

# **Hospital and Shut-In Visitation Helps**

*By Pastor Hal Russell*

- **Purpose:**

To demonstrate the love and care of Jesus Christ to an individual in a hospital and/or shut-in setting – in both spiritual and practical forms.

To minister to the individual through the reading of God’s Word and through prayer.

To participate in the church’s responsibility to shepherd those who are in its fellowship (or linked to someone within the fellowship).

- **Plan**

1. Pray and prepare your own heart before the visit. This is a spiritual ministry and should not be entered into in the flesh.
2. Plan ahead. Think of the Scripture that the Lord would have you to share if given the opportunity.
3. Make the visit. Enjoy the time of being able to minister in this way.  
[See specific detail on Hospital and Shut-In visits].

The first "Help" is to **GO**. A visit is usually very much appreciated and can be helpful to a person's recovery and well being. Pray for a heart of compassion and mercy.

1 Peter 3:8 says, *"Finally, be ye all of one mind, having compassion one of another, love as brethren, be pitiful, be courteous."*

1 Corinthians 12:26 says, *"And if one member suffers, all the members suffer with it; if one member is honored, all the members rejoice with it."*

2 Corinthians 1:3,4 says, *"Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all comfort, who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God."*

In Matthew 25:35-40 Jesus said, *"For I was hungry, and you gave Me something to eat; I was thirsty, and you gave Me something to drink; I was a stranger, and you invited Me in; naked, and you clothed Me; I was sick, and you visited Me ..."*

## **Hospital visits** [the following not listed in order of importance]:

Be careful about your appearance, cleanliness, and smell (avoid overusing cologne or perfume).

Check at the volunteers' information desk [Main Lobby] for the location of the patient and directions – and pick up a Visitor’s Pass. Be careful to observe visiting hours and all rules of the hospital. You will be entering the patient's bedroom as a guest, be sensitive to their privacy. Often there are several patients in a room, be sensitive to them as well.

Always consult the nurses when a patient's curtain is pulled, the door is closed, or there are isolation signs on the door about wearing gown, mask, and gloves, before entering.

If the patient is sleeping, do not wake him/her. A short note could be left to inform of your visit. Normally, patients should not be visited immediately after surgery.

Please note that patients in ICU/CCU have special regulations – not all visitors are allowed to enter.

Enter a patient's room cautiously – the patient may not be fully covered. Checking with a nurse may spare you both unnecessary embarrassment.

Enter the room quietly, seriously, but smiling. Be calm and settled, not rushed. Look the person in the eyes. Greet the patient with a warm, friendly smile and greeting. Introduce yourself if necessary.

Don't sit on or shake the bed. Don't touch the IV machine or tubes.

Wash hands – if possible, in the patient's room. This communicates care and respect.

Many patients will appreciate a gentle touch or holding the hand, especially during prayer, but don't squeeze the hand with an IV.

Express love, and genuine interest in the patient. The patient will generally like to discuss their sickness and other needs, if asked. You should listen, more than speak. You want to express some empathy but be careful not to share all your "war stories". Don't belittle the patient's sickness.

The patient may complain about the medical treatment they are receiving – don't undermine the staff's authority or expertise.

You want to encourage the patient, so don't bring bad news about the world. The patient may want, however, to talk about the news. Men often enjoy talking about their work. Women often enjoy talking about their family.

As much as possible, enter the patient's "world". "Rejoice with those who rejoice and weep with those who weep" (Romans 12:15).

Be sensitive about how much a person would want to share. Wait for them to tell you about why they are in the hospital. [Relationship can dictate appropriate course]. Offer words of comfort and encouragement (not medical advice).

If you don't know the patient's spiritual condition, ask! But don't argue or theologize. Don't carry a large Bible. If the person is unsaved share the Gospel using Scripture and/or your testimony, and a non-threatening Gospel tract.

Accept any interruptions of your visit from doctors, staff, or family – they have first priority. Often there will be opportunities to visit and minister to the family. Do not get in the way of hospital personnel, but do ask for permission to have "2 minutes alone", if you sense that you may lose an opportunity to minister. [Ex.: a patient is being prepped for surgery or for moving].

Ask if you may read the Bible to them. [Samples of appropriate Bible passages are included].

Ask if there is anything that you or the church can do for them (ex. - putting their need on the church prayer sheet; prayer chain; meals; transportation; etc.).

Ask if you can pray with them. Hold their hand if you sense it is appropriate. If others are there they can be invited to join hands with you also.

**PRAY!**

Pray for the patient before you go to visit; offer to pray during the visit.

You may ask if there are any specific things requests that they have.

Pay attention to how you pray (be sensitive to circumstances). Examples of how not to pray: In any situation, it is best not to pray, “Lord, please help us to live this day as though it is our last.” In a surgery situation, don’t include, “And, O Lord, if she should die on the operating table, would you take care of her children.” [I remember hearing of one occasion where something like this was done and doctors had to postpone the surgery due to the emotional distress of the patient].

Be sensitive to opportune moments. Give a patient comfort through God’s Word and prayer as soon as possible. A hospital is a place of constant activity and frequent change, so take advantage of quiet times.

Under normal circumstances, an ideal visit would be 15-30 minutes. Be aware of how the patient is feeling. Sometimes a 5-minute visit would be more appropriate. In this case, the sharing of 1 meaningful verse and a brief prayer is wise and compassionate. Additional note: If patient is in a multiple-patient room, sometimes sensitivity needs to be exercised regarding roommates. When possible, it is a wonderful demonstration of the love of Christ to ask a roommate(s) if they would like to be included in the prayer.

Limit the time of your visit, don't fatigue the patient. But don't keep looking at your watch.

It is advisable to wash your hands after leaving the patient’s room (for your own health).

**Some suggestions for comfort and support with a terminal patient:**

1. Be honest in sharing your feelings. Admit your helplessness and concern.
2. Don't be shocked by whatever the dying person may say.
3. Try to anticipate physical needs without being told (e.g. – getting a drink; calling a nurse; etc.).
4. Don't stop being a comforter when the patient accepts his impending death, or when others begin to avoid the patient.
5. If the person is saved, talk about Heaven and the Lord's presence. Always have hope, look forward to something.
6. During lengthy hospital stays, bring encouraging posters and Scripture verses that can be put on wall. These can be professionally purchased or home computer generated.

**Questions to ask the terminal patient** (with spiritual wisdom and sensitivity):

1. Is your “house” in order? (i.e. bills paid, apologies made, arrangements for the care of the family).
2. Have you made any funeral arrangements?
3. Have you written a will?
4. Do you have a Living Will?
5. Are you prepared to meet God? The person's relationship to Christ is the utmost priority!

**Shut-In Visits:**

Unlike the public setting of a hospital, a visit to a home raises the moral question of personal accountability. In visits to the opposite sex (who will be home alone), it is generally wise to take someone with you.

Call beforehand (introducing yourself) and make an appointment – selecting a time that is comfortable for them.

At the time of the visit, greet the person warmly – introducing yourself again, if necessary.

There are times, even in a home visit, when it is needful to wash your hands.

Be sensitive to how much a person would want to share. Wait for them to tell you about the reason(s) behind their incapacity. [Relationship can dictate appropriate course]. Offer words of comfort and encouragement (not medical advice).

Ask if you may read the Bible to them. [Samples of appropriate Bible passages are included].

Ask if there is anything that you or the church can do for them (ex. - putting their need on the church prayer sheet; prayer chain; meals; transportation; forwarding concerns to pastors; etc.).

Ask if you can pray with them. Hold their hand if you sense it is appropriate. If others are there they can be invited to join hands with you also.

Under normal circumstances, an ideal visit would be 15-30 minutes. Be aware of how the person is feeling. Sometimes a 5-min. visit would be more appropriate. In this case, the sharing of 1 meaningful verse and a brief prayer is wise and compassionate.

### **Samples of Bible passages:**

Seek to be sensitive to the person's circumstances and emotional / spiritual state. Using portions of Scripture that have been ministering to your life are very meaningful.

- Any of these Psalms – 23, 27, 31, 34, 71, 103, 121, 138, 139 [and many more]
- Isaiah 40: 27-31
- Lamentations 3:19-26
- Matthew 11:28-30
- Romans 8:28-39
- 2 Corinthians 1:3-5; 4:8-18
- 1 Peter 1:3-9

#### **Note of Encouragement**

Please do not grow discouraged at the “weight” of all the Helps listed above – most of them are simply demonstrations of common sense and courtesy. They may seem awkward now, but through experience (and God's grace!) they will become “second nature” to you.