**Visitation Guidelines**

**Visiting the Sick**

In the Bible, care for the sick and injured is expressed compassionately. Divinely prescribed laws and insightful healing narratives are found in the Old and New Testaments. Consequently, we are called to care for persons as God would.

**Visiting the Hospital**

**General Information**

* Call the hospital and ask for “Patient Information” before leaving to visit. Verify the patient’s location and room number. If different from your information, ask if the patient has been discharged or moved to another location.
* Always stop at the floor nurses’ station before entering the patient’s room, even if you already know the room number. Ask for permission to visit at that time.
* Before proceeding into the ER, inquire at the admittance desk or window.
* When visiting a child, never enter the room without permission from a parent or guardian.
* If required, always wear precautionary items such as gowns, masks, and gloves—especially when signs are posted outside the patient’s room.

**Common Etiquette**

* Knock softly on the door and wait for a reply before entering. Jesus is with you ☺
* Greet the patient and introduce yourself to others in the room.
* Stand comfortably near the bed, but never sit on it.
* Turn off your cell phone or turn the ringer off. Do not check messages or texts while visiting the patient. The patient and/or family deserve your full focus and attention.
* If the doctor or therapist arrives to examine or talk to the patient, offer to leave the room. You can return once medical personnel leave.
* Generally, leave the door as it was upon entering. You may ask if the patient would like the door open or closed.
* Before leaving the hospital, cleanse your hands with sanitizer, etc. If you touch something else (telephone, doorknob, bed linens, etc.), sanitize or rewash your hands. Wash your hands once more when arriving at the office or home.
* Stay only for a short period – no more than 5-10 minutes unless invited to stay longer and if the person wants you there. Sometimes, a person may be in pain and doesn’t want visitors.

**Home Visitation**

* Read and familiarize yourself with the “Communication Tools” provided.
* In most cases, you can follow basic hospital visit guidelines when asked to visit at home.
* Home visits should not be made alone unless you are sure there will be family members in addition to the patient at home.
* Taking your spouse is sometimes an option. If he/she is not available, ask a trusted church leader to go with you.
* If you arrive at the home and realize you will be alone with the patient, proceed with extreme caution and keep your visit short.
* Never enter a home alone with a member of the opposite gender. Excuse yourself and do not enter the home. Assure the individual that you will reschedule.
* Do not go in if there is any sign of domestic violence or an emotionally unstable person in the home. Sit in your car if you feel threatened in any way. Porch conversations may have to suffice, and do not hesitate to call the authorities to the home should you or anyone seem to be in danger.
* Be prepared for the unusual. You may encounter pets/animals or children who are unruly or uncontrolled. You may walk into a home that is very untidy or even filthy.
* Always pray before entering the home, asking the Holy Spirit to give you discernment and allow you to take peace into the home with you. Illness, including the effects of medications, can sometimes create difficult circumstances in which to minister. This is why teamwork is always the best scenario.

**Communication Tools**

**Effective Listening**

* Put yourself in the patient’s position—imagine your thoughts and feelings.
* Gently give the patient opportunities to open up and discuss the situation.
* Summarize information: Offer a concise overview of the themes and feelings expressed.

**Non-Verbal Communication**

* Face the person and maintain eye contact.
* Offer facial expressions that convey sincere interest and calm assurance.
* Always ask if you may touch the patient before praying. Be gentle and keenly aware of areas of pain that may be sensitive to touch. Don’t touch the arm connected to an I.V.

**Verbal Communication**

* Offer volume and tone of voice that convey caring and support.
* Talk audibly—not too softly nor loudly. Increase your volume if you find the patient cannot hear you. Sometimes, when people are sick, their hearing is affected.
* Ask direct, open-ended questions concerning the situation without being graphic. Do not ask for more information than the patient is willing to give.
* Offer to read appropriate verses or passages from the Bible.
* Share with the patient that you have come to pray with them if they would like it and offer encouragement, and you will be on your way.
* Ask specifically and sensitively how you can pray. Keep prayers brief, simple, and Holy Spirit-led. Assure the patient that others are praying and that you will continue to check on them.
* Always ask the patient’s permission to share their information with others, if necessary.

**Common Mistakes**

* Wearing perfume or cologne. Even a pleasant fragrance can be too pungent in a hospital room.
* Chewing gum while talking. No one likes to listen to chewing or smacking gum.
* Avoiding the obvious. Generally, the patient or family wants to talk about the situation.
* Talking about a person you know who died of the same illness or injury the patient has.
* Using the patient’s bathroom.
* Giving medical advice.
* Discussing the patient’s care with a doctor or nurse.
* Overstaying the visit. Generally, keep the visit to 15–20 minutes, sensitive to the patient’s condition and environment. Visits in the Emergency Room may last longer, depending on the situation.

**Reporting A Visit**

Reports provide valuable and timely information and should be shared within 24 hours after completing a visit. Be clear and concise in summarizing your experience. Areas to note:

* How is the patient doing right now—physically and emotionally?
* Does the patient or family know of any tests or procedures scheduled in the next few days? If so, what are they, and when will they happen?
* Has the patient or family been informed about a release date?
* Does the patient or family have specific needs to which we may minister? (Meals at home, fuel for commuting, CDs, books, etc.)