yourself, acknowledge their feelings, and if they still refuse, respect their decision, leave, and call your supervisor immediately

D) Call the patient's family to convince them

CORRECT ANSWER: C

Respect the Patient's Right to Refuse

Patients have the absolute right to refuse care. Your job is to be respectful, try once, and then follow protocol.

THE RIGHT APPROACH

- **Stay calm and respectful** — "I understand. I'm here from NobleCare and I just want to make sure you're okay."
- **If they still refuse** — "That's absolutely your right. I'll let the office know. Please call us if you change your mind."
- **Call your supervisor immediately** after leaving
- **Document the refusal** — time of arrival, what was said, and that you notified the office

> *Refusal is not rejection of you. Many patients are adjusting to a difficult transition. Give them grace.*

REVIEW

Knowledge Check

1. What is the first thing you should review before your first patient visit?

The Care Plan — it defines who the patient is, what services are authorized, and any special needs

2. When should you clock in?

When you enter the patient's home — not when you leave your house or arrive in the parking lot

3. A family asks you to do something outside the Care Plan. What do you do?

Explain it's outside your current scope and call the office to discuss the request

4. Something goes wrong during a visit. What's your first step after ensuring safety?

Call your supervisor immediately — you will never be in trouble for calling

5. A patient refuses care. What do you do?

Respect their right to refuse, leave respectfully, call your supervisor, and document the refusal

MODULE 11 COMPLETE

"You are not just filling a shift. You are the difference in someone's *day."*

KEY TAKEAWAYS

- Review the Care Plan thoroughly before every first visit
- Connect before you work — the first 15 minutes matter
- Stay in scope — redirect requests to the office
- Document the same day, every time
- Call your supervisor when anything goes wrong
- You are ready. We believe in you.

Welcome to NobleCare Home Health — Care with Dignity