

Hospital Visitation

A guide for shepherds on visiting hospital patients, from the initial call to what to do in the room.

Hospital Visit Overview

- There are many different reasons for visiting the hospital or nursing home. You may be there to share in the joy of a baby's birth, or you may be there at someone's death. You may encounter a wide range of emotions from elation to depression, even anger.
- Emergencies will always require an immediate response. These emergencies usually include someone near death and/or a serious accident or complication.
 - If you're unable to make the visit, contact someone else (such as your Team Leader or another member of the Small Group) to make the immediate visit.
 - If you don't know anyone else who can make the immediate visit, contact the Shepherding Pastor.
 - Regardless of who makes the initial visit, make sure that your Team Leader is informed of the situation.
 - In the meantime, call the hospital, speak to the family member(s), and pray with them (if appropriate) over the phone.

The Emergency Room

- If there's been an emergency, you will want to go to the Emergency Room first.
- Even if you're not able to see the patient, typically a family member will be present. Who else is present and the seriousness of the emergency will dictate the extent of your involvement.
- If the family member is alone, stay with them initially or contact someone else who can be with them. When a family member is alone in the emergency room, they may need someone else's help to think through issues and/or make decisions.

In the Patient's Room

- Wash your hands thoroughly before and after entering a patient's room.
- Before entering the room, always knock first.
- Introduce yourself as you enter. If you know the person, you may still need to introduce yourself, because they may be drugged or asleep.
- Introduce yourself to others who may be in the room.
- Position yourself so you can maintain eye contact with the patient.
- Don't sit or lean on the bed. Besides getting into the person's space, it might be quite uncomfortable and even physically painful for them.
- Don't do all the talking. Allow them to talk if they choose.
- If medical personnel enter the room, offer to leave.

- Offer to read Scripture and lead in prayer.
- If you pray with them and you want to hold their hand, ask their permission first.
- Don't stay too long (5–15 minutes is enough), unless you know them better and your friendship may dictate a longer visit.

Selected Scripture for Visitation

Old Testament

- Numbers 6:24–26
- Deuteronomy 33:27
- Psalms 23, 100, and 121
- Isaiah 40:28–31
- Jeremiah 17:7–8, 14

New Testament

- Matthew 11:28–30
- Romans 8:28–30
- Romans 8:38–39
- John 14:1–17
- 2 Corinthians 4:7–9, 16–18
- Philippians 4:4–7
- Revelation 21:1–5

Other Issues in Visitation¹

What if there is a “No Visitors” sign on the door?

If you get to the patient's room, and it says “no visitors,” go to the nurses' station and ask if this applies to church representatives. Usually, it does not. Most of the time “no visitors” signs reflect the desire for the patient to have some rest. So, if you do visit, don't stay long.

What if the patient is asleep?

It's not always easy to know what to do here. Sometimes, depending on how well you know the person, that may dictate what you do. Here are some options:

- You may go by the nurses' station and ask whether they can be awakened.
- If a family member is there, ask whether you should come back.
- Wake the person up by quietly calling the person's name.
- Leave a note, letting them know the day and hour when you came by.

If there is an operation, should I come and be with the family?

This probably depends on how well you know the person and how much time you have. If you know them better, you can probably stay with them a more extended time. You will need to gauge that. If you don't know them well, then a brief visit is probably more warranted.

Can I visit someone in the ICU?

Visitors (besides family members) are usually restricted from visiting someone in the ICU. However, pastors are typically allowed entrance. Check with the nurses' station and tell them you're a church representative. When visiting, don't make the visit too long. Also, you may want to go by the ICU waiting room and see if any family members are there.

Can I do an “anointing” at the hospital?

Absolutely. You will need to gather at least two other elders to come with you and pray over the person. If the patient doesn't ask for an anointing, just make sure you ask the patient first. If you're dealing with someone in a coma, for instance, ask the family if you can anoint the person, explaining to them what is involved.

What about praying and even doing anointings with non-Christian family members present?

This is a great time to minister to the entire family. Praying in the hospital is almost always “socially acceptable,” so don't be afraid to take the initiative here.

What if I'm physically sick, even if it's a common cold?

Don't visit. Call the patient, if possible, and let them know your reason, or leave a message at the nurses' station letting the patient know you called.

What about ministering to those who are grieving and/or depressed?

Occasionally, you may be called upon to deal with grieving patients or family members. You may think the skill involved here is saying the “right thing.” In many cases, you being there is enough. Don't feel under pressure to give some “magic” words. This is where wisdom is needed, because you don't want to quote Romans 8:28 immediately after someone has lost a child. The Scripture can ultimately bring us hope, but timing is necessary for certain truths and exhortations. The important thing is to be a comfort while you allow people to grieve. If you comfort through words, you can offer to pray and read Scripture, but make sure you ask permission.

¹*Like Sheep With A Shepherd; A Primer for Elders in the Church - Sixth edition*; R. Schlichting, B. Carter, H. Hatcher & D. Blackgrave, Perimeter Church, Atlanta, GA