



IT'S ABOUT YOUR HEALTH

An educational handbook for
patients and their families

 Casa Grande
Regional Medical Center

IT'S ABOUT YOUR HEALTH

Contents

A Healthier Lifestyle	1
Cholesterol and Triglycerides	2
High Blood Pressure	7
Weight/Diet/Physical Activity	9
Stress.....	22
Support/Caregivers.....	24
Surgical Patients.....	26
Glossary of Terms	26
Getting Ready.....	27
Operating Room and Recovery	28
Discharge.....	28, 29
At home	29
Abdominal Surgery	30, 31
Wound Care.....	32
MRSA Infections	33
What is MRSA?	33
Treatment/Prevention	35
Washing Hands	37
Laundry/Cleaning.....	38
Changing Bandages	39
Pain	40
Pain Scale.....	42
Medication Management.....	43
Keeping Track of Medications	45
Getting Rid of Unused Medications	47
The Med Form	74 (before Index)
Health Professionals Contact List.....	77 (before Index)
Smoking.....	49
Blood Thinners and Falling	51
Coumadin Therapy	54
Drug Interactions	58
Interactions with Herbal Medicines	59
Diet and Coumadin Therapy.....	60
Side Effects.....	61
Falls Prevention.....	64
Safety First	66
Dietary Supplements	67
Nutrition Assessment.....	71
Herbal Health Products.....	72

*This information is provided
as a reference for patients and their families ...*

from

***Casa Grande Regional Medical Center,
Your Healthcare Partner***

*If you have any questions
or don't understand something in this booklet,
please ask your healthcare provider for more information.*

MISSION STATEMENT

*We exist to make a positive difference in the lives of those we serve
through compassion and excellence in patient care.*

VISION STATEMENT

Our vision is to be the healthcare provider of choice for the communities we serve.

CONTACT A NURSE MANAGER

*Our goal is to meet your needs. If you have any concerns or comments
while you are here, please contact the Nurse Manager for the appropriate unit:*

Behavioral Health(520) 381-6720
Emergency Department.....(520) 381-6203
Intensive Care Unit (ICU).....(520) 381-6214
Medical/Surgical Units(520) 381-6230
Obstetrics(520) 381-6475
Operating Room(520) 381-6211
Recovery/Day Surgery.....(520) 381-6212
Telemetry.....(520) 381-6236
Wound Center(520) 381-6150

A Healthier Lifestyle

Coronary heart disease is the No. 1 cause of death in the U.S.A., and Stroke is the No. 3 cause and the leading cause of disability. Many are struggling to recover from heart attack or stroke, while others at high risk are getting the care and making the changes necessary to lower their risk.

The fact is, you can do plenty to get your heart in shape, even if you've already experienced health issues. Healthy changes will help you feel and look better! Death rates from heart attack, stroke and other heart diseases are going down. Healthy lifestyles play a big part! Now's the time to make up your mind to take some control over your future. You'll find that once you make one change, the next comes more easily.

Here are some simple steps to take:

- Don't smoke.
- Have your blood pressure checked regularly.
- Improve your eating habits.
- Be more physically active.
- Maintain a healthy weight.
- Have regular medical check-ups.
- Take your medicine, if needed, to control high blood pressure, high cholesterol or diabetes.



How do I stop smoking?

- Make an agreement with yourself to quit.
- Ask your healthcare professional for information and programs that may help.
- Fight the urge by going where smoking isn't allowed and avoid being around people who smoke.
- Reward yourself when you quit.
- Keep busy doing things that make it hard to smoke, like working in the yard, washing dishes and being more active.
- Remind yourself that smoking causes many diseases, can harm yourself and others and is deadly.
- Ask your family and friends to support you.

How do I change my eating habits?

- Ask your doctor, nurse or licensed nutritionist for help.
- Avoid foods like egg yolks, fatty meats, skin-on chicken, butter and cream.
- Cut down on saturated fat, sugar and salt.
- Substitute fat-free or low-fat milk for whole milk.
- Bake, broil, grill, roast and boil — don't fry foods in oil.
- Eat fruits, vegetables, cereals, dried peas and beans, pasta, fish, skinless poultry and lean meats.
- Limit alcohol to one drink a day, and if you don't drink, don't start.

What about physical activity?

- Physical activity reduces your risk of heart attack and stroke and makes you heart stronger.
- It helps control your weight and blood pressure, helps you relax and can improve your mood!
- Check with your doctor before you start if you've been inactive a long time.
- Start slow and build up to a total of 30 to 60 minutes, on most or all days of the week.
- Look for chances to be more active. Take 10- to 15-minute walking breaks during the day or after meals.

How can I be more relaxed?

- Take 15 to 20 minutes a day to sit quietly, breathe deeply and think of a peaceful picture.
- Be more active every day.
- Limit your intake of alcohol.
- Try to avoid things that upset you, such as rush-hour traffic.
- Change how you respond to difficult situations. Be positive, not negative.

How can I remember to take my medicine?

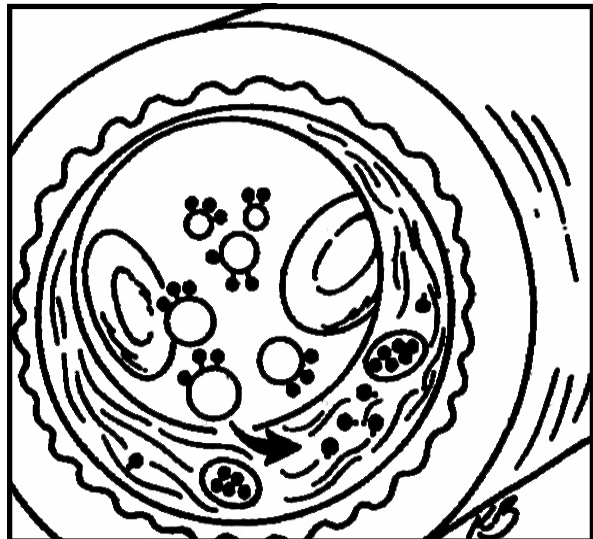
- Take it at the same time every day.
- Use a weekly pill box with separate compartments for each day or time of day.
- Leave notes to remind yourself.
- Ask family and friends to help remind you.
- Wear a wristwatch with an alarm.
- Try an e-mail reminder or beeper service.

Cholesterol and Triglycerides

Cholesterol is a soft, fat-like substance found in the bloodstream and in all your body's cells. Your body makes all the cholesterol it needs. It's also found in certain foods from animals.

The saturated fats, trans-fats and cholesterol you eat may raise your blood cholesterol level.

Having too much cholesterol in your blood may lead to increased risk for heart disease and stroke. About half of American adults have levels that are too high (200 mg/dL or higher) and about one in five has a level in the high-risk zone (240 mg/dL or higher). The good news is that you can take steps to control your cholesterol.



What's so bad about it?

Cholesterol and other fats can't dissolve in your blood. To travel to your cells, they use special carriers called lipoproteins. Low-density lipoprotein (LDL) cholesterol is often called "the bad kind." When you have too much LDL cholesterol in your blood, it can join with fats and other substances to build up in the inner walls of your arteries. The arteries can become clogged and narrow, and blood flow is reduced. If a blood clot forms and blocks the blood flow to your heart, it causes a heart attack. If a blood clot blocks an artery leading to or in the brain, a stroke results.

A "good kind" of cholesterol, on the other hand, is called high-density lipoprotein (HDL). It carries harmful cholesterol away from the arteries and helps protect you from heart attack and stroke. It's better to have a lot of HDL cholesterol in your blood.

How can I lower the bad cholesterol in my blood?

- Cut down on foods high in saturated fat and cholesterol. These include fatty meats, butter, cheese, whole-milk dairy products, egg yolks, shellfish, organ meats and solid fats.
- Enjoy at least 30 minutes of your favorite physical activities on most or all days of the week.
- Eat more foods low in saturated fat and cholesterol, and high in fiber. These include fruits and vegetables, whole grains and grain products, beans and peas, fat-free and low-fat milk products, lean meats and poultry without skin, fatty fish, and nuts and seeds in limited amounts.
- Lose weight if you need to.
- Ask your doctor about medicines that can reduce cholesterol (not recommended for all patients).

What are triglycerides?

Triglycerides are the most common type of fat in your body. They're also a major energy source. They come from food, and your body also makes them. High levels of blood triglycerides are often found in people who have high cholesterol levels, heart problems, are overweight or have diabetes.

What about fats?

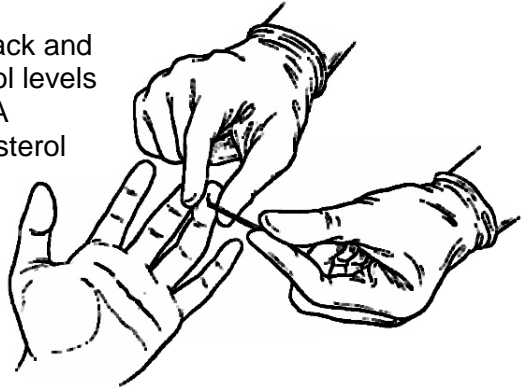
There are different kinds of fats in the foods we eat.

- Saturated fat is the kind that raises blood cholesterol, so it's not good for you. Avoid animal fats like butter, lard and meat fat, and some plant fats like coconut oil, palm oil and palm kernel oil.
- Trans-fat comes from adding hydrogen to vegetable oils. It's used in commercial baked goods and for cooking in most restaurants and fast-food chains. Trans-fat tends to raise blood cholesterol levels.
- Polyunsaturated fats are found in vegetable oils and fish oils. These tend to lower blood cholesterol.
- Monounsaturated fats are found in olive, canola, peanut, sunflower and safflower oils. In a low-fat diet, they may lower blood cholesterol.

Cholesterol Levels

High blood cholesterol signals a higher risk of heart attack and stroke. That's why it's important to have your cholesterol levels checked regularly and discuss them with your doctor. A "lipoprotein profile" is a test to find out your blood cholesterol numbers. It gives information about total cholesterol, LDL (bad) cholesterol and HDL (good) cholesterol, as well as triglycerides (blood fats).

All of these are measured in milligrams per deciliter of blood (mg/dL).



What should my total cholesterol level be?

Total Blood Cholesterol Levels:

- Less than 200 mg/dL = Desirable (lower risk)
- 200 to 239 mg/dL = Borderline high (higher risk)
- 240 mg/dL and above = High blood cholesterol (more than twice the risk as desirable level).

What should my HDL cholesterol level be?

HDL stands for high-density lipoprotein. HDL is "good" cholesterol because it seems to lower your risk of heart attack and stroke. That means that — unlike other cholesterol levels — the higher your HDL, the better.

You can raise your HDL by quitting smoking, losing excess weight and being more active. This will reduce your risk of heart attack and stroke.

HDL Cholesterol Levels:

- Less than 40 mg/dL = Low HDL (higher risk)
- 40 to 59 mg/dL = The higher, the better
- 60 mg/dL and above = High HDL (lower risk)

What should my LDL cholesterol level be?

LDL stands for low-density lipoprotein. This is the main carrier of harmful cholesterol in your blood. A high level of LDL cholesterol means there's a higher risk of heart disease and stroke. The lower your LDL cholesterol is, the lower your risk will be.

LDL Cholesterol Levels:

- Less than 100 mg/dL = Optimal for people with heart disease or diabetes
- 100 to 129 mg/dL = Near or above optimal
- 130 to 159 mg/dL = Borderline high
- 160 to 189 mg/dL = High
- 190 mg/dL and above = Very high

What should my triglyceride level be?

Triglycerides are the most common type of fat in your body. They're also a major energy source. They come from food, and your body also makes them. As people get older, gain excess weight or both, their triglyceride and cholesterol levels tend to rise.

Many people who have heart disease or diabetes have high fasting triglyceride levels. Some studies have shown that people with above-normal fasting triglyceride levels (150 mg/dL or higher) have a higher risk of heart disease and stroke.

Triglyceride Levels:

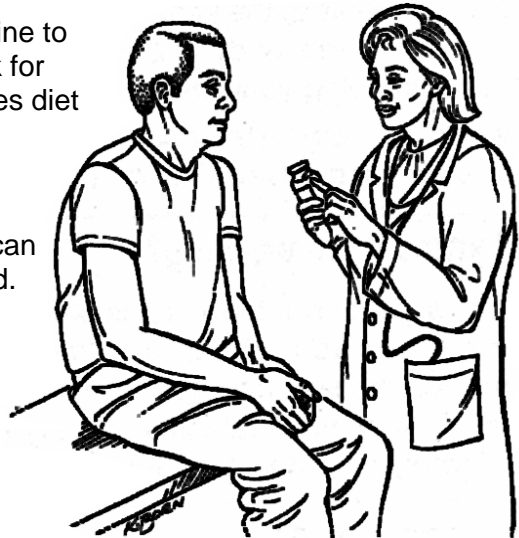
- Less than 150 mg/dL = Normal
- 150 to 199 mg/dL = Borderline high
- 200 to 499 mg/dL = High
- 500 mg/dL and above = Very high

Cholesterol Medication

If your doctor has decided that you need to take medicine to reduce high cholesterol, it's because you're at high risk for heart disease or stroke. Usually, the treatment combines diet and medicine.

Most heart disease and many strokes are caused by a buildup of fat, cholesterol and other substances called plaque in the inner walls of your arteries. The arteries can become clogged and narrow, and blood flow is reduced. If a blood clot forms and blocks the blood flow to your heart, it causes a heart attack. If a blood clot blocks an artery leading to or in the brain, a stroke results.

Heart and blood vessel diseases kill someone every 33 seconds! By following your doctor's advice, you can help prevent them.



What should I know about the medicine?

Your doctor will decide on the medicine that's best for you. Each of these drugs does something a little different. Often you'll be asked to take more than one. All cholesterol-lowering medicines are used with dietary therapy. Always follow your doctor's orders carefully, and let him or her know if you have any side effects. Never stop taking your medicine on your own!

Statins: Lowering LDL (bad) cholesterol is usually the first priority. Several studies indicate that lowering LDL has significant benefits, including lowering the risk for cardiovascular disease. Statins are one of the most effective drugs for reducing elevated LDL cholesterol. Most of statins' side effects are mild and generally go away as your body adjusts. Muscle problems and liver abnormalities are rare. If you have brown urine or muscle aches and pains, contact your doctor right away.

What should I know about the medicine?

Commonly prescribed statins include:

Atorvastatin (Lipitor); Fluvastatin (Lescol); Lovastatin (Mevacor); Pravastatin (Pravachol); Rosuvastatin

Side Effects: Upset stomach; abdominal pain; gas; cramps; constipation; muscle soreness; pain and weakness; liver abnormalities

Fibrates are best at lowering triglycerides and in some cases increasing HDL (good cholesterol) levels. These drugs are not very effective in lowering LDL (bad) cholesterol. That's why fibrates are generally used in people whose triglycerides are high or whose HDL is low, after reaching LDL goal.

Some commonly prescribed fibrates include:

Bezafibrate (Bezalip), Fenofibrate (Lofibra, Tricor), Gemfibrozil (Lopid)

Side Effects: Upset stomach or diarrhea; increased risk of gallstones; increased effect of blood-thinning medications; anemia

Resins are also called bile acid-binding drugs. Your body uses cholesterol to make bile, an acid used in the digestive process. These medicines bind to bile, so it can't be used during digestion. Your liver responds by making more bile. The more bile your liver makes, the more cholesterol it uses. That means less cholesterol is left to circulate through your bloodstream.

Some commonly prescribed medications include:

Cholestyramine (Questran, Prevalite, L-Cholest), Colestipol (Cholestid), Colesevalam (Welchol)

Side effects: Constipation, stomach irritation or diarrhea, gas/bloating/heartburn, dizziness.

Nicotinic Acid, also called niacin or vitamin B3, is a potent lipid-lowering drug that works in the liver by affecting the production of blood fats. It's used to lower triglycerides and LDL cholesterol, and raise HDL ("good") cholesterol. Niacin comes in prescription form and as "dietary supplements." Dietary supplement niacin is not regulated by the U.S. Food and Drug Administration (FDA) the same way that prescription niacin is. Dietary supplement niacin must not be used as a substitute for prescription niacin. It should not be used for lowering cholesterol because of potential very serious side effects.

Some common products in this category include:

Niaspan (prescription), Niacin (over the counter)

Side effects: Skin flushing, dizziness, skin rashes, stomach irritation, elevated blood glucose, liver damage, headache

How do I remember to take my medicine?

Sometimes it's hard to keep track of your medicine. But to be safe, you must take it properly. Here are some good ways:

- Take your medicine at the same time each day along with meals or other daily events, like brushing your teeth.
- Use a weekly pill box with separate compartments for each day or time of day.
- Computerized pill boxes can alert you when it's time to take a pill or order refills.
- Ask family and friends to help remind you.
- Use a pill calendar or drug reminder chart.
- Leave notes to remind yourself.
- Try an email reminder or beeper service.
- Wear a wristwatch with an alarm.

How do I know if it's working?

Your doctor will test your blood cholesterol level when needed. You should keep track of your cholesterol level, perhaps using a chart or writing it on your calendar. Together with your doctor, set a goal and ask how long it may take to reach that goal. Be sure to follow up with your doctor after reaching your goal. Don't stop medication unless your doctor tells you to stop

High Blood Pressure



Another name for high blood pressure (HBP) is hypertension (hi-per-TEN-shun).

High blood pressure means the pressure in your arteries is consistently above the normal range. Blood pressure is the force of blood pushing against blood vessel walls. It's written as two numbers, such as 122/78 mm Hg. The top, systolic number is the pressure when the heart beats. Normal blood pressure is below 120/80. If you're an adult and your systolic pressure is 120 to 139 or your diastolic pressure is 80 to 89 (or both), then you have "pre-hypertension." High blood pressure is a pressure of 140 systolic or higher and/or 90 diastolic or higher that stays high over time.

No one knows exactly what causes most cases of high blood pressure. It usually can't be cured, but it can be controlled.

Fifty million Americans (1 in 4 adults) have it, and many don't even know they have it. Not treating high blood pressure is dangerous.

You can live a healthier life if you treat and control it!

Who is at higher risk?

- People with close blood relatives who have high blood pressure
- African Americans
- People over age 35
- Overweight people
- People who aren't physically active
- People who use too much salt
- People who use too much alcohol
- People with diabetes, gout and kidney disease
- Pregnant women
- Women taking birth control pills who are overweight, had high blood pressure during pregnancy, have a family history of high blood pressure or have mild kidney disease

How can I tell I have it?

You usually can't tell! Many people have it and don't know it. The only way to know if your blood pressure is high is to get it checked regularly by your doctor.

What can untreated high blood pressure lead to?

- Stroke
- Heart attack
- Heart failure
- Kidney failure

What can I do about it?

- Lose weight if you're overweight.
- Eat a healthy diet low in saturated fat, cholesterol and salt.
- Limit alcohol to no more than one drink per day for women or two drinks a day for men.
- Be more physically active.
- Take medicine the way your doctor tells you. Know what your blood pressure should be and work to keep it at that level.

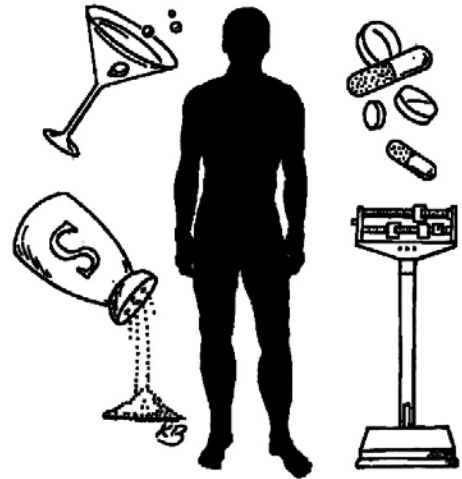
How can medicine help?

- Some medicines help relax and open up your blood vessels so blood can flow through better.
- A diuretic (di-uh-RET-ik) can help keep your body from holding too much water and salt.

Reducing High Blood Pressure

By treating high blood pressure, you can help prevent a stroke, heart attack, heart failure or kidney failure. Here are steps you can take now:

- Lose weight if you're overweight.
- Eat a healthy diet low in saturated fat, cholesterol and salt.
- Be more physically active.
- Limit alcohol to no more than one drink per day for women or two drinks a day for men.
- Take medicine the way your doctor tells you.
- Know what your blood pressure should be and work to keep it at that level.



How can losing weight help?

If you're overweight, you're putting too much strain on your heart. You should talk with your health care professional about a healthy eating plan. When you lose weight, your blood pressure often goes down! By eating a low-saturated-fat, low-cholesterol diet, you'll help avoid heart attack and stroke.

How can limiting salt help?

Eating a lot of salt (sodium) adds to high blood pressure in some people. It holds excess fluid in your body and puts an added burden on your heart. Your doctor may tell you to cut down on the salt you use in cooking and not add salt to foods. He or she may also tell you to eat no salt at all. Try to read food labels so you'll know which foods are high in sodium. And learn to use herbs or salt substitutes instead!

High Blood Pressure Medication



Your doctor has prescribed high blood pressure medicine to help lower your blood pressure. At the same time, remember to make the other changes that are effective: stay at normal weight, use less salt, be more active and limit alcohol to no more than two drinks a day.

Follow your overall therapy plan and you can be on the road to a healthier life!

Recipe Changes

Using low-saturated fat, low-cholesterol recipes makes it easier to cook healthful meals. There's a lot you can do with your favorite recipes or everyday meals to control the amount of saturated fat and cholesterol you eat. It's a great way to have your cake and eat it too!

The American Heart Association Low-Fat, Low-Cholesterol Cookbook has more than 200 delicious, heart-healthy recipes for your whole family. It's available in bookstores and libraries.



How can I substitute low-saturated-fat ingredients?

Whole Milk (1 cup) = 1 cup fat-free or nonfat milk + 1 Tbsp. unsaturated oil.

Heavy Cream (1cup) = 1 cup evaporated fat-free milk or 1/2 cup low-fat yogurt and 1/2 cup plain low-fat cottage cheese.

Sour Cream = Low-fat cottage cheese plus low-fat or nonfat yogurt. Fat-free sour cream is also available.

Cream Cheese = 4 Tbsp. margarine blended with 1 cup dry low-fat cottage cheese. Add a small amount of fat-free milk if needed.

Butter (1 Tbsp.) = 1 Tbsp. polyunsaturated margarine or 1 Tbsp. polyunsaturated oil.

Shortening (1 cup) = 2 sticks polyunsaturated margarine.

Eggs (1 egg) = 1 egg white + 2 tsp. of unsaturated oil, or use a cholesterol-free egg substitute.

Unsweetened Baking Chocolate (1 oz) = 3 Tbsp. unsweetened cocoa powder or carob powder + 1 Tbsp. polyunsaturated oil or margarine. Carob is sweeter than cocoa, so reduce sugar in recipe by 1/4.

How can I use vegetable oils?

Use liquid vegetable oils that have no more than 2 grams of saturated fat per tablespoon when cooking requires using fat. For example:

- To brown lean meats and to pan – or oven– fry fish and skinless poultry.
- To sauté onions and other vegetables for soup.
- In sauces and soups made with fat-free milk.
- In whipped or scalloped potatoes.
- For popping corn.
- In casseroles made with dried peas or beans.
- When cooking dehydrated potatoes and other prepared foods.

How can I reduce sodium?

Eating more sodium (salt) than the body needs can lead to high blood pressure in some people. People with high blood pressure are more likely to develop heart problems or have a stroke.

- Limit salt in cooking.
- Use herbs and spices instead of salt.
- When using canned vegetables, drain the liquid, then rinse in water before cooking.
- Read food labels carefully, watching for sodium in the ingredient list.

Limiting Sodium

Salt is sodium chloride.

Sodium is an element that is needed for good health.

You must have a certain balance of sodium and water in your body at all times.

Too much salt or too much water in your system will upset the balance.

When you're healthy, your kidneys get rid of extra sodium to keep the correct balance of sodium and water.



What's bad about sodium?

In some people too much sodium leads to or aggravates high blood pressure. Having less sodium in your diet may help you avoid high blood pressure. People with high blood pressure are more likely to develop heart disease and stroke.

How much sodium do I need?

- The average American eats about 6 to 18 grams of salt daily (1 to 3 teaspoons full).
- Your doctor may tell you to cut salt out completely.
- Your body needs about 1/2 gram of salt (less than 1/3 tsp.) or 500 mg of sodium each day.

What are sources of sodium?

Most of the sodium in our diets comes from adding it when food is being prepared. Pay attention to food labels because they tell how much sodium is in food products.

Here's a list of sodium compounds to limit in your diet:

- Salt
- Monosodium glutamate (MSG)
- Baking soda
- Baking powder
- Disodium phosphate
- Any compound that has "sodium" in its name

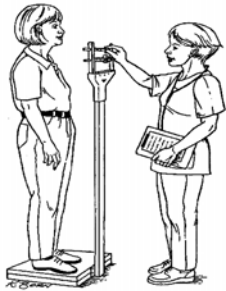
What foods should I limit?

- Salted snacks
- Fish that's frozen, pre-breaded, pre-fried or smoked; also fish that's canned in oil or brine like tuna, sardines or shellfish
- Ham, bacon, corned beef, luncheon meats, sausages and hot dogs
- Canned foods and juices
- Commercially made main dishes like hash, meat pies and frozen dinners with more than 700 mg of sodium per serving
- Cheeses and buttermilk
- Seasoned salts, meat tenderizers and MSG
- Ketchup, mayonnaise, sauces and salad dressings

What else can I do?

- Avoid adding table salt to foods.
- Use salt substitutes or herbs and spices.
- Eat fresh lean meats, skinless poultry, fish egg whites and tuna canned in water.
- Choose unsalted nuts and low-sodium peanut butter. Cook dried peas and beans.
- Use products made without added salt; try low-sodium bouillon and soups and unsalted, fat-free broth.
- Rinse canned vegetables, beans and shellfish to reduce salt.

Losing Weight



More than 108 million American adults are overweight. Of these, more than 44 million are considered obese. People who are overweight or obese are more likely to develop heart disease and stroke, even if they have no other risk factors.

Obesity is unhealthy because excess weight puts more strain on your heart. It can raise blood pressure and blood cholesterol and can lead to diabetes. Losing weight is one of the best ways to reduce your risk of heart problems, and other diseases.

How can I lose weight?

It's easy to start a diet. Staying on one is harder! First, you should prepare yourself by setting goals, thinking ahead to roadblocks along the way, and deciding how to deal with problems.

See a nutritionist or registered dietitian about an eating plan that's right for you. Never follow fad diets, go without eating or lose weight too fast. You didn't become overweight overnight. Successful dieters know about making long-term changes and not get discouraged by setbacks.

- Think about your eating habits. Do you eat out of habit instead of hunger? If you find yourself automatically snacking in front of the television every night, it may be helpful to pick a certain spot in the house and not let yourself eat anywhere else.
- Decide how to handle temptation. Turn down high-fat foods nicely, but firmly. Try to dine out at places where there are low-fat, low-calorie foods to choose from.
- Plan ahead. If a bad mood, stress or boredom makes you want to binge, decide in advance what action to take. You could take up a new hobby, go for a walk, call a friend or read a book. It could help to make a list of healthy things to do when you get food cravings.
- Be realistic and expect setbacks. If you go off your diet, don't quit and don't get mad at yourself. Just get back on track.

How should I change my eating habits?

- Eat slowly, take smaller portions and avoid "seconds."
- Eat a few light meals each day instead of one main meal. Don't skip meals.
- Choose a variety of healthy foods like fruit, vegetables, cereals, pasta, dried peas and beans, low-fat or fat-free dairy products, lean meat, fish and skinless poultry.
- Cook foods in ways that help remove fat, like baking, boiling, broiling, grilling, roasting or stewing. Don't fry foods in oil.
- Read food labels and avoid foods that are high in sugar, saturated fat and calories. Avoid pastries, candy bars, pies and cakes.
- Drink lots of water. Limit alcohol and other high-calorie drinks.

How can exercise help?

Exercise is as important as your diet in helping you lose weight! And it's good for your heart, lungs, bones and muscles. Regular physical activity helps lower your risk of heart attack, stroke, high blood pressure and other health problems. Ask your doctor or health professional for an exercise plan that's right for you.

Weight Management

Your heart will be healthier if you reach and maintain a healthy weight, and don't go up and down the scale like a yo-yo. If you've been able to lose weight, good for you! You've taken the extra strain off your heart and lowered your risk for heart problems. You should be proud of your success.

Keeping extra weight off can be as challenging as losing it. Many things will tempt you to go back to your old habits. It takes commitment to stick to your new, healthy lifestyle. Yet when you do, you may notice that you have greater self-control with food, feel stronger, have better eating habits and fewer mood swings, and are in better overall shape!



What if I go back to old habits?

A lapse is a small mistake or return to old habits. This can happen when you have a bad day and overeat or skip exercise. A relapse is going back to old habits for several days or weeks.

- Remember that having a lapse or relapse is not failing. You can get back on track.
- Think about whether you feel hunger (gnawing in your stomach) or urges (mental cravings for food).
- When you feel an urge, set a timer for 15 minutes and wait, or do something else before eating. This will teach you to delay your desire for food.
- Try to use other ways to respond to life's stresses besides eating. Take a brisk walk, start a new hobby or calm yourself through meditation.

What happens when I reach a healthy weight?

- After you reach a healthy weight, add about 200 calories of healthful, low-fat food to your average daily intake.
- After a week, if you're still losing weight, add a few hundred more calories.
- If you change the amount of exercise you do, adjust your eating.
- Keep a record of what you eat and how much exercise you do so you'll know how to make adjustments.

A Healthy Diet

Healthy food habits can help you reduce three risk factors for heart attack and stroke — high blood cholesterol, high blood pressure and excess body weight.

Here are the basic food groups with the number of servings we recommend. Be sure to choose a variety of foods from each group.

Breads, cereals, pasta and starchy vegetables (6 or more servings per day)

- One serving equals 1 slice bread; 1/2 cup hot cereal, 1 cup flaked cereal; 1 cup cooked rice or pasta; or 1/4 to 1/2 cup starchy vegetables, like beans, corn or potatoes.
- Include whole-grain products like whole-wheat bread, whole-grain crackers, brown rice.
- Many crackers and snacks are now available in low-fat and low-salt varieties.

Vegetables and fruits (5 or more servings per day)

- One serving equals a medium-size piece of fruit, 1/2 cup fruit juice, or 1/2 to 1 cup cooked or raw vegetables.
- Fruits and vegetables are high in vitamins, minerals and fiber, low in fat, calories and sodium, and have no cholesterol!

Lean meat, poultry and fish (no more than 6 cooked ounces per day)

- A 3 oz. portion is about the size of a deck of playing cards, 1/2 a chicken breast or 3/4 cup of flaked fish.
- Trim fat from meats; remove skin from poultry.
- Enjoy at least 2 servings of baked or grilled fish each week.
- One cup of cooked beans, peas or lentils, or 3 ounces tofu, equals a 3 oz. serving of meat, poultry or fish.

Fat-free and low-fat milk products (2 to 4 servings per day)

- One serving equals 1 cup milk or yogurt or 1 oz. cheese.
- Use only milk products with 0 to 1% fat. 2% milk is not low-fat.
- Have only fat-free or low-fat yogurt.
- Use dry-curd, fat-free or low-fat cottage cheese.
- Cheeses should have no more than 3 grams of fat per oz. and no more than 2

Fats and oils (no more than 5 to 8 teaspoons or equivalent servings per day)

- One serving equals 1 tsp. vegetable oil or regular margarine, 2 tsp. diet margarine, 1 Tbsp. salad dressing, 2 tsp. regular mayonnaise or peanut butter.
- One serving equals 1 Tbsp. seeds or nuts, 1/8 medium-size avocado, 10 small or 5 large olives.
- Choose fats and oils with 2 grams or less saturated fat per tablespoon, such as liquid and tub margarines, and canola, corn, safflower, soy bean and olive oils.
- Be sure to count the fats used in store-bought foods, in cooking and on vegetables and breads.
- Read food labels carefully and try to avoid “hydrogenated” oils and fats.

How can I cut down on saturated fat and calories?

- For your main dish, enjoy pasta, rice beans and/or vegetables. Or mix these foods with small amounts of lean meat, skinless poultry or fish.
- Boil, broil, grill, bake, roast, poach, steam, sauté, stir-fry or microwave. Don't fry in oil.
- Trim fat from meat and poultry. Drain fat after browning. Chill soups and stews after cooking to remove hard fat from the top.

How can I cut down on dietary cholesterol?

- Foods from animals (such as meat, poultry, egg yolks, butter, cheese and full-fat milk) are high in cholesterol. Eat less of them.
- Eggs and shellfish are high in cholesterol but low unsaturated fat and total fat. Here are some tips about using eggs in your diet:
 - One large, whole egg has about 213 mg of cholesterol. This is about 71% of the daily limit (less than 300 mg).
 - Extra large and jumbo eggs have even more.
 - Use two egg whites, or one egg white plus 2 teaspoons of unsaturated oil, in place of one whole egg in cooking. You can also use egg substitutes.
 - If you eat a whole egg, try to avoid or limit other sources of cholesterol on that day.

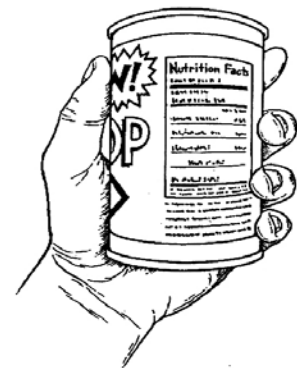
How can I learn more?

- Talk to your doctor, nurse or healthcare professional. Or call your local American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.
- If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's important for them to make changes now to lower their risk.
- If you need help with an eating plan, ask your health care professional to recommend a registered dietician.

Food Labels

When you go grocery shopping, take time to read the nutrition labels on your purchases. Compare nutrients and calories in one food to those in another. The information may surprise you. You want to make sure that you aren't bringing home foods high in saturated fat and cholesterol!

One easy way to do "healthier" grocery shopping is to spend more time in the outer aisles of the store where fresh foods are kept. Spend less time in the middle aisles where packaged foods, snacks and soft drinks are stocked.



What if I go back to old habits?

Most foods in the grocery store must now have a nutrition label and list of ingredients. Claims like “low cholesterol” and “fat free” can be used only if a food meets legal standards set by the government. The “Nutrition Facts” label contains the following information:

- Serving Size — Remember that if you eat double the serving size listed, you need to double the calories, fat and nutrients. If you eat half the size shown, cut the calories and nutrients in half.
- Calories — This is very helpful to know if you’re cutting calories to lose weight.
- Total Fat — Most people need to cut back on both calories and fat! Too much fat may contribute to heart disease and cancer. The label will give you the number of grams of fat per serving (so you can keep track of your daily intake) and the number of calories from fat. Your goal is an overall intake of no more than 30 percent of your total calories from fat.
- Saturated Fat — This is one part of the total fat in food. It’s a key nutrient for raising your blood cholesterol and your risk of heart disease and stroke. Eat less saturated fat!
- Cholesterol — Too much of it in your diet may lead to too much of it in your blood. And too much cholesterol in your blood can lead to heart disease and stroke. It’s best to eat less than 300 mg each day.
- Sodium — also known as salt! Healthy adults should take in less than 2,400 mg of sodium each day. That’s equal to about 1 tsp. of salt. If you have high blood pressure or your doctor tells you to limit salt, you should keep your intake low.
- Total Carbohydrate — When you cut down on fat, you can eat more carbohydrates. They’re found in foods like bread, potatoes, pasta, rice, fruits and vegetables.
- Dietary Fiber — Fruits, vegetables, whole grains, peas and beans are good sources and can help reduce the risk of heart disease.
- Protein — Where there’s animal protein, there’s also fat and cholesterol. Eat small portions.
- Vitamins and Minerals — Eating a variety of foods will help you reach your daily goal of 100% of vitamin A, vitamin C, calcium and iron.
- Daily Value — The daily values are guides for people who eat 2,000 calories each day. If you eat more or less than that, your daily value may be higher or lower. Choose foods with a low % daily value of fat, saturated fat, cholesterol and sodium. Try to reach 100% of the daily value of total carbohydrates, dietary fiber, vitamins and minerals.

Healthy Cooking

A healthful eating plan means more than choosing the right foods to eat. It’s important to prepare foods in a healthy way. Some ways of cooking are better than others when it comes to cutting cholesterol, saturated fat, total fat and calories. At the same time, you want to get as much nutritional value as possible.

You don’t have to give up taste or the things you love. Just learn some heart-healthy cooking techniques and you can have it all (almost)!



What are good ways to cook?

- Roast — with a rack so the meat or poultry doesn't sit in its own fat drippings. Set at 350 degrees to avoid searing. Baste with fat-free liquids like wine, tomato juice or lemon juice.
- Bake — in covered cookware with a little extra liquid.
- Braise or Stew — with more liquid than baking, on top of the stove or in the oven. Refrigerate the cooked dish and remove the chilled fat before reheating.
- Poach — by immersing chicken or fish in simmering liquid.
- Grill or Broil — on a rack so fat drips away from the food.
- Sauté — in an open skillet over high heat. Use nonstick vegetable spray, a small amount of broth or wine, or a tiny bit of canola oil rubbed onto the pan with a paper towel.
- Stir-fry — in a Chinese wok with a tiny bit of peanut oil.
- Microwave — needs no extra fat; in fact, you can drain food of fat by placing it between two paper towels while it cooks.
- Steam — in a basket over simmering water.

How can I cut fat without losing taste?

- After browning, put ground meat into a strainer lined with paper towels.
- To make gravy without fat, blend a tablespoon of cornstarch with a cup of room-temperature broth by shaking them together in a jar. Heat the rest of the broth and add the blended liquid, simmering until thick.
- Make scrambled eggs or omelets using only one egg yolk per portion, and add a few extra egg whites to the batch. Or use an egg substitute product.
- Remove oils by draining canned tuna, salmon or sardines and rinsing them in water.
- Don't overcook vegetables. Steam or bake them instead of boiling so they keep more of their natural flavors and nutrients.
- Mix creamy salad dressing with plain low-fat yogurt.
- Use finely chopped vegetables to stretch ground poultry or meat.
- Use herbs and spices to add flavor to foods.

Dining Out



It takes effort and commitment to change eating habits. People can't easily change overnight. In fact, it's best to ease into new habits slowly. This way you can form new, positive habits that will be just as comfortable as your old ones. You'll find that your new, healthy lifestyle will help you look better, feel better and have a healthier heart!

Going out to eat doesn't mean losing control of your eating plan. By thinking ahead and making smart choices, you can follow a low-cholesterol, low-saturated-fat diet almost anywhere you go!

What should I order?

- Ask the server to make substitutions like having steamed vegetables instead of French fries.
- Use the basic guidelines of your healthy eating plan when choosing a main dish. Pick lean meat, fish or skinless chicken.
- Make sure your entrée is broiled, baked, grilled, steamed or poached instead of fried.
- Order lots of vegetable side dishes and ask that any sauces or batter be left off.
- Ask for low-calorie salad dressing, or a lemon to squeeze on your salad instead of dressing.
- Ask for baked, boiled or roasted potatoes instead of fried. And ask for them without the butter and sour cream.
- Order fresh fruit or fruit sorbet in place of cake, pie or ice cream desserts.
- Ask about low-fat or fat-free choices.
- When it seems that everything on the menu is “off-limits,” ask if the chef will make you a fruit or vegetable platter. Most chefs are happy to do it.

What should I avoid?

- Push the butter or margarine out of your way — ask that it be removed.
- Order your dressings and sauces on the side, so you can control how much you use.
- Stay away from fried appetizers or creamy soups and begin your meal with broth-based soups like minestrone or gazpacho instead.
- When at a salad bar, stay away from high-fat items like cheese, cream dressings, chopped eggs, croutons, olives and bacon bits.
- Ask that your food be made without butter or cream sauces; you’ll be surprised at how delicious meat, fish and chicken can be when broiled “dry.”
- Take the skin off poultry when it arrives, and remove visible fat from meat.

What about ethnic restaurants?

- At Oriental restaurants, order a stir-fried chicken or fish and vegetable dish. A steamed main dish is an even better choice. Instead of fried rice, ask for steamed rice.
- At Italian restaurants, choose red marinara sauces over white, creamy ones. Try a fish dish or meatless pasta instead of entrées made with sausage or meatballs. Eat plain Italian bread instead of buttery garlic bread. And go easy on the grated Parmesan cheese.
- At Mexican restaurants, enjoy salsa or picante sauce, but limit guacamole, cheese and sour cream. Opt for corn tortillas over flour ones, and avoid refried beans. Try soups and salads instead of fried foods, and look for fresh seafood on the menu.

Physical Activity



If you aren't in the habit of being physically active, you're probably being told you should start. That's because regular physical activity reduces your risk of heart disease and stroke. It also helps you reduce or control other risk factors — high blood pressure, high blood cholesterol, excess body weight and diabetes.

But the benefits don't stop there. You may look and feel better, become stronger and more flexible, have more energy and reduce stress and tension. The time to start is now!

How do I start?

- Talk to your doctor about a physical activity plan that's right for you if...
- You've been inactive a long time or have medical problems,
- You're middle aged or older, and
- You're planning a relatively vigorous exercise program.
- Choose activities you enjoy. Pick a starting date that fits your schedule and gives you enough time to begin your program, like a Saturday.
- Wear comfortable clothes and shoes.
- Start slowly — don't overdo it!
- Try to exercise at the same time so it becomes a regular part of your lifestyle. For example, you might exercise every day (during your lunch hour) from 12 to 12:30.
- Drink lots of water before, during and after each exercise session.
- Ask a friend to start a program with you — use the buddy system!
- Note the days you exercise and write down the distance or length of time of your workout and how you feel after each session.
- If you miss a day, plan a make-up day. Don't double your exercise time during your next session.

What will keep me going?

- Get your family into physical activity! It's great to have a support system, and you'll be getting them into an important health habit.
- Join an exercise group, health club, YMCA.
- Choose an activity you like and make sure it's convenient for you. If you need good weather, have a back-up plan for bad days (e.g., when it rains, walk in the mall instead of the park).
- Learn a new sport you might enjoy, or take lessons to improve at one you know.
- Use variety to keep your interest up. Walk one day, take a swim the next time, then go for a bike ride on the weekend!
- Try renting a few exercise videotapes to find the one(s) you like best. Then you can buy one or more and have a good workout in the comfort of your own home!
- Make exercise a regular routine so it becomes a habit that you do automatically.
- If you stop for any length of time, don't lose hope! Just get started again slowly and work up to your old place.

What else should I know?

- Try not to compare yourself with others. Your goal should be personal health and fitness.
- Think about whether you like to exercise alone or with other people, outside or inside, what time of day is best, and what kind of exercise you most enjoy doing.
- If you feel like quitting, remind yourself of all the reasons you started. Also think about how far you've come!
- Don't push yourself too hard. You should be able to talk during exercise. Also, if you don't feel recovered within 10 minutes of stopping exercise, you're working too hard.

If your doctor has advised you to begin an activity program, you should follow that advice. People who don't get enough physical activity are much more likely to develop health problems.

Regular, moderate physical activity can lower your risk of...

- Heart disease and heart attack
- High blood pressure
- High total cholesterol and low HDL (good) cholesterol
- Overweight or obesity
- Diabetes
- Stroke



What else can physical activity do for me?

Physical activity also offers these benefits:

- Strengthens your heart, lungs, bones and muscles.
- Gives you more energy and strength
- Helps control your weight and blood pressure
- Helps you handle stress
- Helps you sleep better
- Helps you look good
- Helps you feel upbeat

What kind of activities should I do?

You don't have to be an athlete to lower your risk of heart disease and stroke! If done on most or all days, you can benefit from moderate activities like these:

- Pleasure walking
- Gardening and yard work
- Moderate to heavy housework
- Pleasure dancing and home exercise

More vigorous exercise can help improve the fitness of your heart and lungs. Start slowly, and build up as your heart gets stronger. First, discuss exercise with your doctor or nurse. Then try one or more of these:

- Brisk walking, hiking or jogging
- Stair climbing
- Bicycling, swimming or rowing

Keeping Track

Taking care of your heart is one of the most important things you can do in life. Planning a diet and an activity program is the key to success. Prepare yourself by...

- Being committed to change
- Setting specific and realistic goals
- Thinking about possible roadblocks
- Deciding how to deal with problems
- Not being discouraged by minor setbacks

My activity log

Develop a 4 to 8 week plan with your health care professional. Use this sample chart to keep track of your efforts.

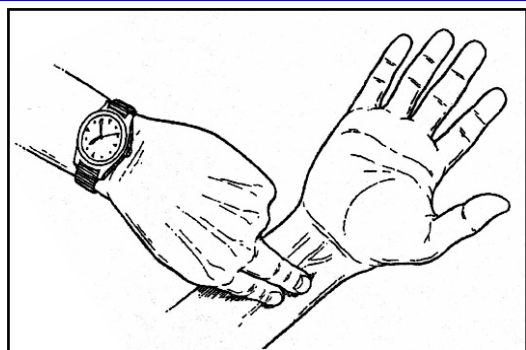
Sample Plan: I plan to walk for 30 to 60 minutes 5 or more times each week.

Date	Type of Exercise/Activity	Total Minutes	How I Felt

Your target heart rate

If your goal is to improve the fitness of your heart and lungs, you should bring your heart rate to a range called the “target heart rate zone.” When you stop exercising, quickly take your pulse to find out your heartbeats per minute, bpm (see picture). Figure your maximum heart rate by subtracting your age from 220. Your target heart rate zone is 50—75% of your maximum heart rate.

So, if you’re 50 years old, your maximum heart rate is 170 and your target heart rate zone is 85—127.



To get your pulse rate, count the number of beats for 10 seconds and multiply by 6. Ask your health care professional to teach you how to know if you’re exercising within your target heart rate zone.

My target heart rate range:
_____ bpm

My eating plan goals

Talk about your diet with your doctor, nurse or dietitian. Together, fill in your goals in the blanks below. Then use the sample chart to keep track of what you eat every day.

_____ No. of calories per day
 _____ No. grams of saturated fat per day
 _____ Weight (weigh yourself once a week)

Foods to avoid or reduce:

Foods to include or increase:

	No. of Calories	Saturated Fat Grams
Breakfast		
Lunch		
Snacks		
Dinner		
Daily Total		

Make a chart like the one on the right to keep track of your daily intake of calories and saturated fat. You can get this information from the Nutrition Facts label on food packages and from books like the *American Heart Association Brand Name Fat and Cholesterol Counter, Second Edition*. It's available where books are sold and in grocery stores.

Living with Heart Failure

There are about 5 million Americans living with congestive heart failure today. In fact, it's one of the most common reasons people 65 and older go into the hospital. Fortunately, heart failure can be treated. Getting good medical care, following doctor's orders and learning about heart failure will help you lead a comfortable life.

You can help by taking your medicine as your doctor tells you and by following your eating and exercise plans.

What medicine might I take?

Here are some examples:

1. **ACE Inhibitor:** lowers blood pressure and decreases the heart's workload.
2. **Diuretic:** helps your body get rid of extra water and sodium.
3. **Beta-blocker:** lowers blood pressure and slows heart rate.
4. **Digoxin:** helps your heart pump better.
5. **Vasodilator:** lowers blood pressure and opens and relaxes blood vessels.

What will help me get better?

- Visit the doctor and follow his or her advice.
- Read food labels and avoid foods high in salt or sodium.
- Start an aerobic exercise plan as you doctor advises.
- Keep up your interests and be upbeat!

What should I watch out for?

Tell you doctor right away if:

- You gain 3 or more pounds in a day or so.
- You see that your feet, ankles or other parts of your body are puffy.
- It's hard to breathe.
- You can't do what you could do the day before.
- You have "the flu."
- You get a fever.
- You have chest pain.

What are the warning signs of heart attack and stroke?

Warning Signs of Heart Attack:

Some heart attacks are sudden and intense, but most of them start slowly with mild pain or discomfort with one or more of these symptoms.

- Chest discomfort
- Discomfort in other areas of the upper body
- Shortness of breath with or without chest discomfort
- Other signs including breaking out in a cold sweat, nausea or lightheadedness

Warning Signs of Stroke:

- Sudden weakness or numbness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Learn to recognize a stroke. Time lost is brain lost.

**Call 9-1-1... Get to a hospital immediately
if you experience signs of heart attack or stroke!**

Managing Stress

You can have a healthier heart when you make changes in your lifestyle. Managing your emotions better may help, because some people respond to certain situations in ways that can cause health problems for them. For instance, someone feeling pressured by a difficult situation might start smoking or smoke more, overeat and become overweight. Finding more satisfactory ways to respond to pressure will help protect your health.



What is stress?

Stress is your body's response to change. It's a very individual thing. A situation that one person finds stressful may not bother someone else. For example, one person may become tense when driving; another person may find driving a source of relaxation and joy. Something that causes fear in some people, such as rock climbing, may be fun for others. There's no way to say that one thing is "bad" or "stressful" because everyone's different.

Not all stress is bad, either. Speaking to a group or watching a close football game can be stressful, but they can be fun, too. Life would be dull without some stress. The key is to manage stress properly, because unhealthy responses to it may lead to health problems in some people.

How does stress make you feel?

- It can make you feel angry, afraid, excited or helpless.
- It can make it hard to sleep.
- It can give you aches in our head, neck, jaw and back.
- It can lead to habits like smoking, drinking, overeating or drug abuse.
- You may not even feel it at all, even though your body suffers from it.

How can I cope with it?

Outside events (like problems with your boss, preparing to move or worrying about a child's wedding) can be upsetting. But remember that it's not the outside force, but how you react to it inside that's important. You can't control all the outside events in your life, but you can change how you handle them emotionally and psychologically. Here are some good ways to cope:

- Take 15 to 20 minutes a day to sit quietly, breathe deeply, and think of a peaceful picture.
- Try to learn to accept things you can't change. You don't have to solve all of life's problems. Talk out your troubles and look for the good instead of the bad in situations.
- Engage in physical activity regularly. Do what you enjoy — walk, swim, ride a bike or jog to get your big muscles going. Letting go of the tension in your body will help you feel a lot better.
- Limit alcohol, and don't smoke.

How can I live a more relaxed life?

- Think ahead about what may upset you. Some things you can avoid. For example, spend less time with people who bother you or avoid driving in rush-hour traffic.
- Think about problems and try to come up with good solutions. You could talk to your boss about difficulties at work, talk with your neighbor if the dog next door bothers you, or get help when you have too much to do.
- Change how you respond to difficult situations. Be positive, not negative.
- Learn to say "no." Don't promise too much. Give yourself enough time to get things done.

Supporting Loved Ones (Caregivers)

Someone close to you has just had a heart attack, stroke or heart treatment. To help you handle your feelings, it's good to be aware of them and to share them with people you trust. Talk with members of your family, friends, clergy and health care professionals. You and your loved one may also benefit from your local Mended Hearts or stroke club — support groups for heart and stroke patients and their families.

A heart attack, stroke or heart operation affects the whole family — not just the patient. Ask your health care professional for ways you can get help with the problems it may cause.

It's common for a heart or stroke patient's loved ones to have many concerns and fears. You can deal with them by talking about your feelings, getting answers to your questions and taking care of yourself.



How will I feel?

- Guilty. Try thinking about making healthy changes instead of worrying about the past.
- Overwhelmed. Ask for help! Many friends and relatives will be happy to help out with meals, rides and childcare.
- Afraid of your loved one dying. Talk to the person about your fears. Even though it's hard, it's also wise to make sure your finances, wills and insurance are in order so you all feel more prepared for the future.
- Depressed. It's common to feel sad and edgy at a time like this. You may have trouble sleeping, have less energy and feel ill. These feelings should go away as things get better.

What will change?

- You'll have less time to yourself. Try to take time every day to do the things you enjoy. Take care of yourself. If you work, going back to your job will help distract you.
- Your sex life may change. Talk about your feelings with your spouse and the doctor. It's best to resume sexual activities slowly and stay close with your spouse as he or she recovers.

How can I help?

- Ask questions at the hospital.
- Take a CPR class.
- Discuss things with your spouse and children.
- Learn the warning signs of heart attack, sudden cardiac arrest and stroke.
- Praise your spouse for new good habits, and try not to nag.
- Help your spouse manage his or her medicine and treatment.

How can we be healthy?

- Read about healthy lifestyles and follow the doctor's advice.
- Use low-saturated-fat, low-cholesterol foods that your spouse will like.
- Make changes slowly, one step at a time.
- Try exercising with your spouse.
- Help your spouse stop smoking, and if you smoke, quit.
- Suggest active outings for the family.

How can I learn more?

- Talk to your doctor, nurse or health care professional. Or call your American Heart Association at 1-800-242-8721, or the American Stroke Association at 1-888-478-7653.
- If you or your loved one has heart disease or stroke, members of your family also
- may be at higher risk. It's very important for them to make changes now to lower their risk of these diseases.
- Support and understanding are important for stroke recovery. You can get help from the American Stroke Association's Stroke Family Support Network at 1-888-478-7653.

*This information is provided
as a reference for
patients and their families ...
from*

*Casa Grande Regional Medical Center
Your Healthcare Partner*

Surgery

Anticipating a medical procedure can be an apprehensive time for you and your family. You are faced with many questions and decisions about your health care. For that reasons, we have developed this section of “It’s About Your Health” to answer some questions you may have about surgery.

Glossary of Terms

We want you to understand the medical terms you may hear during your hospital visit.

Pre-op Exam:

Blood Tests—A sample of your blood is taken to provide information about your blood and body chemistry.

ECG or EKG (*Electrocardiogram*) — Records how heart functions.

Urinalysis (analysis of your urine) — Gives information about your kidneys and bladder.

Chest x-ray — Shows an image of your lung.

Operating Room:

A **surgeon** is the specially-trained physician who is responsible for your overall care and leads your surgical team.

A **surgical assistant** helps on many major surgeries.

An **anesthesiologist** or **nurse anesthetist** provides anesthesia or medication and monitors your vital signs.

A **scrub nurse** or **surgical technologist** sets up instruments and assists the surgeon.

A **circulating nurse** prepares the operating room and makes sure sterile methods are followed and helps the other team members.

An **IV** is an **intravenous** line that is used to provide fluids to your body or give you medication or blood.

Monitors show your vital signs including your blood pressure, heart rate and heart rhythm. A pulse oximeter is placed on your finger to monitor your blood oxygen level.

PACU (Post Anesthesia Care Unit)

This is where you will be taken after your surgery to “wake up.” There will be bright lights and a nurse will be checking your dressing and vital signs. You may have an IV and be connected to a monitor. If you have any pain you should tell the nurse, and you will be given medication.

Inpatients are admitted to a hospital room after they leave the PACU.

Outpatients are taken back to the Day Surgery Unit (DSU) until they are ready to go home.

Getting Ready

The day before surgery

Do not eat or drink anything (including water, coffee, all liquids, gum, candy, mints, chewing tobacco) for at least 8 hours before your scheduled surgery time unless otherwise directed by your physician. This will help keep you from vomiting and breathing stomach contents into your lungs during surgery. You may brush your teeth, but do not swallow any liquid. If you do eat or drink after midnight, your surgery may be cancelled.

The day of surgery

Do take a bath or shower the morning of surgery and wear loose-fitting clothes. Call your physician's office before your surgery if you develop symptoms of a cold or any other medical problem. Your physician will decide if your symptoms may interfere with your having surgery.

Do bring your health insurance card with you and be prepared to pay your deductible and co-payment at this time. If you have questions about your deductible or co-pay, call your insurance company before your surgery date.

Do bring a copy of your living will and health care power of attorney if you have prepared them.

Do take the medications instructed by the pre-op nurse with a small sip of water.

Do not wear cosmetics (mascara, lipstick, powder, blush, etc.). Also, do not wear jewelry to the hospital, including all rings, watches, earrings, hair clips, body piercing, etc. – or they will need to be removed before surgery. We cannot be held responsible for those belongings.

Do not wear contact lenses. If you do, bring a lens case along to store the contacts which will be removed prior to surgery. If you wear eyeglasses, bring a case for storing them during surgery.

Do not bring a large suitcase. Have your family or a friend bring your personal items to you after your surgery.

Your belongings (clothes and valuables) will be stored in a safe location while you are in surgery. But please do not wear jewelry to the hospital, including all rings, watches, earrings, hair clips, body piercing, etc. – they will need to be removed before surgery. We cannot be held responsible for those belongings.

A family member or friend is welcome to stay with you in the pre-operative holding area. This area is small and furnished with medical equipment and can be an uncomfortable place for young children. Please make outside arrangements for the care of small children.

Your comfort is important to all members of the medical/nursing team. To achieve your acceptable level of comfort, you will be taught to use the Pain Scale. (Please see Pages 33–35 in this handbook.) The scale will be used by you and the staff as a tool by which to assess your level of pain and to measure the effectiveness of any treatment used to lessen the intensity of your pain. Pain is not the same for all patients and affects each person differently. Therefore, it is important that you take an active role in your pain management by keeping the staff informed of your comfort level while in the hospital.

Surgery

In the operating room

In the operating room, you will be helped to a surgery bed. This room may seem cold to you and, if so, the nurse will cover you with a warm blanket.

The surgical team will place electrocardiogram pads, a blood pressure cuff and an oxygen monitor on you.

Be assured that the operating room nurses and anesthesiologist will be with you throughout the entire surgery. When your surgical procedure is completed, you will be taken to a post-anesthesia recovery area.

Recovery

You will be in the Post-Anesthesia Care Unit (PACU) for approximately 30 to 2 hours after your surgery is completed.

A nurse will remain with you in PACU and will check your blood pressure, pulse and respirations frequently — once every 5 to 15 minutes. You may be placed on an EG monitor and have an IV in your arm. This is routine and helps to monitor your smooth recovery.

A nurse will give you simple commands to assess your level of awareness. The nurse will also ask you to take deep breaths and to move your legs. These activities will help to decrease the time you spend in PACU. The PACU nurse will be assessing your pain and/or discomfort, and will work with your anesthesiologist and surgeon to make you comfortable. The 0-10 pain scale will be used as a tool to assess your comfort level and to evaluate the effectiveness of your treatment.

Discharge

Discharge from surgery (outpatient)

Before you leave, you will receive written discharge instructions from the nurses at the direction of your physician.

Please make arrangements for someone to drive you home after your surgery and to stay with you for at least 24 hours unless your physician requires a longer time. A bus or cab is not acceptable unless an adult is with you. You cannot drive for 24 hours after your procedure. Your surgery may be cancelled if these arrangements have not been made.



*When you leave the hospital,
a staff member or volunteer
will take you to your car in a wheelchair.
Since you will not be allowed to drive,
please make certain an adult friend or
family member can take you home.*

Discharge from surgery (inpatient)

You will be assigned to a hospital room if you are being admitted to the hospital after surgery. During certain times, there may be delays in room assignments for a variety of reasons. This could cause a longer stay in PCAU. Your visitors will be kept informed as much as possible and patience is asked during these times.

Your recovery room transporter or nurse will take you to your room and will contact the surgery waiting area so your visitors may accompany you or meet you in your room.

After you are in your hospital room, please let your nurse know if you have any pain. (See the “Pain” section of this handbook.) The nurse will give you medication according to your physician’s orders. Although you may feel thirsty following your surgery, your doctor will decide when you may start taking liquids and food.



Depending upon your type of surgery, your doctor may order certain exercises for you which usually include deep breathing, coughing, movement of legs, and walking. These exercises will allow you to recover more quickly and without complications.

After you are home, you will receive a phone call or a pre-addressed form asking you to tell us about the care you received.

We are interested in you and would like to hear your comments about your experiences at our hospital.



Recovery at home

When you go home, make sure that you follow the discharge guidelines that your doctor or nurse has given you. If you have any questions, be sure to ask them before you leave the hospital.

Coping with pain: You may be given pain medication in the hospital or be sent home with a prescription. If you have pain, be sure to take your medication as prescribed.

Cough and deep breathe: You may be asked to cough and deep breathe in the recovery room and while at home. This is necessary to clear your lungs and prevent pneumonia. If you have an incision, hold a pillow over it when you cough.

Walking: Walking helps your blood flow to improve and helps your body functions get back to normal. Be sure to have assistance the first time you get up out of bed.

Food: It may be hard to digest food after your surgery. You may have been given an IV for nutrition while in the hospital. Your doctor will tell you when you may resume eating. You will typically start with liquids and slowly progress to solid foods.

Follow-up: Be certain you go to your post-operative appointment with your doctor.

Going Home After Abdominal Surgery

You are being discharged home after having abdominal surgery. There are a few things that you need to remember in order to heal properly. If you have any questions or concerns, you should call your surgeon immediately.

Pain

- It is not uncommon to have pain after you go home.
- You will be given a prescription for pain medication. You should take the medication as prescribed. Do not wait until the pain becomes unbearable before taking your pain medication because then it will be harder to control.
- While you are on pain medication, you should avoid drinking alcohol because it may cause dizziness, slow your breathing, or cause a fatal interaction. You also should avoid driving while on pain medication because it may cause drowsiness.
- Sometimes, pain medication can cause constipation, so drink plenty of water.
- When you need to cough, you should splint your stomach with a pillow. Don't hold the cough back because it could lead to pneumonia.
- You should call your doctor if the pain medication is not working; you feel too sleepy, dizzy, or groggy; you are having nausea, vomiting, or an allergic skin reaction (such as itching or rash).

Wound Care

- You may remove your dressing (unless otherwise directed by your doctor).
- You may have staples or sutures that will remain until you see your doctor for follow-up.
- You may shower; however, no tub bathing, swimming, or getting in the hot tub because infection could set in.
- During your shower, you should squeeze soapy water onto the incision site(s), but don't rub it, then rinse well with clean water. When you get out of the shower, pat the incision dry (again, don't rub it).
- Wear loose-fitting clothing so as not to rub the incision(s).
- If there are steri-strips (they look like white pieces of tape), don't take them off, they will fall off on their own.
- You may have a little bit of oozing from your incision(s). If it is clear, pinkish, or dark reddish, that's okay. If it is thick, colorful, and smells bad, you could have an infection and should call your doctor right away. If it is bright red blood, apply some pressure with a clean cloth and call your doctor right away.

Diet

- Your doctor will tell you what kind of diet to follow. Usually, you should start on a liquid diet and slowly add regular foods.
- Try easily digested foods (such as soups, gelatin, crackers, toast). Avoid fatty foods because they are harder to digest.
- Eat small, frequent meals instead of large meals.
- Eat a well-balanced diet because good nutrition speeds up the healing process.
- Eat only what you want, don't force yourself to eat.
- Drink plenty of fluids, especially water, to avoid dehydration and constipation.
- Call your doctor if you are nauseated, vomiting, or have diarrhea.

Activity

- It is not unusual for you to feel tired after surgery. However, you should try to keep active. Each day you should be able to do more than the day before.
- Walk frequently.
- Get plenty of rest.
- Avoid heavy lifting (nothing heavier than 10 pounds or a gallon of milk), pushing or pulling, and housework (vacuuming, mowing the lawn, lifting laundry baskets).
- Avoid driving until cleared by the doctor.
- Your doctor will tell you when you can return to work.

Signs and Symptoms of Wound Infection

Signs and symptoms of wound infection include :

- Fever/chills.
- Redness, swelling, warmth at incision site(s).
- Thick, yellow or green drainage that may or may not have a foul odor.
- Call your doctor immediately if you develop any of these symptoms. (See the Wound Care section in this handbook for more information.)

Follow-up Care

- It is very important that you make an appointment to see your doctor as ordered and keep that appointment.
- At that time, your doctor will examine your incision site(s), remove any staples or sutures that you may still have, and determine if you are ready to return to work.
- If you are having problems, call your doctor—don't wait for your appointment.

When should you call your doctor?

- If your pain is not relieved by your pain medication.
- If you are having an allergic reaction (itching or rash) to the medications prescribed.
- If you have nausea, vomiting, diarrhea, or constipation.
- If you have fever or chills.
- If you have redness, warmth, or swelling at the incision site(s).
- If you have thick, yellow or green drainage at the incision site(s) that may or may not have a foul odor.
- If you have bright red blood at the incision site(s).
- If you feel you are having problems.



***Casa Grande Regional Medical Center
hopes you have a safe and healthy recovery.***

Wound Care

What to do if you have a wound with a dressing

- Follow your physician's orders on how to care for your wound.
- If you are placed on antibiotics, finish taking the prescription until all pills are gone.
- Report any signs of infection such as odor, odd color drainage, increased pain or tenderness, redness, fever, or heat at the sight.
- Remember to remove dressing carefully as not to rip the skin.
- Wash your hands thoroughly and frequently throughout the day especially when care for your wound or dressing.
- Dispose of dressing material in an appropriate waste container.
- Clean any area that might have been touched by the dressing with an antiseptic cleaner.
- Do not share towels.
- Change sheets regularly.
- Call your physician for any questions or concerns. Or call the Wound Center at (520) 381-6150.



*If you have been diagnosed with MRSA,
please see the MRSA section in this booklet.*

MRSA Infections

Methicillin-Resistant Staphylococcus Aureus

What is MRSA and why is it so serious?

Staphylococcus aureus or “staph” bacteria commonly live on the skin and in the nose. Usually staph bacteria don’t cause any harm. However, if they get inside the body they can cause an infection. When common antibiotics don’t kill the staph bacteria, it means the bacteria have become resistant to those antibiotics. This type of staph is called MRSA (Methicillin-Resistant Staphylococcus aureus).

MRSA was first identified in the 1960’s and was mainly found in hospitals and nursing homes. In the late 1990’s a new type of MRSA was identified. This type of MRSA is becoming more common among children and adults who do not have medical conditions.

What does MRSA look like?

Most often MRSA causes skin infections. These infections may look like any one of the following:

- Large, red, painful bumps under the skin (called boils or abscesses)
- A cut that is swollen, hot and filled with pus
- Blisters filled with pus (called impetigo)
- Sores that look and feel like spider bites (However, MRSA is not caused by a spider bit or any other insect bite.)

It is also possible to have MRSA in other areas of the body, such as blood, lungs, joints, eyes, and urine. These types of infections are less common, although they can be more serious. Because skin infections are the most common, we will focus on them.

How did I get MRSA?

Anyone can get MRSA. You can get MRSA by touching someone or something that has the bacteria on it and then touching your skin or your nose.

Some ways that you could get MRSA:

- Touching the infected skin of someone who has MRSA
- Using personal items of someone who has MRSA, such as towels, wash cloths, clothes or athletic equipment
- Touching objects, such as public phones or door knobs, that have MRSA bacteria on the surface and then touching your nose or any open sore, paper cut, etc.

You may increase your chances of getting MRSA if:

- You take antibiotics a lot
- You take antibiotics without a prescription
- You don’ t follow your doctor’s directions when taking antibiotics (for example, you stop taking your antibiotics before finishing a prescription or you skip doses)
- You frequently get cuts or scrapes on your skin (Your skin serves as a barrier to infection. When the skin gets damaged, staph bacteria can enter and increase your risk for infection.)

How can I have MRSA?

There are two ways you can have MRSA:

1. YOU CAN HAVE AN ACTIVE INFECTION.

An active infection means you have symptoms. This is usually a boil, a sore, or an infected cut that is red, swollen or puss-filled.

2. YOU CAN BE A CARRIER.

If you are a carrier you do not have symptoms that you can see, but you still have MRSA bacteria living in your nose or on your skin and you can spread MRSA to others. If you are a carrier, your doctor may say that you are colonized. These words — “carrier” and “colonized” — mean the same thing.

Will I always have MRSA?

Many people with active infections are treated effectively, and no longer have MRSA. However, sometimes MRSA goes away after treatment and comes back several times. If MRSA infections keep coming back again and again, your doctor can help you figure out the reasons you keep getting them.

If I have MRSA, do I need to do anything special when I go to a clinic or hospital?

If you have ever had an active MRSA infection or you are a carrier, you should tell your healthcare providers. They will wash their hands and wear gloves when caring for you. They may also wear a gown over their clothes and may wear a mask.

If you are staying in a hospital or nursing home, a “Special Precautions” card may be put on the door of your room. This card alerts staff to use extra care to prevent the spread of MRSA. Your visitors may be instructed to avoid touching infected skin and to take other precautions such as wearing gloves or gowns when visiting you.

Is there a test for MRSA?

You would not usually be tested for MRSA unless you have an active infection. If you have a skin infection, your doctor may take a sample of the area to find out what bacteria is causing your infection. This is called taking a culture. The lab will then test the bacteria to find out which antibiotic is best for you.

If your MRSA infections keep coming back again and again, your doctor may test you and your family members to see if you are carriers. In this case, the doctor would take a culture from the nose or other areas where MRSA can be found.

How is MRSA treated?

MRSA should always be treated by a doctor. It is important to follow the instructions for treatment that your doctor give you.

If you have an active MRSA infection, your doctor may choose one or more of the following treatments:

1. Give antibiotics
2. Drain the infection
3. Reduce the amount of staph on your skin and in your nose



Give antibiotics

MRSA is resistant to many antibiotics so it can be difficult to treat. However, there are antibiotics that can treat MRSA and make the infection go away. Your doctor may culture your infection and have the lab test the bacteria to find out which antibiotic is best for you. If your doctor gives you antibiotics, take them exactly as prescribed. Do not stop early, even if you feel better or if your infection looks healed. The last few pills kill the toughest germs. Never take antibiotics without a prescription form your doctor.

***If your provider gives you antibiotics:
Take them exactly as prescribed.
Do not stop early, even if you feel better.
The last few pills kill the toughest germs.***

Drain the infection

Do not do this yourself.

It is very dangerous to squeeze or poke a skin infection because it can push the bacteria deeper into the skin and make the infection much worse.

Your doctor will open the sore and drain it. After the infection is drained, you must keep it covered with whatever the doctor orders.

Reduce the amount of staph

This may prevent the spread of MRSA if you have an active infection or if you are a carrier. To decrease the amount of staph on your body, your doctor may, for a short period of time:

- Tell you to shower daily with antibacterial soap
- Prescribe antibiotic ointment to put in your nose for several days
- Prescribe antibiotic pills (in some cases)

Contact your doctor if:

- You have any new symptoms during or after treatment for a MRSA skin infection such as a new fever or a fever that won't go away
- The infection gets worse
- The infection is not healing
- The infection comes back
- You have any questions

Things to remember about MRSA

MRSA can cause serious infections that can become life threatening if left untreated. If you or someone in your family has been diagnosed with MRSA, there are steps you should take to avoid spreading it to your family and friends.

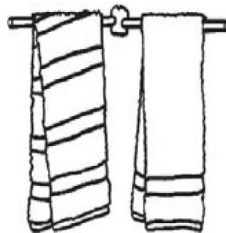
Follow the recommendations and practice good hygiene to take care of yourself. MRSA may cause physical pain and emotional stress, but keep in mind that it can be managed.

- Clean your hands often.
- Take care of yourself: eat right, exercise, quit smoking, and avoid stress.
- Take good care of your skin.
- Keep skin infections covered to avoid spreading MRSA to others.
- Talk with your doctor if you have questions or concerns.

What can I do to prevent spreading my infection to others?

- Clean your hands often with soap and water or an alcohol-based hand rub.
- Take a bath or shower often, be sure to use soap to clean your body while showering or bathing.
- Wash your sheets and towels at least once a week.
- Change your clothes daily and wash them before wearing again.
- Do not share towels, wash cloths, razors, or other personal items.
- If you get a cut or scrape on your skin, clean it with soap and water and then cover it with a bandage.
- Do not touch sores. If you do touch a sore, clean your hands right away.
- Cover any infected sores with a bandage and clean your hands right away after putting on the bandage.
- Wear clothes that cover your bandages and sores, if possible.
- Clean frequently-used areas of your home (bathrooms, countertops, etc.) daily with a household cleaner.
- Do not participate in contact sports until your sores have healed.
- Do not go to a public gym, sauna, hot tub or pool until sores have healed.

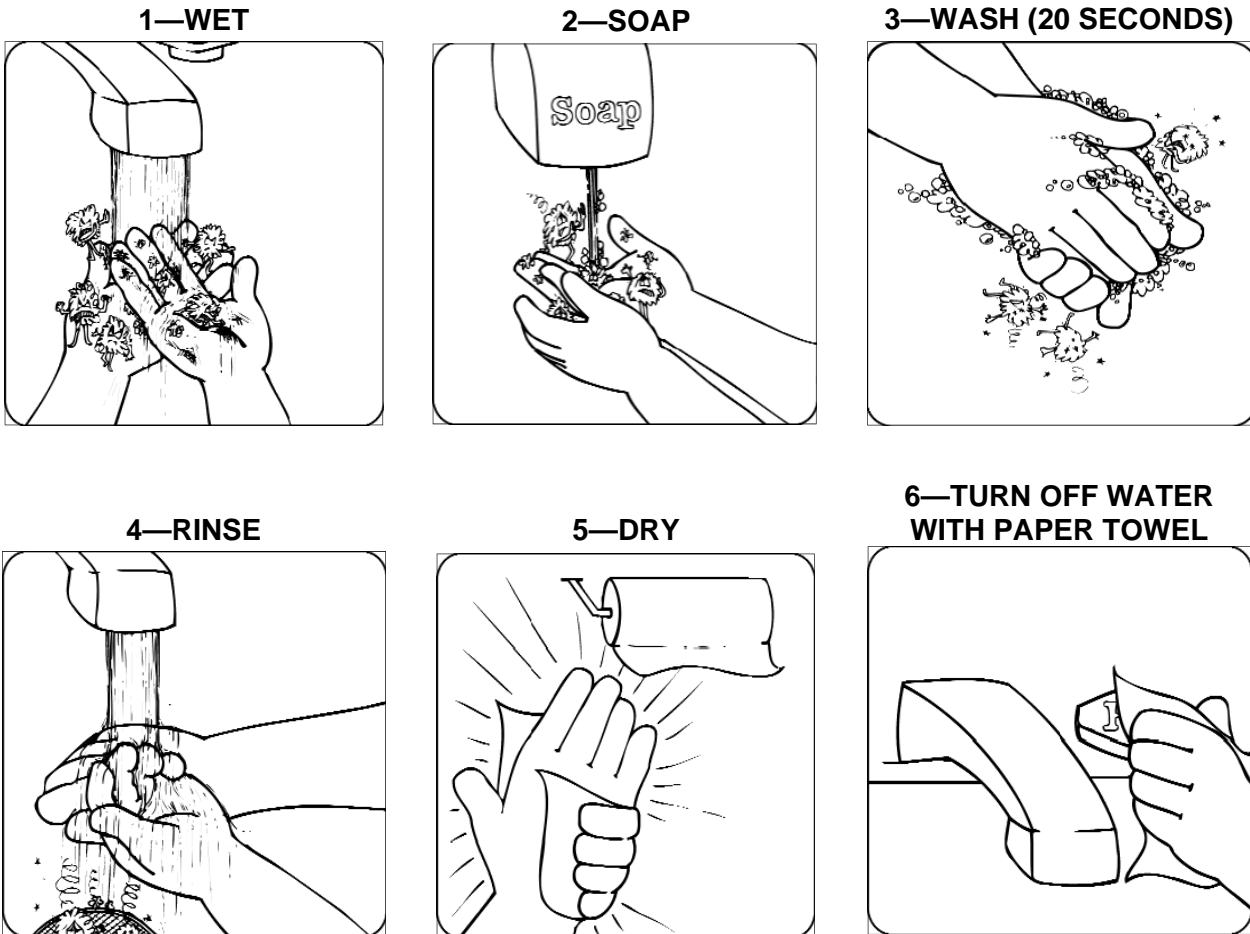
Don't share any towels.
Use a special towel. Mark it or keep it in a separate
place so others won't use it.



Washing Your Hands

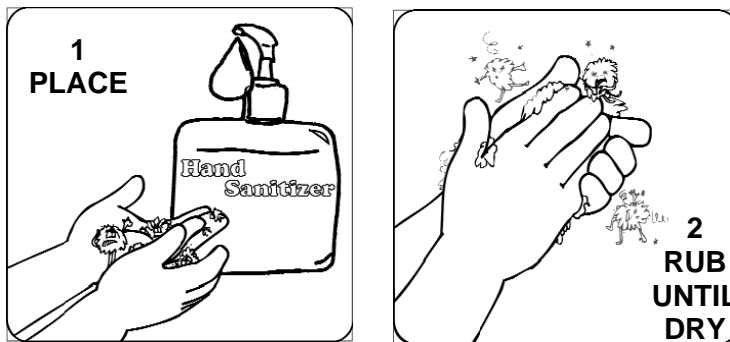
Does it matter how I wash my hands?

Yes! You have to rub your hands for at least 20 seconds to get rid of the bacteria.



How do I clean my hands with alcohol-based hand rub?

Use enough to cover all the surfaces of your hands.



Do I need to be careful when I do laundry?

Yes. Dirty clothes and bedding can spread MRSA bacteria.

- When touching your laundry or changing your sheets, hold the dirty laundry away from your body and clothes to prevent bacteria from getting on your clothes.
- Wear disposable gloves to touch laundry that is soiled with body fluids, like drainage from a sore, urine or feces.
- Immediately put the laundry into the washer or into a plastic bag until it can be washed.
- Wash your laundry with warm or hot water, use bleach if possible.
- Dry in a warm or hot dryer and make sure the clothes are completely dry.
- Clean your hands after touching dirty sheets or clothing and before touching clean laundry, even if you have been wearing gloves.
- Throw gloves away after taking them off (do not reuse them) and clean your hands.

How often should I change clothes and bedding?

- Change your sheets and towels at least once a week.
- Change your clothes daily.
- Do not put dirty clothes or clothes you have just worn back in your closet or drawers until they have been washed.



What about cleaning my house?

- Use a household disinfectant or bleach solution to clean surfaces daily.
- Pay attention to items that are frequently touched — light switches, door knobs, phones, toilets, sinks, tubs and showers, and kitchen counters.
- Wipe the surface or object with the disinfectant and let it dry.

Disinfectants to use:

- You can use any cleaner you buy at the grocery store that has the word “disinfectant” on it. Remember to read the label and follow the directions.
- Make your own solution of bleach and water:
- Mix two teaspoons bleach into one quart of water in a spray bottle and label it “bleach solution”.
- Make it fresh each time you plan to clean because the bleach evaporates out of the water making it less effective.
- Never mix bleach with other cleaners, especially ammonia.
- Keep the bleach solution away from children and don’t put it in bottles that could be mistaken for something to drink.



How often should I clean?

It is important that you clean daily, especially items or surfaces you touch often.

Changing Bandages

How do I change my bandages?



1—Wash and dry your hands well.



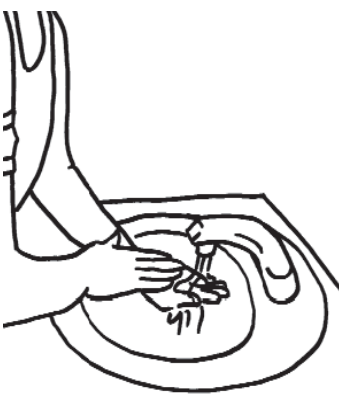
2—Put on disposable gloves.



3—Remove the old bandage.



4—Put the old bandage in a plastic bag. Take off the **gloves and put them in the plastic bag, too.**



5—Wash and dry your hands well.



6—Put on a new, clean pair of gloves.



7—Apply the new bandage. If you have a draining sore, put on extra dressings to keep the drainage from leaking through.



8—Take off the gloves and put them in the plastic bag. Seal or tie the bag and throw it away in the regular trash.



9—Clean your hands with soap and water and dry well.

Pain — Speak ^{UP}

There are many different causes and kinds of pain. Pain can be caused by injury, illness, sickness, disease or surgery. Treating pain is the responsibility of your doctor, nurse and other caregivers. You can help them by asking questions and finding out more about how to relieve your pain.

What questions should I ask my healthcare providers?

- What pain medicine is being ordered or given to me?
- What are the doses and times that the medicine needs to be taken?
- How often should I take the medicine?
- How long will I need to take the pain medicine?
- Can I take the pain medicine with food?
- Can I take the pain medicine with my other medicines?
- Should I avoid drinking alcohol while taking the pain medicine?
- What are the side effects of the pain medicine?
- What should I do if the medicine makes me sick to my stomach?
- What can I do if the pain medicine is not working?
- What else can I do to help treat my pain?

What should I tell the doctors and nurses about my pain?

Your doctor or nurse will ask you to describe how bad your pain is on a scale of 0 (zero) to 10 with 10 being the worst pain. They may use other pain scales that use words, colors, faces or pictures. Tell them where and when it hurts. Tell them if you can't sleep or do things like dressing or climbing stairs because of pain. The more they know about your pain the better they can treat it. The following words can be used to describe your pain:

- | | | |
|------------------|-------------|-------------|
| • Aching | • Dull | • Sharp |
| • Bloating | • Numbing | • Shooting |
| • Burning | • Pressing | • Soreness |
| • Cramping | • Pressure | • Stabbing |
| • Comes and goes | • Pulling | • Throbbing |
| • Constant | • Radiating | • Tightness |
| • Cutting | • Searing | |

What are some of the medications used to treat pain?

Some pain medications are: acetaminophen, aspirin, ibuprofen, naproxen and opioids. Opioids include morphine, oxycodone, and hydromorphone. Many of these medicines come in pills, liquids, suppositories, and skin patches. Some pain may be treated with medicines that are not usually thought of as pain relievers, for example, antidepressants.

What are some of the side effects of pain medications?

It depends on the medicine. Side effects can include constipation, nausea, vomiting, itching, and sleepiness.

Why doesn't pain medication work after I take it for a long time?

This is called "tolerance." It means that after awhile your body gets used to the medicine and you need to make a change to get pain relief. It's also possible that the condition causing your pain is getting worse or you have a new type of pain. You may need more medicine or a different kind of medicine to control your pain. Tell your doctor or nurse about your fears.

Can I crush pills if I can't swallow them?

Check with your doctor, nurse or pharmacist. Some medicines can be crushed and some cannot. For example, time-release medicines should not be crushed. Ask your doctor or nurse if the medicine comes in a liquid or can be given another way.

Will I become addicted to pain medicine?

This is a common concern. Studies show that addiction is unlikely. This is especially true if the patient has never been addicted. Talk to your doctor or nurse about your fears.

What are some other ideas for relieving pain?

These can work along with your pain medication or on their own:

- Reposition
- Ice packs or warm packs
- Relaxation techniques (meditation/prayer, soft lighting, quiet music, focus breathing)
- Distraction—reading, television
- Acupuncture, which uses small needles to block pain
- Taking your mind off the pain with movies, games, and conversation
- Electrical nerve stimulation, which uses small jolts of electricity to block pain
- Physical therapy
- Hypnosis
- Massage
- Exercise

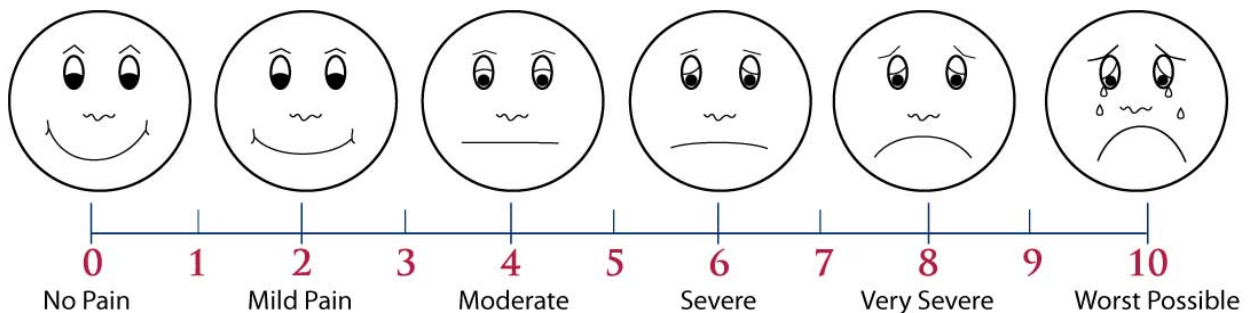


Pain Management in the Hospital

While you are in the hospital, we would like to help keep you as comfortable as possible. To do this, there are a few things you need to know so we can work as a team and meet this goal.

How can I describe my pain?

- **A scale of 1 to 10 is used.**
Pick the level that you feel fits how you are feeling.
- We will ask you to pick a level on the Comfort score using the same scale as the Pain scale. This is the level of pain that would be tolerable without treatment by your medical team.
- We will try to keep you around or below this level.
- Our goal is to keep you as comfortable as possible. If you have had surgery, suffer from chronic pain, or broke a bone, we may not be able to totally relieve your pain. The goal would be to keep you comfortable enough to live with it.
- You will be evaluated on a regular basis about your pain/comfort.
- Please talk with your nurse if you feel your pain is not being relieved effectively. The nurse will discuss it with your physician and look at other options that will help meet your needs.



Medication Management

Taking medicine may be new to you and there may be a lot to remember. For example, why are you taking it? What time should you take it? How often do you take it and how many pills do you take?

It's very important to take medicine the right way — just as your doctor tells you.

If you don't follow your doctor's directions, what could happen? First of all, if medicine isn't taken the right way, it may not work. It could also cause side effects that may be mild — or very harmful. Without knowing it, you could counteract one medicine by taking it with another. Not taken properly, medicine can also make you feel sick or dizzy.

How can I remember my medicine?

- Take it at the same time each day with meals or other daily events, like brushing your teeth.
- Use a weekly pill box with separate compartments for each day or time of day. Computerized pill boxes can alert you when it's time to take a pill or order refills.
- Ask family and friends to help remind you.
- Use a pill calendar or drug reminder chart.
- Leave notes to remind yourself.
- Try an email reminder or beeper service.
- Wear a wristwatch with an alarm.

What else should I know?

- Store your medicine the way your doctor or pharmacist tells you. Keep medicine in original containers, or label new containers.
- Keep track of what pills you can and can't take together, including over-the-counter medicines.
- Always get your prescriptions filled on time, so you don't run out.
- Try to see the same pharmacist each time.
- Don't take more of your medicine than the prescribed dose.
- Ask your doctor or pharmacist before buying a new over-the-counter medicine, such as an antihistamine or "cold tablets," to be sure they won't interfere with your prescribed medicine.
- Always check with your doctor before you stop taking a medicine.
- If you have any questions about your pills, make a note to remind yourself to ask your doctor or pharmacist.
- Tell your doctor if you have any side effects.
- Write down the names and doses of what you are taking. If you go to more than one doctor, take your updated medication list with you to each visit.
- Keep all medicines out of the reach of children.

What should I know about taking medicine?

- Your doctor may prescribe one or more drugs to bring your blood pressure down to normal.
- The medicines work in different ways to help lower blood pressure.
- Medicine only works when you take it regularly.
- Don't ever stop taking medicine on your own.
- Even after your blood pressure is lowered, you may still need to take medicine — perhaps over a lifetime — to keep your blood pressure normal.

How can I remember to take my medicine?

Sometimes it's hard to keep track of your medicine. But to be safe, you must take it properly. Here are some good ways:

- Take your medicine at the same time each day.
- Take medicine along with meals or other daily events, like brushing your teeth.
- Use a weekly pill box with separate compartments for each day or time of day.
- Ask family and friends to help remind you.
- Use a medicine calendar.
- Leave notes to remind yourself.

What types of drugs are there?

- **Diuretics** rid the body of excess sodium (salt) and water and help control blood pressure.
- **Beta Blockers** reduce the heart rate and the heart's output of blood, which lowers blood pressure.
- **Vasodilators, Ace Inhibitors** and **Calcium Channel Blockers** are drugs that relax and open up the narrowed blood vessels and lower blood pressure.

What are their side effects?

For many people, high blood pressure medicine is truly a blessing. It can be very effective in lowering your blood pressure, but some types may cause side effects. Tell your doctor if you have side effects, but don't stop taking your medicine on your own to avoid them. Here are some of the side effects that may occur:

- Weakness, tiredness or drowsiness
- Impotence
- Cold hands and feet
- Depression or sluggishness
- Trouble sleeping or nightmares
- Slow or fast heartbeat
- Skin rash
- Loss of taste or dry mouth
- Dry, constant cough, stuffy nose or asthma symptoms
- Ankle swelling, leg cramps or aches in the joints
- Headache, dizziness or swelling around the eyes
- Constipation or diarrhea
- Fever or anemia

How can I keep track of my medications?

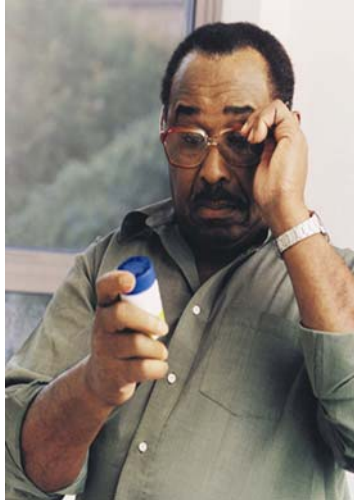
Write down all of the medicines you are taking, including over-the-counter medications such as vitamins, herbals and others.

Be sure to list all of your allergies.

Write down all changes made to your medicines on The Med Form. (see Page 66).

If you stop taking a certain medicine, draw a line through it and write the date it was stopped.

What should I do with my medications at home?



- Take only the medicine given to you by your doctor or pharmacist. Do not share other people's medicine.
 - Each time you take your medicine, read the label to make sure you are taking it correctly. If you have questions, call your doctor or pharmacist
 - Never take medicine in the dark.
 - Do not stop taking the medicine just because you feel better unless your doctor tells you to stop taking it.
 - Do not take your medicine out of one bottle and put it in another one.
 - Put all of your medicine in a place where children and pets cannot reach it.
-
- Take only the medicine given to you by your doctor or pharmacist. Do not share other people's medicine.
 - Each time you take your medicine, read the label to make sure you are taking it correctly. If you have questions, call your doctor or pharmacist
 - Never take medicine in the dark.
 - Do not stop taking the medicine just because you feel better unless your doctor tells you to stop taking it.
 - Do not take your medicine out of one bottle and put it in another one.
 - Put all of your medicine in a place where children and pets cannot reach it.
 - Keep your **Med Form** updated.
 - If you take medicine each day, using a compartmental medication box may be helpful.
 - Do not keep medicine in the car, by the stove, or in the bathroom, since heat and dampness can affect how it works.
 - Check the date on all medicine. Throw away all medicine if the date written on it has passed.
 - If you feel that any medicine is making you sick or causing you pain, call your doctor right away.



How can I help the hospital with my medications?



When you are admitted to the hospital, take your updated **Med Form**, or bring all of your medicines in the original bottles. Include over-the-counter medicines, vitamins, and herbals.

- Tell your doctor or nurse about any allergies or reactions that you have had to medicine in the past. Also, write these on the MED FORM.
- If you feel that any medicine is making you sick or causing you pain, tell the doctor or nurse right away.
- When you are being sent home from the hospital, ask your doctor or nurse to clearly tell you what medicines you should be taking, and how to take them. You will be given an updated MED FORM before you leave the hospital.

What should I tell my doctor?

- Always take your updated MED FORM when you visit your doctor. This will tell your doctor everything you are taking, including prescription medicines, over-the-counter medicine, and herbals.
- Tell your doctor about any allergies or reactions that you have had to medicine in the past.

How can my pharmacist help me?

Take new medicine prescriptions and refills to the same drugstore. The pharmacist then has a list of your medicines. He or she can make sure that all of the medicine works together and will not make you sick.

- If you use more than one drugstore, make sure each one has a list of all of your medicine.
- Ask the pharmacist the name of the medicine and how you should take it. Make sure that this information matches what your doctor told you.
- Make sure that any refill of the medicine is the same color, size, and shape. If there is any difference, ask why.
- If you have **ANY** questions about your medicine, ask your pharmacist.



What is the best way to get rid of unused medications?

In early 2007, U.S. government health and environment officials created new guidelines regarding the disposal of unused prescription medications. They suggest mixing the unused, unneeded, or expired drugs with undesirable substance, such as coffee grounds or cat litter; and tossing them in the garbage in nondescript containers. Disposing of medications in this way keeps drugs out of the hands of potential abusers, as prescription drug abuse is on the rise among teens and young adults.

According to officials, the new method of disposal also protects lakes and streams from contamination. The U.S. Geological Survey claims such drugs as antidepressants may currently be affecting aquatic life.

The contamination from these medications could also pose a risk to humans. Today's water treatment plants are not fully designed to deal with disposed drugs and therefore, the long-term health risks from consuming even the smallest amount of drinking water that may contain certain medications is still unknown. The new guidelines state that drugs should not be flushed down the toilet unless the label says it is safe to do so.

Medications shouldn't be tossed down the sink drain either. In fact, if your home has a septic system, the outcome could be far worse as the contaminated water could run into a nearby lake or stream or even onto your own property where it could eventually reach pets and livestock.



Many pharmacies now collect unused medications and properly dispose of them. Or they can guide you as to the best method of disposal for a particular medication. If you are going to dispose of them yourself, the American Pharmacists Association (APhA) suggest:

- Crushing solid pills or dissolving them in water before mixing them in kitty litter or sawdust or any material that absorbs liquid. Medications already in liquid form should be poured into these materials as well. This makes them less desirable for children and pets.
- Placing the kitty litter or whatever material you used into a plastic bag and sealing it before tossing it into the trash.
- Removing and destroying the prescription label with all of your identifying personal information before throwing out the medications' bottle.
- Checking for local and state approved collection programs or contacting the hazardous waste facility in your area for disposal information. Many municipalities now have drop-off sites where medications are incinerated.

If you're not sure what the best method of disposal is for a certain drug, contact your pharmacist.

How do I properly dispose of sharps?

The Casa Grande landfill does not accept diabetic lancettes/sharps.



Do not dispose in normal trash.

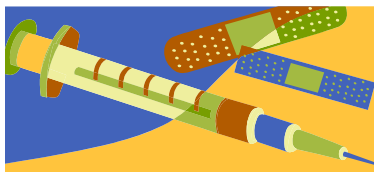
Healthcare Medical Waste Service offers
FREE home use sharps drop-off.

When?

**The last Wednesday of every month
between 12:00 Noon and 3:00 PM.**

Sharps must be contained in puncture-proof containers.

**Healthcare Medical Waste Services
1305 N. VIP Boulevard
Casa Grande, AZ
(520) 316-9207**



Smoking Cessation

Why should I quit smoking?

Smoking cigarettes tops the list of major risk factors of our number one killer — heart and blood vessel disease. In fact, almost one-fifth of deaths from heart disease are caused by smoking. The long list of diseases and deaths due to smoking is frightening. Smoking also harms thousands of nonsmokers who are exposed to cigarette smoke, including infants and children.

If you smoke, you have good reason to worry about its effect on your health, your loved ones and others. You could become one of the more than 430,000 deaths smoking causes every year. When you quit, you reduce that risk tremendously!



Is it too late to quit?

No matter how much or how long you've smoked, when you quit smoking, your risk of heart disease and stroke starts to drop. In time your risk will be about the same as if you'd never smoked.

How do I quit?

Step One

- List your reasons to quit and read them several times a day.
- Wrap your cigarette pack with paper and rubber bands. Each time you smoke, write down the time of day, how you feel, and how important that cigarette is to you on a scale of 1 to 5.
- Rewrap the pack.

Step Two

- Keep reading your list of reasons and add to it if you can.
- Don't carry matches, and keep your cigarettes out of easy reach.
- Each day, try to smoke fewer cigarettes, and try not to smoke the ones that aren't most important.

Step Three

- Continue with Step Two. Set a target date to quit.
- Don't buy a new pack until you finish the one you're smoking.

- Change brands twice during the week, each time for a brand lower in tar and nicotine.
- Try to stop for 48 hours at one time.

Step Four

- Quit smoking completely. Throw out all cigarettes and matches. Hide lighters and ashtrays.
- Stay busy! Go to the movies, exercise, take long walks, go bike riding.
- Avoid situations and "triggers" you relate with smoking.
- Find healthy substitutes for smoking. Carry sugarless gum or artificially sweetened mints. Munch carrots or celery sticks. Try doing crafts or other things with your hands.
- Do deep breathing exercises when you get the urge.

What if I smoke after quitting?

It's hard to stay a nonsmoker once you've had a cigarette, so do everything you can to avoid that "one." The urge to smoke will pass. The first 2 to 5 minutes will be the toughest. If you do smoke after quitting:

- This doesn't mean you're a smoker again — do something now to get back on track.
- Don't punish or blame yourself — tell yourself you're still a nonsmoker.
- Think about why you smoked and decide what to do the next time it comes up.
- Sign a contract to stay a nonsmoker.

What happens after I quit?

- Your senses of smell and taste come back.
- Smoker's cough goes away.
- You will digest more normally.
- You feel alive and full of energy.
- You breathe much easier.
- It's easier to climb stairs.
- You're free from the mess, smell and burns in clothing.
- You feel free of "needing" cigarettes.
- You'll live longer and have less chance of heart disease, stroke, lung disease and cancer.

How can I cope with the urge?

- Write down the reasons why you quit and look at the list often.
- Don't talk yourself into smoking again. When you feel an urge to have "just one," stop yourself. Think of what triggered you, and find a different way to handle it. For example, if you feel nervous and think you need a cigarette, realize that you could take a walk to calm down instead.
- Be prepared for times when you'll get the urge. If you smoke when drinking, cut down on alcohol so you don't weaken your promise to yourself.
- Change your habits. Instead of having a cigarette after dinner, brush your teeth or walk the dog.
- Go where smoking isn't allowed. In restaurants, ask to be seated in the nonsmoking section.
- Stick around people who don't smoke. Ask for support and find a buddy you can call when you feel weak. Tell others they can help you by not giving you a cigarette and by being supportive.
- Reward yourself each time you get through a day or week without smoking. Treat yourself to a movie or figure out how much money you've saved and buy yourself something special.

How can I relax?

- Try deep breathing. Take a long, deep breath, count to 10 and release it. Repeat five times and you'll feel much more relaxed.
- Allow 20 minutes a day to let go of tension this way: Close your eyes, relax your muscles and think hard about one word, like "calm." Say it until you reach a state of relaxation.
- Think positive thoughts! Focus on how great it is that you've stopped smoking, how food tastes better and how nice it is not to wake up coughing. Remind yourself how smoking stinks, stains your teeth and gives you bad breath.
- Listen to relaxation audiotapes.

Blood Thinners and Falling

Your healthcare provider may start you on a medicine known as an anticoagulant to help reduce the chance of a blood clot. Anticoagulants are sometimes called blood thinners. The most common places for blood clots to form are in your legs, your lungs, or your heart. Blood clots can travel through your blood stream to other places your body, such as your brain or heart. A blood clot to your brain can cause a stroke, and a clot that blocks blood flow to the heart can cause a heart attack.

Heparin and Warfarin (Coumadin) are common anticoagulant medicines. Clopidogrel (Plavix) and aspirin are anti-platelet medicines, another kind of blood thinner.

What are platelets?

Platelets help your blood to clot. If the platelets are too active, this can lead to a heart attack or stroke, as described above. When you are on blood thinners, your health care provider will monitor the time it takes your blood to clot. These tests are very important to minimize the most common side effects of bruising and bleeding that can occur from taking an anticoagulant or anti-platelet medicine.

When you start on blood thinners, your healthcare provider will warn you about bruising if you bump yourself or bleeding gums when brushing your teeth. Another concern is about what happens when you fall.

What are the results of a fall?

When you fall, you may hit objects on the way down such as furniture, doorways, etc. Every part of your body that hits something when you fall may experience bleeding. Being on a blood thinner can worsen the effects of a fall, causing bleeding or even a bone fracture. Bleeding can be life-threatening, which is important to remember when you experience any fall. When you are taking blood thinners, bleeding may be more extensive and/or last a long time. This can lead to changes in your body systems including your blood pressure, pulse and breathing. This happens because your blood will be leaking outside of the arteries and veins, and bleeding into your body tissues.



What should I do if I fall?

Here are some tips to protect your life and health by knowing what to do if you happen to fall.

Not Bleeding

- If you fall and you are not obviously bleeding, notify your primary healthcare provider.
- Tell your provider about the fall and the name of the anticoagulant or anti-platelet medication you are taking. You must let your provider know that you fell. The only way that your healthcare provider can help you is for you to report your fall.
- Remember, just because you don't see any bleeding you could be bleeding into your body tissues and you need to monitor the area of the body impacted by the fall.
- Mark that part of the body by putting a circle around the area.
- To monitor the speed of bleeding into your tissues, check the sites every 3-5 minutes, and mark new circles where the bruising has expanded.
- If you find that your bruising continues to increase in size, either go to an Emergency Room or call; 911 for help.

Actively Bleeding

- If you fall and are actively bleeding, apply pressure directly to the site that is bleeding, and either call 911 or ask a family member to call.
- Do not wait to call. If you think that the bleeding is not enough to call 911, call your local Emergency Room, and ask the nurse what to do.
- Whatever your decision, your first action is to call for medical help.
- Do not delay. Emergency responders can quickly get you into a healthcare system that can administer medications to control bleeding that may protect your life.

How can I protect myself in all situations?

These simple steps may protect your life:

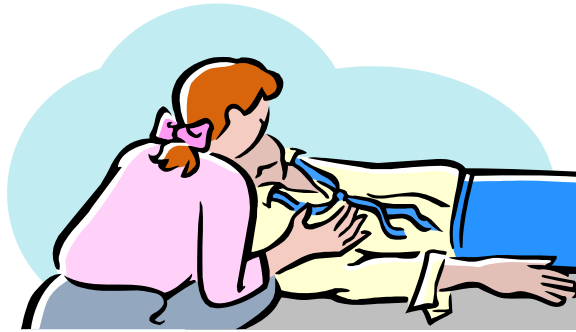
- Wear a medical alert at all times that indicates you are taking anticoagulant or anti-platelet medicine.
- Carry your MED LIST, a list of your current medications (prescribed and over-the-counter) when you are out of the house. You could keep a copy of this list in your wallet or purse. Make sure this list is the same as the one you keep in your home for emergency personnel.
- On your medication list, include the name and phone number of your healthcare provider, in case a stranger or emergency paramedic needs to call them.
- If you require a mobility aid (such as a cane or walker) for safe transfers and/or walking, be sure to use your mobility aids as prescribed. These devices are prescribed to help you walk safely.
- Treat all falls as serious. Call your healthcare provider and report your fall, even if you think that you were not hurt.
- If you are on an anticoagulant, call your healthcare provider before taking any drug for pain to check on possible increased effects on bleeding.

What can family members do?

Family members can do the following if a person taking blood thinners falls:

Check for injury and bleeding. **DO NOT** get the person up until you are certain there is no serious injury or bleeding.

- Are they breathing?
If not, call 911 and start CPR.
- Are they bleeding?
If yes, put pressure on the site of the bleeding, call 911 and inform them that the person takes an anticoagulant or anti-platelet medication.
- Did they lose consciousness? Are they more confused?
 - If yes, call 911. If the person is confused, talk to them and orient them to the situation.
- Where do they hurt?
 - Ask the person if they have pain anywhere. Look for any obvious fractures. Do NOT get the person up. Call 911 for help.



Do NOT attempt to lift the person by yourself. Trying to lift a person can injure both of you.

Reassure the person. They may be confused, frightened, and embarrassed. If possible, provide a calm environment, cover them with a blanket, and stay until help arrives.

Ask for details about the fall, and get as much information as possible from any witnesses.

Ask the person how long they have been taking blood thinners, what kind, and the last time they took their medication.

As soon as possible, notify the person's healthcare provider about the fall. A fall can be a symptom of serious problems. Most falls can be prevented.

Coumadin Therapy

Your doctor has started you on the medication Coumadin (Warfarin) for anticoagulation therapy. Patients who are on Coumadin (Warfarin) must be watched closely. The goal of anticoagulation therapy with Coumadin (Warfarin) is to decrease the clotting ability of your blood so that blood clots are prevented. The most important aspect of Coumadin therapy is to keep your levels within a therapeutic range, so you will need to have your blood drawn often. If your level goes too low, you are at risk for blood clots. If it goes too high, you are at risk for bleeding. Many factors can affect your level. In order to provide you with the safest and most effective therapy, your healthcare provider needs you to act as a partner in your care. Your role is to gain the necessary knowledge about your Warfarin therapy and the factors that affect it, and then apply this knowledge to your daily activities. The purpose of this book is to empower you with that knowledge. If you have any questions or concerns about your

What is Coumadin (Warfarin)?

Coumadin (Warfarin) is an anticoagulant. *Anti* means against, and *coagulant* refers to blood clotting. Coumadin reduces the body's ability to make blood clots. Your healthcare provider wants you to take Coumadin because your body may make clots that you don't need. These clots can cause a serious medical problem. A clot can move to another part of your body. For example, if a clot moves to your brain, it can cause a stroke.

The most common reasons for taking Coumadin (Warfarin) include:

- *Deep Vein Thrombosis* (DVT): This is a blood clot that occurs in a deep vein. They most often occur in the legs, but can occur in other parts of your body as well.
- *Pulmonary Embolus* (PE): This is a blood clot in the lung. Most often the blood clot starts in the leg, breaks off, and travels to the lung.
- *Atrial Fibrillation* or *atrial flutter*: These are irregular heart rhythms that occur in the upper chambers of the heart (the atria). The atria do not empty all of the blood, which can cause the leftover blood to form clots. If a clot goes into your circulation, it can cause a stroke.
- *Mechanical heart valve replacement*: Blood clots can form on the mechanical heart valve. If a clot forms on the valve, it can prevent the valve from functioning, or if the clot breaks off into your circulation, it can cause a stroke. People with mechanical heart valve replacements must be on Coumadin therapy for life.
- *Heart attack*: Sometimes Coumadin is taken after a heart attack to lower the risk of death, lower the risk of another heart attack, and lower the risk of stroke.
- *Stroke*: If a stroke is caused by a blood clot going to the brain, Coumadin is used to prevent it from recurring.
- *Transient Ischemic Attack* (TIA) or "*mini stroke*": Coumadin is given to prevent a stroke from occurring.
- *After certain surgical procedures*: Some surgical procedures place a person at high risk for developing a blood clot (for example, major orthopedic surgery). Coumadin is given temporarily after the surgery to prevent a clot from occurring.

Coumadin (Warfarin) is sometimes given for reasons other than those listed.

Coumadin (Warfarin) can be taken with other medications. Never skip a dose and never take a double dose. If you miss a dose, take it as soon as you remember. If you don't remember until the next day, please call your doctor for instructions. If this happens on a weekend or holiday, skip the missed dose and start again the next day. Mark the missing dose in a diary. A daily pillbox will help you keep track of your dose.

How does Coumadin (Warfarin) work?

Coumadin (Warfarin) partially blocks the re-use of vitamin K in your liver. Vitamin K is needed to make clotting factors that help the blood to clot and prevent bleeding. Vitamin K is found naturally in certain foods, such as green leafy vegetables. Coumadin (Warfarin) reduces the body's ability to make blood clots. It can help stop harmful clots from forming and keeps clots from getting larger. Coumadin does not break up existing blood clots.

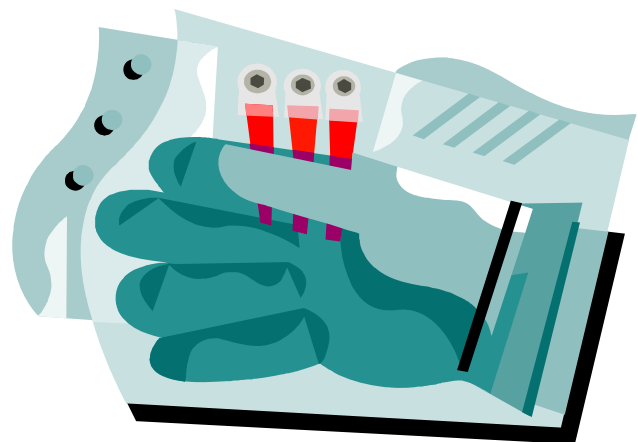
Warfarin (Coumadin) begins to reduce blood-clotting within 24 hours after taking the drug. The full effect may take 72 to 96 hours to occur. The anti-clotting effects of a single dose of Warfarin last 2 to 5 days, but it is important for you to take your dose as prescribed by your healthcare provider.

How is Coumadin (Warfarin) Monitored and What Dose Do I take?

Coumadin (Warfarin) is monitored by a blood test called an INR (International Normalized Ratio). Coumadin belongs to a category of drugs known as "narrow range of effectiveness" drugs. This means that there is a very narrow range where the drug is considered therapeutic. For most indications, the INR range is 2.0 to 3.0. For people with mechanical heart valve replacements and certain other conditions, the range is 2.5 to 3.5. These ranges are general recommendations. Your healthcare provider might prescribe a different range, depending on your particular condition. When your INR falls within your range (for example, between 2.0 and 3.0), this means that your level is "therapeutic". When your INR level goes below the range (for example, 1.5) this means your blood is "too thick", and places you at risk for blood clots. In this situation, your healthcare provider will prescribe a higher dose of Coumadin for you to take. If your INR goes above your range (for example, 4.5) this means your blood is "too thin", and places you at risk for bleeding. In this situation, your healthcare provider will prescribe a lower dose of Coumadin for you to take. Because Coumadin (Warfarin) affects each person differently, some people will be on small doses of Coumadin and some will be on very large doses. Some people will achieve their appropriate INR quickly and others more slowly. *The dose of Coumadin you need is the one that keeps the INR in the therapeutic range for your condition.* Many factors can affect your INR level including a change in diet, a change in medications, the onset of a new illness, or having to stop your Warfarin for a procedure.

When a person first starts taking Coumadin (Warfarin) the INR level tends to fluctuate up and down until the correct dose of Coumadin is found that keeps your INR level stable. It is therefore *very important* to get your INR level checked frequently. In general, when you first start Coumadin you will need to get your INR level checked 2 to 3 times a week for the first two weeks, then one to two times a week for two weeks, then every other week, then once a month. This may vary, depending on how your INR levels are. If the INR level becomes stable quickly, you will go for INR blood tests less often, if the INR level does not become stable, you will need to go for INR blood tests more often.

When your INR level is too high or too low, you often will not feel any symptoms. This is why it is *so important* to get your INR blood tests done regularly!



What safety precautions should I take while on Coumadin (Warfarin)?

You will need to be careful using objects, such as knives and scissors, that could make you bleed. You will need to avoid some activities and sports that could cause injury. For example, it is not a good idea to take up risky sports while you are on Coumadin (Warfarin). This does not mean you cannot do the things that you enjoy. But when doing them, you need to think about how you can protect yourself from injury. For example, if you like to work in the yard, be sure to wear sturdy shoes and gloves. Activities that would be safe for you include swimming and walking. It is very important to know that you can be bleeding and not see any blood. For example, you could fall and hit your head, and bleeding could occur under your skull. Or, you could fall and hurt your arm and notice a large purple bruise. This would be bleeding under the skin. **Call your doctor or go to the hospital immediately if you have taken a bad fall, even if you are not bleeding.**

Talk to your doctor about wearing a medical alert bracelet or necklace. If you are badly injured and unable to speak, the bracelet would tell health care workers that you are on Coumadin (warfarin) .



Can I stay active?

Exercise is important to your health. Think about the sports and activities you like doing. Do they put you at risk for injury? If so, try another activity and use protective gear to keep you safe while you are doing it. For example, if you like to ride your bike, be sure you wear a helmet and gloves. If you would like to start a new activity that will increase the amount of exercise you get every day, talk to your doctor.

To prevent injury; be careful:

Indoors

- Be very careful using knives and scissors.
- Use an electric razor.
- Use a soft toothbrush.
- Use waxed dental floss
- Do not use toothpicks.
- Wear shoes or non-skid slippers in the house.
- Take care trimming your toenails.
- Do not trim corns or calluses yourself.

Outdoors

- Always wear shoes.
- Be very careful with sharp tools; wear gloves when using them.
- Avoid activities and sports that can easily hurt you.
- Wear gardening gloves when doing yard work.
- Stay active.

What do the pills look like?

Check the Coumadin (Warfarin) you are taking. Does the medicine seem different from what your doctor wrote on the prescription or look different from what you expected? Does your refill look different than what you used before? Is the color the same as what you were previously given? If something seems different, ask the pharmacist to double check it. Most errors are first found by patients.

**Medicines look different:
Coumadin as shown below and the generic brand (Warfarin)
will look more oval shaped with same coloring.**



Always tell your doctor about all the medicines you are taking. Tell your doctor when you start taking new medicine and when you stop. Bring a list of current medications, over-the-counter drugs—such as aspirin and any vitamins and herbal products you take.

Why should I share information with other doctors?

Because you are on Coumadin (Warfarin) you will be seen regularly by the doctor who ordered your medication. You may also see other doctors regularly to keep yourself healthy. When you see other doctors it is very important that you tell them you are taking Coumadin (Warfarin). You should also tell your dentist and the person who cleans your teeth. If another doctor orders a new medication for you, please call the doctor who ordered your Coumadin (Warfarin) so it can be noted in your file.



Does Coumadin (Warfarin) interact with other drugs?

Coumadin (Warfarin) interacts with *hundreds* of drugs including prescription and non-prescription (over-the-counter) drugs. Drug interactions can cause your INR to go too high (placing you at risk for bleeding) or cause your INR to go too low (placing you at risk for blood clots). Examples of some drugs that interact with Coumadin are given below. The list is by no means all inclusive. It is just to give you an idea of some of the more common drugs that interact with Coumadin. It is *very important* for you to check with your healthcare provider before starting, changing, or stopping any drug, whether it be prescription or over-the-counter. Check with your physician before taking any medication that may interact with Coumadin. You will need to have your INR monitored for about 3 to 4 days after starting the new medicine.



PRESCRIPTION DRUGS (by class)

Antibiotics

Bactrim (Sulfamethoxazole
trimethoprim or SMX- TMP)
Flagyl (Metronidazole)
Cipro (Ciprofloxacin)
Avelox (Moxifloxacin)
Factive (Gemifloxacin)
Biaxin (Clarithromycin)
Analgesic/anti-inflammatory
Indocin (Indomethacin)
Voltaren (Diclofenac)
Lodine (Etodolac)
Toradol (Ketorolac)
Ultram (Tramadol)

Anti-Arrhythmics

Coradone (Amiodarone)

Anticonvulsants

Dilantin (Phenytoin)
Tegretol (Carbamazepine)

Antidepressants

Prozac (Fluoxetine)
Paxil (Paroxetine)

Antifungal

Diflucan(Fluconazole)
Nizoral (Ketoconazole)

Antiplatelet drugs

Plavix (Clopidogrel)
Ticlid (Ticlopidine)

Antithyroid drugs

Propylthiourical
Tapazole (Methimazole)

Diabetic drugs

Amaryl (Glimepiride)
Glucotrol (Glipizide)

Gastrointestinal drugs

Prilosec (Omeprazole)
Nexium (Esomeprazole)
Prevacid (Lansoprazole)

Gout treatment drugs

Aloprim (Allopurinol)
Indocin (Indomethacin)

Cholesterol lowering drugs

Mevacor (Lovastatin)
Lescol (Fluvastatin)
Questrian (Cholestyramine)
Zocor (Simvastatin)

Steroids

Deltasone (Prednisone)

Some Common Non-prescription Drugs You May Not Take

Actron	Advil	Aleve
Ascriptan	Aspirin	Bayer
Excedrin	Ibuprofen	Ketoprofen
Motrin	Nuprin	Pepto-Bismol

Does Coumadin (Warfarin) interact with herbal medicines?

Herbal medicines can also cause dangerous drug interactions with Coumadin (Warfarin). Keep in mind that just because an herbal product is advertised to be "*all natural*" does not necessarily mean it is *safe*. Below is a list of herbal products known to interact with Coumadin. The list is not all inclusive. If you want to take an herbal supplement, *it is very important* that you contact your healthcare provider before taking it.

Potential Increase in Risk for Bleeding		
Agrimony	Chamomile	Mistletoe
Alfalfa	Clove	Nettle
Aloe Gel	Fenugreek	Onion
Angelica root	Feverfew	Papaya
Anise	Fucus	Passionflower Herb
Arnica Flower	Garlic	Poplar
Asafoetida	Germal Sarsaparilla	Quassia
Black Cohosh	Ginger	Red Clover
Black Haw	Goldenseal	Rue
Bogbean	Horsechestnut	Sweet Clover
Borage Seed Oil	Horseradish	Tumeric
Bolda	Licorice Root	Willow Bark
Capsicum	Lovage Root	
Cassia	Meadowsweet	

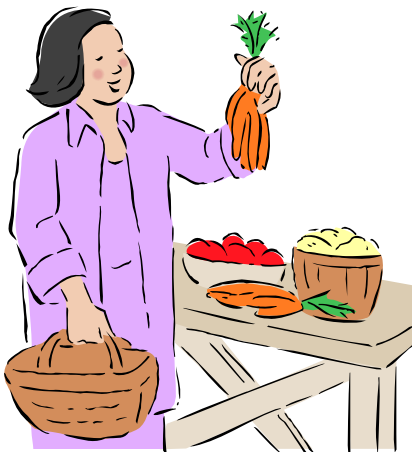
Documented Reports of Possible <u>Increase</u> in Coumadin	Documented Reports of Possible <u>Decrease</u> in Coumadin
Danshen	Chlorella
Devil's Claw	Coenzyme Q10
Dong Quai	Garnica
Fish Oil	Ginseng
Melatonin	Green Tea (excessive amount is necessary for this to occur)
Papain	St. John's Wort
Vitamin E	Soy

Does Coumadin (Warfarin) interact with any foods?

Coumadin (Warfarin) interacts with vitamin K in your diet. Vitamin K is necessary in the blood clotting process. Food sources with the highest amount of vitamin K include dark green leafy vegetables. *This does not mean that you need to cut green leafy vegetables out of your diet.* These foods are heart healthy, they are high in lutein, which improves vision, and high in fiber, which is good for the gastrointestinal tract. The recommendation is to keep your diet *consistent*. This means that you should eat the same amount of vegetables from week to week. Do not eat a lot of dark green leafy vegetables one week, then none the following week. As long as you maintain a consistent amount of vitamin K in your diet, the Coumadin will balance with it. If your vitamin K intake fluctuates, your INR level will fluctuate. Remember, just because a vegetable is green does not mean it is high in vitamin K. It is only the green leafy vegetables that are high in vitamin K.

Examples of vegetables <u>high</u> in vitamin K:	Examples of vegetables <u>low</u> in vitamin K.
Cabbage	Green beans
Broccoli	Peas
Spinach	Carrots
Escarole	Potatoes
Greens (collard greens, turnip greens, mustard greens)	Celery
Lettuce (except iceberg lettuce which is low in vitamin K)	Corn
Brussels sprouts	Cucumber
Endive	Eggplant
Kale	Tomato
Cauliflower (although it is white, it is in the same family as broccoli)	Pepper
	Zucchini

Should I be careful with dietary supplements?



Many dietary supplements contain vitamin K. Examples of these products include Ensure, Boost, and Carnation Instant Breakfast. The fact that these products contain vitamin K does not mean you should not use them. As with diet, keep your vitamin K intake consistent. If you have never used these products but would like to start, contact your healthcare provider. You will need to get your INR level monitored more closely when you start them.

What about vitamins, alcohol and cranberry juice?

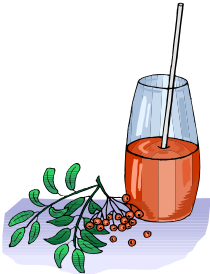


Vitamins: What vitamins are safe to take when you are taking Coumadin (Warfarin)? Below is a list of some of the most common vitamins and their effect on the INR level:

- B vitamins: no effect on the INR level
- Vitamin C: up to 500 mg per day will have no effect on the INR. Doses greater than 500 mg may lower the INR level
- Vitamin E: up to 400 IU per day will have no effect on the INR. Doses above 400 IU may increase the INR level.
- Multivitamins: most multivitamins contain small amounts of vitamin K. It is okay to take them, but as goes with diet, be consistent in taking them every day to prevent your vitamin K intake from fluctuating. If you are not using multivitamins but would like to start, contact your healthcare provider. You will need to get your INR level monitored more closely when you start them.



Alcohol: Alcohol in moderation (up to 2 drinks per day) will have little effect on the INR level. Excess alcohol intake will elevate the INR level because both the alcohol and the Coumadin (Warfarin) are metabolized through the liver. If you have a problem with excessive alcohol intake and are taking Coumadin, please speak with your healthcare provider. This lethal combination may place you at serious risk of a bleeding event.



Cranberry Juice: 8 ounces of cranberry juice daily does not seem to have a significant effect on INR, however large amounts of cranberry juice may result in elevated INR and hemorrhage (bleeding).

What are the side effects of Coumadin (Warfarin)?

The most serious side effect of Coumadin (Warfarin) is bleeding. To lower the risk of bleeding, be sure to get your INR level monitored regularly. Monitor yourself for:

- Nosebleeds
- Bleeding of gums when you brush your teeth
- Vomiting blood
- Blood in your urine
- Bowel movements that look red or black
- Unusual bruising
- Cuts that do not stop bleeding
- Excessive bleeding when you get your menstrual period or unexpected bleeding from the vagina
- Headache, dizziness, or weakness
- Unusual pain or swelling

If you develop **minor** bleeding (for example, a nosebleed or bleeding from the gums that stops within a few minutes) contact your healthcare provider. You will need to get your INR level checked. If you develop **major** bleeding (for example, vomiting blood or a nosebleed that won't stop) *go to the nearest emergency room*. This could be a sign of a serious problem. If you are involved in any kind of *traumatic accident* (for example, a car accident or falling down and hitting your head on the pavement) *go to the nearest emergency room*. You will need to get checked for internal bleeding.

Other side effects:

- Hair loss: hair loss is an infrequent side effect of Coumadin therapy and is reversible.
- Rash: if you develop a rash after starting Coumadin therapy, call your healthcare provider.

Other considerations:

- Pregnancy: if you become pregnant or are planning to become pregnant, notify your healthcare provider. Coumadin (Warfarin) is dangerous to the unborn baby and should not be taken during pregnancy.
- Avoid any activity or sport that may result in a traumatic injury.
- You may find that if you get a cut or scratch it may bleed longer than when you were not taking Coumadin. Just apply pressure to the area. It should stop within a few minutes.
- You may find that you bruise easier than when you were not on Coumadin. Try to be careful!

What are some commonly asked questions about Coumadin?

- **What is the best time to take Coumadin (Warfarin)?**

The most important thing to do is to take it at the same time each day. Ideally you should take it in the evening, but choose a time of day that you will remember to take it. On the days you are getting your INR level checked, do not take the Coumadin before the blood test in case a change in your dosage needs to be made.

- **Should I take Coumadin with food or on an empty stomach?**

Coumadin (Warfarin) should be taken on an empty stomach, either one half hour before or one hour after a meal. Food impairs the absorption of the drug. It is okay to take it after a light snack, but don't take it after a full meal.

- **How long will I need to be on Coumadin (Warfarin)?**

It is up to your healthcare provider to determine how long you will need to be on Coumadin. Coumadin is used to treat many different conditions. For some, you will only need to be on it temporarily, for others you may need to be on it for life.

- **What do I do if I travel?**

If necessary, your healthcare provider can make arrangements for you to have your INR level monitored while you are away. Remember to try to keep your diet consistent and to avoid excessive alcohol intake while you are away.

- **What happens if I need surgery, dental work, or some type of invasive procedure?**

Any time you are to have any type of procedure done that could place you at risk of bleeding, notify your healthcare provider. Depending on the procedure, the Coumadin may need to be temporarily stopped, or you may need an alternative method of anticoagulation. Always check with the healthcare provider who is managing your Coumadin therapy before stopping it for any reason.

- **How much Coumadin (Warfarin) is too much?**

There is no limit on the dosage of Coumadin. You will need to take whatever dose keeps your INR level in the therapeutic range. For some people, it may be a very small dose, for



What are the Do's and Don'ts for Coumadin (Warfarin) therapy?



- **Do** strictly adhere to the Coumadin (Warfarin) dosage prescribed by your healthcare provider.
- **Do** get your INR level monitored on a regular basis.
- **Do** eat a normal, balanced diet maintaining a consistent amount of vitamin K.
- **Do** tell your healthcare provider about any other medicines you are taking (prescription and over-the-counter) as well as herbal/nutritional supplements. Also, talk to your healthcare provider before you change, start, or stop taking any other medicines.
- **Do** monitor yourself for any signs of bleeding.
- **Do** tell anyone giving you medical or dental care that you are taking Coumadin.
- **Do** wear a medic alert bracelet to identify yourself as being on Coumadin.
- **Do** refill *your* prescriptions according *to your* health care provider's orders.
- **Do** notify *your* healthcare provider immediately if *you* experience any signs of bleeding or unusual symptoms.
- **Do** take *your* Coumadin at the same time each day, on an empty stomach.
- **Do** speak *to* your healthcare provider about any concerns *you* may have about taking Coumadin.



- **Don't** take a double dose of Coumadin (Warfarin) the following day if *you* find *you* missed a dose on the previous day . Notify *your* healthcare provider if *you* miss any doses.
- **Don't** change your Coumadin dosage without speaking *to your* healthcare provider.
- **Don't** change, start, or stop any medications or nutritional supplements without speaking *to your* healthcare provider.
- **Don't** make any drastic changes in *your* diet without speaking *to your* healthcare provider.
- **Don't** participate in any activity or sport that may cause a traumatic injury.
- **Don't** drink excessive alcohol.
- **Don't** take Warfarin during pregnancy.

Additional Resources:

National Stroke Association	1-800-STROKES or www.stroke.org
American Heart Association Stroke Connection	1-800-553-6321 or www.americanheart.org
National Institute of Neurological Disorders/Stroke	1-800-352-9424 or www.ninds.nih.gov
Research Center for Stroke & Heart Disease	1-716-859-3900 or www.strokeheart.org
http://www.coumadin.com/	Provides consumers with information on oral anticoagulants
http://warfarinfo.com	Provides consumers with information on oral anticoagulants
http://www.dvt.org/dvtl	An Internet resource for deep vein thrombosis and pulmonary embolism

References:

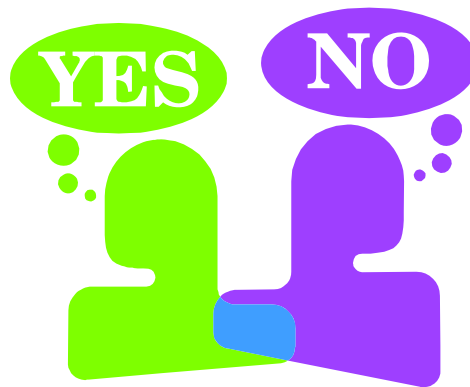
- US Department of Health and Human Resources AHRQ, Your Guide to Coumadin/Warfarin Therapy
- Patient & Family Education / NYU Medical Center, Managing Your Coumadin / Warfarin Therapy, A Patient's Guide

Preventing Falls

What are some statistics about falls in the home?

- Falls are the leading cause of accidental death for the elderly.
- More than one-third of adults 65 or older fall each year in the United States.
- Falls are the most common cause of non-fatal injuries and hospital admissions for the elderly.
- Falls occur more often when people feel ill, tired, rushed, or have been using alcohol.

What are the most common myths about falls?



MYTH: Using an assistive device will make me more dependent.

REALITY: A walker or cane may increase a person's independence by allowing the person to be more active.

MYTH: The assistive device is not needed when the person is at home.

REALITY: A walker or cane will allow the person to get around more safely in any environment.

MYTH: If the person stays seated, it will reduce the risk of falling.

REALITY: Inactivity leads to muscle and joint weakness which may lead to falls.

MYTH: Falling is a normal part of the aging process.

REALITY: Problems in later life are not part of "normal" aging.

MYTH: Taking just one medication does not increase the risk for falls.

REALITY: Taking any medication may increase fall risks. Medications affect people in many different ways.

What are some safety tips?

- Keep floors in good repair.
- Keep stairs well lit and free of clutter. Install night lights.
- Be cautious around wet or slippery surfaces.
- Wear proper clothing.
- Carry small loads.
- Always use a ladder.
- Carry out a risk assessment of all rooms in your home.
- Be more careful when using medications.
- Have yearly eye check-ups. Be more alert while using vary-focal eyeglasses.
- Be cautious moving about in a new environment.
- Keep your home well lit.

What are resources in Pinal County?

Dorothy Powell Senior Adult Center
405 East 6th Street
Casa Grande, AZ 85222
(520) 421-8760

Community Action Human Resource Agency
311 North Main Street
Eloy, AZ 85231
(520) 466-1112

Pinal County Senior Resources Center
94 West Butte
Florence, AZ 85232
(520) 866-6075

Pinal-Gila Council for Senior Citizens
1895 North Trekell
Casa Grande, AZ 85222
(520) 836-2758 or 1-800-293-9393

Safety First

Be a team member

Here's how you can help:

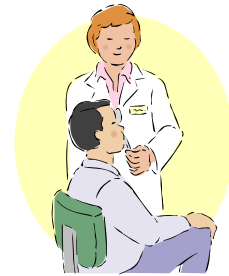


- Provide detailed information about your condition.



- You should clearly understand your diagnosis and treatment plan ... if you don't ... ASK!

- Keep us informed of changes in your condition ... good or bad.



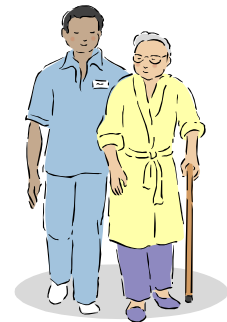
- Involve your loved ones.
- Understand your role in your care.

- Know what medication you take.
- Know what to do after being discharged.



- Don't be afraid to remind family, friends and healthcare providers to wash their hands.

- **CALL, DON'T FALL.**
Don't be afraid to ask for assistance when needed.



**Questions/Concerns?
Talk with your nurse.**

Dietary Supplements

With the abundance of conflicting information available about dietary supplements, it is more important than ever to talk with your doctor and other health care providers to help you sort the reliable information from the questionable.

Dietary Supplements—More Than Vitamins

Today's dietary supplements are not only vitamins and minerals, they also include other less familiar substances such as: herbals, botanicals, amino acids, and enzymes. Dietary supplements come in a variety of forms such as: tablets, capsules, powders, energy bars, and drinks.

If you do not consume a variety of foods, as recommended in the Food Guide Pyramid and Dietary Guidelines for Americans, some supplements may help ensure that you get adequate amounts of essential nutrients or help promote optimal health and performance. However, dietary supplements are not intended to treat, diagnose, mitigate, prevent, or cure diseases. Therefore, manufacturers may not make such claims. In some cases, dietary supplements may have unwanted effects. Especially if they are taken before surgery or with other dietary supplements or medicines, or if you have certain health conditions.

Unlike drugs, but like conventional foods, dietary supplements are not approved by the Food and Drug Administration (FDA) for safety and effectiveness. It is the responsibility of dietary supplement manufacturers/distributors to ensure that their products are safe and that their label claims are accurate and truthful. Once a product enters the marketplace, the FDA has the authority to take action against any dietary supplement product that presents significant or unreasonable risk of illness or injury.

Scientific evidence supporting the benefits of some dietary supplements is well established for certain health conditions, but others need further study. Whatever your choice, supplements should not replace prescribed medications for the variety of foods important to a healthful diet.



How To Recognize a Dietary Supplement

At times, it can be confusing to tell the difference between a dietary supplement, a food or an over the counter (OTC) medicine. An easy way to recognize a dietary supplement is to look for the Supplement Facts Panel on the product.

Supplement Facts				
Serving Size 1 Packet				
Servings Per Container 10				
Amount Per Serving	AM Packet		PM Packet	
	% Daily Value		% Daily Value	
Vitamin A	2500 IU	50%	2500 IU	50%
Vitamin C	60 mg	100%	60 mg	100%
Vitamin D	400 IU	100%		
Vitamin E	30 IU	100%		
Thiamin	15 mg	100%	15 mg	100%
Riboflavin	1.7 mg	100%	1.7 mg	100%
Niacin	20 mg	100%	20 mg	100%
Vitamin B ₆	2.0 mg	100%	2.0 mg	100%
Folic Acid	200 mcg	50%	200 mcg	50%
Vitamin B ₁₂	3 mcg	50%	3 mcg	50%
Biotin			30 mcg	10%
Pantothenic Acid	5 mg	50%	5 mg	50%

Ingredients: Sodium ascorbate, ascorbic acid, calcium pantothenate, niacinamide, di-alpha tocopheryl acetate, microcrystalline cellulose, artificial flavors, dextrin, starch, mono- and diglycerides, vitamin A acetate, magnesium stearate, gelatin, FD&C Blue #1, FD&C Red #3, artificial colors, thiamin mononitrate, pyridoxine hydrochloride, citric acid, lactose, sorbic acid, tricalcium phosphate, sodium benzoate, sodium caseinate, methylparaben, potassium sorbate, BHA, BHT, ergocalciferol and cyanocobalamin.

Potential Risk of Using Dietary Supplements

Although certain products may be helpful to some people, there may be circumstances when these products can post unexpected risks. Many supplements contain active ingredients that can have strong effects in the body. Taking a combination of supplements using these products together with medicine, or substituting them in place of prescribed medicines could lead to harmful, even life-threatening results. Also, some supplements can have unwanted effects before, during, and after surgery. It is important to let your doctor and other health professionals know about the vitamins, minerals, botanicals, and other products you are taking, **especially before surgery**.

Here are a few examples of dietary supplements believed to interact with specific drugs:

- **Calcium** and heart medicine (Digoxin), thiazide diuretics, and aluminum and magnesium-containing antacids.
- **Magnesium** and thiazide and loop diuretics (Lasix, etc), some cancer drugs, and magnesium-containing antacids.
- **Vitamin K** and blood thinners (Coumadin).
- **St. John's Wort** and selective serotonin reuptake inhibitor drugs (anti-depressant and birth control pills).

What Should I Know Before Using Dietary Supplements?

- **Remember safety first:** Some supplement ingredients, including nutrients and plant components, can be toxic based on their activity in your body. Do not substitute a dietary supplement for a prescription medicine or therapy.
- **Think twice about chasing the latest headline:** Sound health advice is generally based on research over time, not a single study touted by the media. Be wary of results claiming a quick fix that depart from scientific research and established dietary guidance.
- **Learn to spot false claims:** remember, if something sounds too good to be true, it probably is. Some examples of false claims on product labels include:
 - * Quick and effective cure all
 - * Can treat or cure disease
 - * Totally safe—all natural—and has definitely no side effects
 - * Limited availability, no risk money back guarantees , or requires advance payment
- **More may not be better:** Some products can be harmful when consumed in high amounts, for a long time, or in combination with certain substances.
- **The term “natural” doesn’t always mean safe:** Do not assume that this term ensures wholesomeness or safety. For some supplements, “natural” ingredients may interact with medicine, be dangerous for people with certain health conditions, or be harmful in high doses. For example, tea made from peppermint leaves is generally considered safe to drink, but peppermint oil is much more concentrated and can be toxic if used incorrectly.
- **Is the product worth the money?** Resist the pressure to buy a product or treatment on the spot. Some supplement products may be expensive or may not provide the benefit you expect. For example: excessive amounts of water soluble vitamins such as vitamins C and B are not used by the body and are eliminated in the urine.

BOTTOM LINE:

- **Do not self diagnose any health condition.** Work with your health care providers to determine how best to achieve optimal health.
- Check with your health care providers before taking a supplement, especially when combining or substituting them with other foods or medicine.
- Some supplements can help you meet your daily requirements for certain nutrients, but others may cause health problems.
- Dietary supplements are not intended to treat, diagnose, mitigate, prevent or cure disease, or to replace the variety of foods important to a healthful diet.

Examples of Products Marked as Dietary Supplements

Because many products are marketed as dietary supplements, it is important to remember that supplements include vitamins and minerals, as well as botanicals and other substances. The list below gives some examples of products you may see sold as dietary supplements. It is not possible to list them all here.

Vitamins, Minerals, Nutrients	Botanicals and Other Substances
Multiple Vitamins/Mineral	Acidophilus
Vitamin B Complex	Black Cohosh
Vitamin C	Ginger
Vitamin D	Evening Primrose Oil
Vitamin E	Echinacea
Beta-Carotene	Fiber
Calcium	Garlic
Omega-3 Fatty Acids	Ginkgo Biloba
Folic Acid	Fish Oil
Zinc	Glucosamine and/or Chondroitin Sulfate
Iron	St. John's Wort
	Saw Palmetto

Note: the examples provided do not represent an endorsement or approval by any agency or organization that contribute to this material.

Dietary Supplement Diary

To have an accurate record for your health care provider, list all the supplements you take and how often. If you are unsure if a product is a dietary supplement, check to see if there is a Supplement Fact Label on the package.

Share this chart with your health care provider so you can discuss what's best for your overall health. **It is very important that you consider your combined intake from all supplements (including multivitamins, single supplements, and combination products) plus fortified foods, like some cereals and drinks. Excess intake of some supplements may cause health problems.**

FDA Medwatch

If you suspect that you have had a serious reaction to a dietary supplement, you and your doctor should report it to FDA Medwatch:

Internet: www.fda.gov/medwatch/how.htm

Phone 1-800-FDA-1088

Fax: 1800-FDA-0178

Nutrition Assessment

Think about the following statements and use this check list to talk to your health care provider about your nutritional status and whether taking a dietary supplement (s) is right for you.

Nutrition Assessment	Yes/No
I currently take a dietary supplement (s).	
I eat fewer than 2 meals a day.	
My diet is restricted (don't eat dairy, meat, and/or fewer than 5 servings of fruits and vegetables).	
I eat alone most of the time.	
Without wanting to, I have lost or gained more than 10 pounds in the last 6 months.	
I take 3 or more prescriptions or OTC medicine a day.	
I have 3 or more drinks of alcohol a day.	

General Questions About Dietary Supplement Use	Yes/No
Is taking a dietary supplement important to my total diet?	
Are there any precautions or warnings I should know about (is there an amount or upper limit that I should not go above)?	
Are there any known side effects (lose of appetite, nausea, headaches, etc.)?	
Are they any dietary supplements I should avoid while taking certain medicine (prescription or OTC) or other supplements?	
If I'm scheduled for elective surgery, should I discontinue use of dietary supplements?	

Other Questions to Consider
What is the purpose of this product?
What are its intended benefits?
How, when, and for how long should I take it?

Herbal Health Products

What you should know

Aren't herbal health products safe because they're natural?

Don't think that herbal health products are safe just because they come from plants. Even some plants are poisonous. Although herbal products are advertised as "natural," they aren't natural to the human body.

Unlike prescription medicines, herbal products don't have to be tested to prove that they work well and are safe before they're sold. In addition, herbal products may not be pure—they might have other things in them, like plant pollen, that could make you sick.

QUESTION: Do any medical problems make it more dangerous to take herbal health products?

ANSWER: Yes. It may not be safe to take herbal medicines if you have certain health problems. Talk to your doctor if you have any of the following problems:

- High blood pressure
- Diabetes
- Thyroid problems
- Heart disease
- Psychiatric problems
- Epilepsy
- Parkinson's disease
- Glaucoma
- Enlarged prostate gland
- Stroke at some time in the past
- Blood clotting problems

QUESTION: What are some possible side effects of herbal products?

ANSWER: Herbal health products aren't tested to be sure they're safe, so they may cause problems. Be sure to tell your doctor if you acquire a health problem while you're taking an herbal product.

QUESTION: Can herbal products change the way prescription medicines work?

ANSWER: A: Yes. Some medicine that should not be taken with herbal products:

- Don't take Ginkgo Biloba if you're taking aspirin, ticlopidine (brand name Ticlid), clopidogrel (brand name Plavix) or dipyridamole (brand name Persantine).
- Don't take St. John's Wart while taking an antidepressant.
- Don't take ephedra if you're taking a decongestant or a stimulant drug, or if you drink caffeinated beverages.
- Don't take kava products if you're taking a benzodiazepine, a barbiturate, an antipsychotic medicine or any medicine used to treat Parkinson's disease. Also, don't drink alcohol if you take kava products.

This information provides a general overview on this topic and may not apply to everyone. To determine if this information applies to you and to get more information on this subject, talk to your family doctor.

References:

<http://ods.od.nih.gov/pubs/partnersbrochure.pdf>
FDA Office of Dietary Supplements

Dietary Supplement Resources

Federal Government Agencies:

Administration on Aging, DHHS:

<http://www.aoa.gov>

Food and Drug Administration, DHHS,
Center for Food Safety and Applied Nutrition:

<http://www.cfsan.fda.gov/~dms/supplmnt.html>

<http://www.cfsan.fda.gov/~dms/ds-savvy.html>

<http://www.cfsan.fda.gov/label.html>

National Institutes of Health, DHHS:

- Office of Dietary Supplements:

<http://dietary-supplements.info.nih.gov>

- National Center for Complementary and Alternative Medicine:

(<http://nccam.nih.gov>) and Clearinghouse,
1-888-624-6226

Office on Women's Health, DHHS:

<http://www.4woman.gov/owh/index.htm>

or 1-800-994-WOMAN

Federal Trade Commission:

<http://www.ftc.gov>

U.S. Department of Agriculture,

Food and Nutrition Information Center:

<http://www.nal.usda.gov/fnic>



Others:

American Association of Retired Persons (AARP):

<http://www.aarp.org>

American Dietetic Association:

<http://www.eatright.org>

American Pharmacists Association:

<http://www.pharmacyandyou.org>

Food Marketing Institute:

<http://www.fmi.org>

National Council on Patient Information and Education (NCPIE):

<http://www.talkaboutrx.org>

The Med Form

The Med Form helps you and your family members track medications you are taking from prescription to over-the-counter medicines (aspirin, pain reliever, cold medicines, stool softener, etc.), herbals and vitamins. This document is designed to provide physicians and others with a current list of all of your medicines. By sharing **The Med Form** with your providers, you become an active participant in your healthcare team.

Here are some easy instructions about **The Med Form**:

- Keep **The Med Form** with you at all times, in case of a medical emergency.
- Take **The Med Form** with you to all doctor and other healthcare provider visits (e.g., nurse practitioner or dietitian).
- Write down all of the medicines you are taking, including over-the-counter medications such as vitamins, herbals and others.
- Include the name of the doctor who prescribed the medication. You may also write why you are taking the medicine (e.g., high blood pressure, high blood sugar, high cholesterol). If you are not sure why you are taking the medication, please write “don’t know”.
- When you are discharged from the hospital, someone will speak with you about which medicines to take and which medicines to stop taking. Because patient medications often are changed during hospitalization, it’s important that you complete a new **Med Form**. Take the new form to all doctor visits following your hospitalization to discuss it with him or her.
- Remember to update your **Med Form** when your doctor changes, stops or updates your medicine.

Why The Med Form?

The Med Form will:

- Help you and your family members remember all of the medications you are taking;
- Provide your doctor (s) and other healthcare providers a current list of all medicines, including over-the-counter medicines, vitamins and herbals; and
- Detect concerns about medicines by including a comprehensive listing of medications for your healthcare team

Casa Grande Regional Medical Center has provided two copies of **The Med Form** in this booklet. We hope you find it easy to tear it out and carry a completed form with you at all times.

THE MED FORM

NAME _____	DATE COMPLETED _____
ADDRESS _____	
PHONE NUMBER _____	BIRTH DATE _____
EMERGENCY CONTACT _____	PHONE NUMBER _____
PREFERRED PHAR- MACY _____	PHONE NUMBER _____

ALLERGIES AND DRUGS TO AVOID/ADVERSE REACTIONS

CURRENT MEDICATIONS

List all medications you are taking, including over-the-counter (.e.g., aspirin, antacids), vitamins and herbals.

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

NAME _____	DATE COMPLETED _____
PHONE NUMBER _____	BIRTH DATE _____
EMERGENCY CONTACT _____	PHONE NUMBER _____

ALLERGIES AND DRUGS TO AVOID/ADVERSE REACTIONS

CURRENT MEDICATIONS

List all medications you are taking, including over-the-counter (.e.g., aspirin, antacids), vitamins and herbals.

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Medication _____	Dosage _____
Reason for Taking _____	Directions _____
Doctor _____	Date Started _____

Health Professionals Contact List

MY NAME		
ADDRESS		
DATE OF BIRTH		
	Name	Phone #
<i>Hospital</i>		
<i>Doctor Specialty:</i>		
<i>Doctor Specialty:</i>		
<i>Doctor Specialty:</i>		
<i>Doctor Specialty:</i>		
<i>Doctor Specialty:</i>		
<i>Pharmacist</i>		
<i>Dietitian</i>		
<i>Nurse</i>		
<i>Other</i>		

INDEX

Blood Pressure	7
Caregivers	24
Cholesterol and Triglycerides.....	2
Coumadin	54
Coumadin—Drug Interactions	58
Coumadin—Herbal Medicine Interactions.....	59
Coumadin—Side Effects	61
Dietary Supplements	67
Discharge from Hospital	28
Exercise	18
Falling and Blood Thinners.....	51
Health Professionals Contact List.....	77
Herbal Health Products	72
Nutrition Assessment.....	71
Stress	22
Surgical Terms	26
Surgery	27
Medication Form (The Med Form)	74
Medication Management	43
Medications—Keeping Track.....	45
Medications—Getting Rid Off	47
MRSA	33
MRSA Treatment and Prevention	35
MRSA—Hand Washing.....	37
Operating Room and Recovery	28
Pain	40
Pain Scale.....	42
Safety First	66
Smoking.....	49
Weight/Diet	9



**IT'S
ABOUT
YOUR
HEALTH**

 **Casa Grande
Regional Medical Center**

1800 East Florence Boulevard
Casa Grande, AZ 85222
(520) 381-6300
www.casagrandehospital.com

July 2009