

patient education MANAGEMENT

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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To reduce heart failure readmissions use the teach-back method

Tips for how to keep teaching consistent

Teach-back protocols in educational programs for heart failure patients have been helpful in reducing readmissions. When this technique is used to assess skills in key areas pertaining to the management of this disease, gaps in understanding can be addressed swiftly.

"Teach-back works for us because we are providing a method that allows us to very quickly assess or measure a patient's learning outcomes. If the patient misses the mark on a question, we know we need to find another way to deliver the message or approach the topic," says **Paula Robinson, RN, BC, MSN**, patient, family and consumer education manager for Lehigh Valley Health Network in Allentown, PA. (*For more details on teach-back, see article on p. 111.*)

At Lehigh Valley Hospital, data analyzed from July 1, 2010, to the present demonstrates a 12% reduction in readmission rates for heart failure patients who received teach-back, dropping from 30.6% to 26.9%. On the pilot unit for the educational program, there has been a 50% reduction in heart failure readmission rates from the time of implementation, dropping from 28.2% to 14%. The pilot program was implemented in December 2009.

Although teach-back protocols are being designed for other disease states such as stroke, it was important to begin with heart failure because the

EXECUTIVE SUMMARY

Teach-back protocols in educational programs for heart failure patients are reducing readmissions. For example, Lehigh Valley Hospital in Allentown, PA, has seen a 12% reduction in readmission rates. The University of California San Francisco Medical Center reduced readmission rates for patients over age 65 by nearly one-third. Teach-back provides an opportunity to:

- have patient repeat instructions in own words;
- swiftly assess patient understanding;
- rephrase message when gaps in education are identified.

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Centers for Medicare and Medicaid Services in Baltimore, MD, will focus on hospital readmissions for this patient group in 2013, says Robinson.

When a patient with a primary or secondary diagnosis of heart failure is admitted to Lehigh Valley Hospital, an order set is entered into the electronic medical record that generates an education prompter for the nurse, says Debra Peter, MSN, RN, BC, CMSRN, a patient care specialist. Education takes place over a three-day period, and nurses teach from a series of "prompter" questions, Peter explains. On day one, the sessions focus on general knowledge. On day two, they focus on attitude, and on day three, they focus on behav-

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ior. Therefore the questions follow a pattern of "what," "why," and "how." These questions not only prompt the patient education, but they also are teach-back questions.

"We constructed the questions according to core measure concepts for heart failure, so the concepts of medication, diet, weight, and identifying and managing signs and symptoms are key concepts that are constantly being taught to the patient within those three days," says Robinson.

Finding what works

Other healthcare institutions have had similar success with teach-back. Staff at the University of California, San Francisco (UCSF) Medical Center began to revamp education when given a grant for half a million dollars by the Gordon and Betty Moore Foundation to reduce readmissions for heart failure patients.

Staff researched best practice at other healthcare institutions, worked with the cardiologists and dietitians at UCSF Medical Center, and worked with the Institute of Healthcare Improvement in Cambridge, MA. From the information gathered, an educational binder was created that guides the teaching across the continuum of care, explains Eileen Brinker, RN, MSN, Heart Failure Program coordinator. (*For details on the use of written materials to support education, see article on p. 113.*)

Brinker and a colleague, Maureen Carroll, RN, perform the teaching for the heart failure program. Brinker says, "Teach-back is the best practice method of patient education to assess the patient or family member's level of understanding."

Instead of just telling people to eat a low salt diet and weigh daily, education focuses on what salt does to their heart and why they are asked to weigh daily. When patients understand that eating chips cause water retention, which makes their heart work hard, they can better understand how to change behavior, she adds.

The heart failure education program has reduced readmission rates at UCSF Medical Center for patients over age 65 by nearly one-third.

For good education results, include the "teach-back" questions nurses will focus on when teaching patients and caregivers on educational handouts, advises Peg M. Bradke, RN, MA, director of Heart Care Services at St. Luke's Hospital in Cedar Rapids, IA. At this healthcare institution, the questions are on the back of the cover sheet of a packet of educational materials that are kept in a

clear plastic sleeve with a magnet so it can be hung on the refrigerator. (*To learn questions that are included, see p. 112.*)

The questions are included for two reasons, says Bradke. The patient can see the information staff want them to understand and put into practice. Also it is a reference for nurses. (*To learn more about staff education on teach-back see article on p. 112.*)

The educational packet also has a red/yellow/green warning zone for managing symptoms and knowing when to seek medical help; a brochure on salt delivered in a “don’t eat this, eat that” style; quick reference on medical terms, and a calendar to chart weight gain. [*A copy of the materials in the heart failure education packet are included with the online issue of Patient Education Management available to subscribers on the Internet at <http://www.ahcmedia.com/public/products/Patient-Education-Management.html>. On the right side of the page, select “Access your newsletters.” You will need your subscriber number from your mailing label. For assistance, contact customer service at (800) 688-2421 or customerservice@ahcmedia.com.*] Patients also can attend a free heart failure class taught every six weeks.

The teach-back questions are not used only within the hospital; they are reviewed during a home care visit within 24-48 hours after discharge. They are used once again during a seven-day follow-up call by a nurse. The use of these questions reinforces the key points continuously, explains Bradke. ■

Teach-back gives direction for clarification

Uncover reasons for noncompliance

Teach-back is a good method for every patient education program because frequently educators don’t ask clarifying questions following an education encounter, says Paula Robinson, RN, BC, MSN, patient, family, and consumer education manager at Lehigh Valley Health Network in Allentown, PA.

Also the teach-back method engages the learner. This method helps them remember what they are taught, because studies show patients forget 40-80% of the information they hear, she adds.

Teach-back is not a test of the learner’s knowledge as much as an exploration of how well the

information was taught and what needs to be clarified or reviewed. Fran London, MS, RN, a health education specialist at Phoenix (AZ) Children’s Hospital in the consumer library, The Emily Center, says, “We shouldn’t just hand patients instructions but should find out if they know what it means to take their medicine twice a day, they understand why and are able to do it.”

Asking the learner to teach-back essential points communicates the importance of the information as well as ensures it is understood and can be applied, says London. She asks: What is the point of prescribing treatments or lifestyle changes and not checking to see if the patient is able and willing to apply them? Just ordering a medication does not mean the patient will take it.

Teach-back can help clinicians determine if a patient is ready to comply. Consider this example: Debra Peter, MSN, RN, BC, CMSRN, a patient care specialist at Lehigh Valley Health Network, educated one heart failure patient on the reasons to avoid foods high in salt. Afterward, the patient stated that he salted his ham and had no intention of changing. That conversation sent up a red flag that additional interventions were indicated, says Peter. In this case, a nutrition assessment consult was place for the dietitian to follow-up with the patient. Also the patient received printed handouts with suggestions on how to reduce sodium in the diet and substitutions for foods that are high in sodium.

“Often we consult the case manager for assistance with patient adherence to the prescribed regimen,” she adds. When a patient is con-compliant, the nurse documents that finding in the medical record. In this case, the patient’s own words were used, says Peter.

London says, “We can only be sure our messages get through by having the learner teach-back to us what they understand needs to be done and show us how they would do it. This will reveal misunderstanding and challenges we can then address to optimize positive health outcomes.”

SOURCES

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With patients, share teach-back questions

Don't keep answers secret

At St. Luke's Hospital in Cedar Rapids, IA, the essential information that will help patients manage their heart failure and prevent hospital admissions is provided in the form of questions. They include:

1. **Tell me about your water pill.**
 - How often do you take it?
 - What is the name of your water pill?
 - Tell me why you need to take it regularly.
 - Tell me how you take your water pill when you are not at home, such as when you are traveling or going to appointments.

Answer: You need to take the medicine anyway. You could alter the time that you take it a little bit, but you must not forget to take it.

2. **What weight gain should you report to your doctor?**

Answer: If I gain 3 pounds in one day or 5 pounds or more in one week.

3. **How many salty or salty type foods are you eating in a day?**

• How often do you put salt on your food when you eat or add salt when you are cooking your foods?

Answer: Never.

• How often do you eat "instant" foods that come from a can or a box, like soups, canned vegetables, and macaroni and cheese?

Answer: Rarely.

• How often do you eat salty foods like ham, lunch meat, or snack foods or crackers that have salty tops on them?

Answer: Never.

4. **What symptoms do you need to report to your doctor?**

Answer: Weight gain; more shortness of breath; more swelling of your feet, ankles, legs or stomach; feeling more tired — no energy; dry, hacking cough; harder to breathe when lying down; and chest pain. ■

Teach-back technique must be taught

Provide education for staff

The fundamentals of teach-back need to be taught to staff members who educate patients, says Eileen Brinker, RN, MSN, heart failure program coordinator at the University of California, San Francisco Medical Center. Brinker learned these fundamentals at the Institute for Healthcare Improvement in Cambridge, MA.

The educator should enter the patient's hospital room with three or four main points to teach. The heart failure program at UCSF Medical Center has four teach-back questions for which the answers are taught. (*These questions were obtained from the heart failure program at St. Luke's Hospital in Cedar Rapids, IA. See questions, left.*) Once teaching is completed, the patients are asked to repeat the lesson in their own words. For example a patient might be asked: "Would you explain to me how you should weigh yourself so I can make sure I explained correctly?"

"It's a different way of teaching, so it takes practice," says Brinker. She and a colleague teach staff the basics of teach-back with a computerized graphic presentation followed by role playing. Also they have taught nurses who work with heart failure patients in homecare and skilled nursing facilities.

In 2010, four nurses were trained to evaluate nurses on the units in the teach-back technique. However, the focus on teach-back must be ongoing to make sure staff members continue to take the time to use the method to assess teaching, says Brinker. Plans are in place to do more teaching on the technique at staff meetings, and she hopes to make teach-back competency part of the annual review for nurses.

At St. Luke's Hospital, teach-back has been used as part of the annual competency validation for nurses. Stations are set up to cover different areas of review, and for two years, teach-back was combined with health literacy, explains Peg M. Bradke, RN, MA, director of Heart Care Services. For example, nurses worked in pairs with one teaching from a scenario that was provided and the other acting as patient. The "teacher" might be asked to read material with technical terms very fast, and the "patient" would then repeat what they learned. The "patient" would describe how

they felt in the situation, what information made sense, and what didn't.

In 2010 a video was made of staff using the teach-back technique with actual patients, says Bradke. Two nurses and a respiratory therapist took part, and the topics covered heart failure, discharge instructions, and inhaler use. Testimonials of the patient's perception of the teaching session were added at the end. For example, the man being educated on discharge instructions said he was glad the nurse had him go back and point out where the important information was located on the sheet because he just wanted to go home and was not paying attention.

In 2011 teach-back was used at the end of a divisional staff meeting. People attending the meeting were asked to teach-back what they had learned.

"Teach-back is simple but it must be practiced," says Bradke. "You can't do it by reading about it." ■

Written materials are a good reminder

Providing written information for the patient with heart failure to use at home is important for reinforcing what was taught, says Eileen Brinker, RN, MSN, heart failure program coordinator at the University of California, San Francisco (UCSF) Medical Center.

Therefore at UCSF Medical Center a binder was created with content written in plain language at the sixth-grade reading level. Because the target population is age 65 and older, the copy is in large font, and lots of clip art and color is used to make it easy to read and understand. The binder is used during teaching sessions on heart failure focusing on the use of the patient's prescribed diuretic, the importance of weighing daily, avoiding foods high in sodium, and signs and symptoms that require medical attention.

Material has been added or removed to improve understanding, Brinker says. For example, during follow-up phone calls to the patients, it was discovered that patients did not seek medical help when they recognized signs and symptoms of their heart failure worsening because they did not know who to call.

To address this problem, a phone card was developed to list the numbers of the medical team, which is completed before discharge. Phone num-

bers might be provided for the primary care physician, the homecare nurse, and the cardiologist.

Also, four pages covering the main topics were translated into Russian, Chinese, and Spanish to meet the needs of the medical center's highest percentage of non-English speaking patients. Brinker says online resources with similar content for patients who speak other languages are often pulled from www.HealthInfoTranslations.com.

At Lehigh Valley Health Network in Allentown, PA, several types of written materials to reinforce teaching on heart failure are available, says Paula Robinson, RN, BC, MSN, patient, family and consumer education manager.

A book called "Living With Heart Failure Home Advisor" provides details on self-management at home and has such information as the anatomy and physiology of heart failure, diet, and medication. Although it is written at a seventh/eighth-grade reading level, if an individual has literacy issues and does not state that learning by reading is their preferred style, there are other alternatives.

The teach-back questions used during the teaching sessions can be printed electronically from the patient education section of the Intranet and given to patients to use as a worksheet. Also single-page health sheets that convey one concept of heart failure self-management are available through Krames On-Demand. (See Resource, below.) These pages are written at the sixth- to eighth-grade reading level with graphics and are designed for people with poor literacy skills. This variety of written materials helps ensure the right resource is available for patients and families.

[A copy of the Home Advisor; Heart Failure Teach-back Guidelines and Patient/Family Involvement Teach-back Questions are included with the online issue of Patient Education Management available to subscribers on the Internet at <http://www.ahcmedia.com/public/products/Patient-Education-Management.html>. On the right side of the page, select "Access your newsletters." You will need your subscriber number from your mailing label. For assistance, contact customer service at (800) 688-2421 or customerservice@ahcmedia.com.]

RESOURCE

For more information about the Krames electronic patient education delivery system used at Lehigh Valley Health Network in Allentown, PA, go to <https://www.krames.com>. Click on "Products," then "Krames On-Demand." ■

Patient education given just in time

Mayo Clinic offers innovative suggestions

Educators often talk about “teachable moments,” those times when the patient is ready to learn. This moment might be in a waiting area, exam room, or a hospital bed. To take advantage of these times, staff in the Section of Patient Education at Mayo Clinic in Rochester, MN, look for new ways to deliver patient education.

“Our core mission is to get the right materials, to the right patient, at the right time,” says **Becky Smith, RN, MA**, manager of patient education.

The ideas for innovative delivery methods are developed through careful assessment of clinical areas by an educator. The assessment addresses needs in inpatient and outpatient settings. To be implemented, education needs must be integrated into a one-year plan for that clinical area.

“We do factor in the cost, especially with new innovations, before going forward,” Smith says. “It is part of the equation along with potential patient outcomes and satisfaction.” (*For more information about the budgeting process, see article, below right.*)

In 2011, a major project incorporated exam room computers in the outpatient setting into the education process. Shorter videos (60 seconds long) were created in-house for these computers to take advantage of the time patients wait for their physicians. For example, patients might view a short video on an impending surgical procedure while they wait for their appointment with an orthopedic surgeon.

The computers also can be used to call up the database of hundreds of approved written materials created by the Section of Patient Education or to access consumer health information on Mayo’s web site (www.mayoclinich.com/health-information).

In the Mayo Clinic outpatient waiting areas,

EXECUTIVE SUMMARY

At the Mayo Clinic in Rochester, MN, methods of education can be unique to specific clinical areas. To determine gaps in education delivery methods staff to the following:

- Conduct an assessment of clinical areas.
- Create a one-year implementation plan.
- Factor in the cost during selection process.

anatomical models and interactive touch screens provide learning opportunities that are department-specific, such as ear, head, and neck in otorhinolaryngology. Also available are computer workstations that help patients navigate reliable web sites.

Adjacent to an orthopedics waiting area are screens suspended from the ceiling with animations highlighting information about the knee joint or hand. Video on-demand is available throughout Mayo’s outpatient and inpatient settings, with 900 videos accessible on an array of medical topics.

Innovative educational delivery methods also have been created to reach patients at home. A patient portal on Mayo Clinic’s Web can be accessed through a safe, secure password for such information as lab results and appointment schedules. The portal makes it possible to deliver instructions on preparations for tests and procedures. Patients are notified via e-mail of impending appointments with a reminder to access the portal for instructions.

Another innovative way to deliver high level messages is a printed calendar developed specifically to encourage healthy lifestyles. Each month features a wellness message. For example, July focuses on exercise, and August features nutrition. The calendar also includes a separate section listing titles of educational pamphlets, classes, CDs, and videos available in the various clinical areas.

Not every area has the same educational tools, says Smith. “We use a patient-centered approach to assess and identify patient needs and the most suitable innovative delivery method,” she explains. “Meeting the needs of our patients is always foremost.”

SOURCE

For more information about developing innovative methods for delivering patient education, contact:

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Financial staging for improvements

Maximize your investment by prioritizing

Annual plans to address patient education needs are created for 43 clinical areas at Mayo Clinic in Rochester, MN, following an assessment

by one of 13 educators. The primary role of the educator is to assess the need, write the plans, and then make sure the plans are implemented.

This method of oversight is extremely effective and meets educational needs in a systematic way to allocate resources accordingly, says **Becky Smith**, RN, MA, manager, Section of Patient Education. “We can’t do everything, but we prioritize, put it in writing, and seek leadership input and approval” Smith says.

The operational budget for patient education comes from an administrative pool of funds, which is financed by clinical areas that pay for indirect services. Part of the Section of Patient Education’s budget goes to Media Support Services for layout and design. This accounting method, with charges being made among departments for internal services, assists with prioritizing resources and accounting for expenses.

The educational innovations included in clinical area plans are developed with funds allocated to patient education. Usually the Section of Patient Education’s role is to develop and provide oversight of educational content. For example, the video on-demand system, which was an institutional initiative, was covered by institutional funds. The Section of Patient Education provides oversight of the content for this system.

In the early stages of innovation development, patient education shoulders the pilot costs. For example, when a new technology is being tested in a clinical area, the Section of Patient Education will pay for licenses and equipment during the pilot phase. Once the technology is fully operational and applied institution-wide, it becomes part of Mayo Clinic’s budget.

Patient education collaborates with colleagues in information technology and other areas to carefully assess a new delivery method. For example, use of mobile phone apps to educate patients is in the early discussion stage. We will have to do considerable groundwork to determine the right content, right time, right place, and situation in which to use mobile phones to educate patients,” says Smith. “This takes time and resources. Once we’ve determined that an idea should be pursued, the department will write an objective and pilot, and evaluate use of mobile phones before going forward.”

Annual educational improvement plans for Mayo’s clinical areas usually address gaps in patient education practice and new opportunities to apply emerging technologies, ideas, and delivery systems. Innovations might take many forms,

including a material revision or the purchase of a new educational material, the development of a video or classroom curriculum, or something more costly such as providing a computer workstation in a waiting area.

“Whatever the innovation delivery method, the goal is to have the right educational content for a patient at the right time,” says Smith. “A key step before financial staging is planning and assessing for educational need. With sound planning, you’ve got the underpinnings for a sound financial plan.” ■

TJC campaign helps mothers to breastfeed

Brochure covers before/after delivery

Pregnant women and new mothers need information and support so they can plan and be proactive if they choose to breastfeed their babies, according to The Joint Commission’s (TJC’s) newest Speak Up educational campaign.

The Joint Commission launched this campaign to highlight the health benefits of breastfeeding and the importance of support for mothers and babies who are breastfeeding. The campaign is supported by the Academy of Breastfeeding Medicine; American Academy of Pediatrics; Association of Women’s Health, Obstetric and Neonatal Nurses; Baby-Friendly USA; Centers for Disease Control and Prevention; March of Dimes; and United States Breastfeeding Committee.

The Joint Commission’s new campaign, “What You Need to Know About Breastfeeding,” covers topics such as preparing during pregnancy for breastfeeding, talking with nurses and doctors in the hospital about the desire to breastfeed, maintaining skin-to-skin contact with a newborn in the hospital, and planning for breastfeeding after leaving the hospital. The campaign brochure provides helpful tips and encourages mothers to rely on a support team of family members, friends, lactation consultants, nurses, and doctors to reach their breastfeeding goals.

“Breastfeeding is a natural experience, but it is a skill that often needs to be learned,” says **Ana Pujols-McKee**, M.D., executive vice president and chief medical officer, The Joint Commission. “It is important that mothers know there are support systems to help them start and keep on

breastfeeding. Mothers should ask questions about breastfeeding before their baby is born and while they are in the hospital. This will help mothers continue to breastfeed after they go home." (*For statements from supporters of the breastfeeding initiative, see story, below right*)

The many health benefits of breastfeeding for newborns include providing a natural source of nutrients, fewer ear and respiratory infections, and less risk of Sudden Infant Death Syndrome (SIDS). Women who breastfeed have less post-partum depression, as well as lower rates of breast and ovarian cancers.

The Joint Commission's new breastfeeding education campaign is part of the award-winning Speak Up program that urges people to take an active role in their own healthcare.

The basic framework of the Speak Up campaign urges patients to:

- Speak up if you have questions or concerns, and if you do not understand, ask again. It is your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Do not assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common health care errors.
- Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by The Joint Commission.
- Participate in all decisions about your treatment. You are the center of the health care team.

Speak Up brochures also are available on the topics of dialysis patients who are hospitalized, diabetes patients who are hospitalized, visiting the doctor's office, understanding medical tests, recovering after leaving the hospital, preventing medication mistakes, preventing infections, health literacy, preparing to become a living organ donor, avoiding mistakes in your surgery, and preventing errors in care.

The campaign includes animated Speak Up videos in English and Spanish intended as public service announcements. They air on The Joint

Commission's YouTube channel (<http://www.youtube.com/user/TheJointCommission>), on The Joint Commission web site (<http://www.joint-commission.org/multimedia/default.aspx>), and in other venues. The cast of characters in the videos encounter everyday situations where they have to read instructions, inspect labels, and "speak up" to ask their doctors and caregivers questions. The brochures and videos can be found on The Joint Commission web site (<http://www.joint-commission.org/speakup.aspx>). (*For information on another Speak Up video, see p. 117. For more on breastfeeding, see these stories from the June 2011 issue of Patient Education Management: "Peer counseling doubles breastfeeding rates," p. 66, and "Data supports peer counseling," p. 67.*)

RESOURCE

To sign up to receive future issues of Speak Up, join the Speak Up E-Alerts list. Go to <http://www.jointcommission.org>. Under "Action Center," select "Sign up for News and Alerts." Next, select "Sign up or update your subscription e-Alerts here." Under "Topic Library," select "Speak up." ■

Breastfeeding program receives \$1.2M grant

St. John Hospital and Medical Center in Detroit has received a \$1.2 million grant from the W.K. Kellogg Foundation www.wkkf.org. The funds will be used to implement the St. John Mother Nurture Project, a comprehensive breastfeeding program providing direct health services and community based programming, along with the development of best practices and a "Baby Friendly" designation for St. John Hospital. The grant period runs from now through July 2014.

"The St. John Mother Nurture Project will strengthen comprehensive breastfeeding program and allow us to partner with other community organizations," said Paula Schreck, MD, medical director, breastfeeding medicine, St. John Hospital. "This widespread conversation about breastfeeding will increase breastfeeding initiation and continuation, and hopefully become a model for other communities in our city, state, and beyond."

According to Schreck and the American Academy of Pediatrics, breastfeeding is the first,

best preventative medicine, decreasing the incidence of infection, asthma, cancer, and obesity in children. Breastfeeding also decreases post-partum depression, breast cancer, and ovarian cancer in mothers. However, only 65% of women in Michigan begin breastfeeding, and at three months post-birth, those rates have dropped to less than 25%. The situation is even more dire in the city of Detroit, where more than half of women never try to breastfeed. Several cultural misconceptions exist about breastfeeding, coupled with a generational lack of knowledge on the importance of breastfeeding.

"What we're trying to do is change widespread community perception about breastfeeding," said Schreck. "Especially in the African American community, there are cultural barriers to breastfeeding, coupled with a less-than-optimal knowledge base about the benefits of breastfeeding."

Hospital leaders believe the grant will change that problem. The St. John Mother Nurture Project of the following initiatives:

St. John OB Clinic: Lactation consultants will provide counseling and pro-breastfeeding support in the St. John OB Clinic for eight hours each week.

St. John Mother Nurture Club: The hospital will create and sponsor a weekly post-delivery breastfeeding support group using the breastfeeding peer counselor model.

NICU Follow-up Clinic: All NICU graduates receiving human milk will be seen in follow-up in the grant-sponsored NICU Breastfeeding Follow-up Clinic. NICU lactation coverage in the NICU will be expanded to five days a week.

Baby-Friendly Initiative: The hospital will proceed with "Baby-Friendly" accreditation, an accreditation from WHO and UNICEF for hospitals that accomplish 10 initiatives that optimize a pro-breastfeeding patient/staff environment. Baby Friendly initiative focuses on education for doctors, nurses, and patients relative to breastfeeding. It helps everyone focus on supporting human milk as the optimal nutrition for infants. According to St. John, there are no hospitals in Michigan that have achieved the Baby Friendly Designation, which supports the Surgeon General's January 2011 Call to Action to Support Breastfeeding.

Community Collaboration: The project will collaborate with the Urban League of Detroit/WIC, Infant Mortality Project, The Parish Nurses program, and CareLink to deliver a consistent pro-breastfeeding message to the community and a seamless referral network. ■

New video released on reducing risk of falls

The Joint Commission has released another episode in its animated Speak Up video series, "Speak Up: Reduce the Risk of Falling."

The new video features characters Charlie, Marge, and Harley as they confront the need to "speak up" and take steps to help avoid falling. "Speak Up: Reduce the Risk of Falling" points out that one out of every three adults, ages 65 and older, are injured from falls every year, but anyone can fall and become injured.

The video explains the importance of persons taking extra precautions to reduce the risk of falling by talking to their doctor if medication makes them feel lightheaded or confused, having their eyes examined to see if they need new glasses or contacts, speaking up when they need help getting up — especially while in the hospital, and exercising to improve strength and stability.

The videos are produced by The Joint Commission and last 60 seconds. The series airs on The Joint Commission's YouTube Channel (<http://www.youtube.com/TheJointCommission>), as well as other venues, and has received more than 18,000 views on YouTube alone.

The video provides viewers with easy to understand safety tips to help reduce their chances of falling. The previous videos in the series, the first of which debuted in March 2011, emphasize the importance of being comfortable speaking up about your healthcare; preventing infection; managing and taking medication safely; preparing for, and what to ask during, doctor's office appointments; and encouraging children to feel confident asking questions about their health. ■

Joint Commission retires 4 out of 6 measures

Last June, The Joint Commission announced its new focus on accountability measures. At that time, it was determined that all but six of the 28 Joint Commission core measures that were aligned with Centers for Medicare & Medicaid

Services (CMS) measures were accountability measures. Now, it has been determined that four of these six non-accountability measures that are common to CMS and The Joint Commission will be retired, effective with Dec. 31, 2011, discharges.

The Joint Commission has provided input to CMS on eight measures it proposed for retirement, including four non-accountability measures and four accountability measures. CMS' final rule on Aug. 1 determined that four non-accountability measures would be retired. The four non-accountability measures being retired are:

- smoking cessation advice — heart attack, heart failure, and pneumonia care;
- antibiotic within six hours of arrival — pneumonia care.

After Dec. 31, 2011, there will be two remaining non-accountability measures: discharge instructions and LVS function assessment (heart failure care). The Joint Commission will continue to support those measures that are in common with CMS and will work with CMS to consider retiring the two remaining non-accountability measures. (For questions contact: Sharon Sprenger at The Joint Commission. E-mail; ssprenger@jointcommission.org.) ■

Surgery center cuts same-day cancellations

A surgery center decreased its same-day cancellation rate by 53%, increased patient satisfaction scores, and increased OR use by having nurses make calls to patients three days before surgery, according to a study in the July *AORN Journal*.¹

For six months, nurses at the University of North Carolina Health Care Ambulatory Surgical Center in Chapel Hill followed a script, according to MDNews.com. They reported any new information or concerns to the clinic and to the surgery center team. They found three primary reasons for same-day cancellations:

- not showing up;
- not following NPO orders;
- not being accompanied by a responsible adult who would receive discharge instructions

and transport the patient.

According to the researchers, these three factors indicate the need for better education of patients. "Scripting and advance calls by nurses are an effective way to communicate to patients the reasons for preoperative restrictions and the consequences of not following them," according to the authors.

REFERENCE:

1. Haufler K, Harrington M. Using nurse-to-patient telephone calls to reduce day-of-surgery cancellations. *AORN J* 2011; 94: 19-26. Accessed at [http://www.aornjournal.org/article/S0001-2092\(11\)00472-8/abstract](http://www.aornjournal.org/article/S0001-2092(11)00472-8/abstract). ■

Peripheral nerve blocks boost responsibilities

Postoperative pain is a major limiting factor of outpatient surgery, which is making the use of peripheral nerve blocks (PNBs) increasingly common. As use of PNBs becomes increasingly popular in outpatient surgery facilities, the complexity of nursing responsibilities for these patients has increased, writes Imelda Wright, BSN, RN, CNOR, unit educator and clinical informatics nurse in the Outpatient Surgery Center at Baptist Hospital East in Louisville, KY.

Wright authored the article "Peripheral nerve blocks in the outpatient surgery setting" in *AORN Journal*.¹

Nurses in the perioperative environment who care for patients before, during, and after block administration need to be knowledgeable about PNBs and competent in identifying and managing potential complications, Wright says. As many patients have to manage their blocks in the home environment postoperatively, she emphasizes the importance of delivering concise postoperative instructions. She says education is paramount for helping patients have a safe and uneventful recovery from the block.

Wright's article describes types of nerve blocks, potential complications, and adverse effects, as well as symptoms and treatment for complications and adverse effects. Although complications of nerve blocks are infrequent, Wright recommends all staff members observe the patient for early signs of complications.

REFERENCE

1. Wright I. Peripheral Nerve Blocks in the Outpatient Surgery Setting. *AORN J* 2011; 94: 59-77. doi:10.1016/j.aorn.2011.02.011 ■

Patient anesthesia info through social media

The American Society of Anesthesiologists (ASA) has launched a new video on its lifelinepatients YouTube channel that highlights the need for responsible use of pain medication and proper disposal of the drugs.

"This latest addition to ASA's YouTube patient channel comes on the heels of the release of the White House Office of National Drug Control Policy [ONDCP] Prescription Drug Abuse Prevention Plan and supports the report's recommendations by providing public education on the issue," said Rafael Ortega, MD, and producer of the video. "ASA's lifelinepatients YouTube Channel is designed to be a resource for patients on a variety of topics related to anesthesia."

Other videos available on the channel include:

- anesthesia awareness;
- labor and delivery;
- pain medicine;
- anesthesia considerations for geriatric patients;
- stop smoking before surgery;
- sleep apnea;
- herbal medicine and anesthesia;
- bariatric surgery and anesthesia;
- the role of the intensivist.

The ASA also offers patients additional

social media channels to stay current on patient information regarding anesthesia including: Patient Lifeline on Twitter and ASA Vital Health on Facebook. They also can visit lifelinetomodernmedicine.com for patient anesthesia information.

"ASA is committed to meeting patients where they go to find their health information," said John F. Dombrowski, MD, chair of the ASA Committee on Communications. "It is important we empower patients through social media with the anesthesia-related information they need to know to be better prepared for surgery and have more optimal outcomes." ■

CNE INSTRUCTIONS/OBJECTIVES

To earn credit for this activity, please follow these instructions.

1. Read and study the activity, using the provided references for further research.
2. Log on to www.cmecity.com to take a post-test; tests can be taken after each issue or collectively at the end of the semester. *First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.*
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly.

Upon completion of this educational activity, participants should be able to:

- identify the management, clinical, educational and financial issues relevant to patient education
- explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- describe practical solutions to problems health care educators commonly encounter in their daily activities
- develop patient education programs based on existing programs.

COMING IN FUTURE MONTHS

■ Keeping templates from becoming wordy

■ Tips for discussing palliative care with patients

■ Innovative solutions for teaching self-care skills

■ Avoid time constraints with online classes

CNE QUESTIONS

1. When the teach-back technique is used to assess the effectiveness of the education intervention, learning outcomes are quickly identified.
 - A. True
 - B. False
2. As part of the heart failure program at St. Luke's Hospital in Cedar Rapids, IA, patients are given questions they will be expected to teach-back that cover which of the following topics?
 - A. Their exercise regimen
 - B. Hours of sleep required nightly
 - C. Symptoms to report to physician
 - D. Ways to reduce stress
3. Healthcare institutions have used several ways to instruct staff on teach-back techniques including which of the following methods?
 - A. Role playing
 - B. Evaluation on units
 - C. Creating a video
 - D. All of the above
4. To address gaps in education in clinical areas at the Mayo Clinic in Rochester, MN, an assessment addresses which of the following?
 - A. Educational needs
 - B. Cost of project
 - C. Potential patient outcomes
 - D. All of the above

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Patient / Family Involvement

You or someone who cares for you knows how important it is to understand all of the information you get while you are in the hospital. The following questions have been written by the health care team to encourage you to take part in your care.

Teach Back Questions for Heart Failure

- During your hospital stay you will be asked the following questions. All of these questions are very important for you to understand and answer correctly if you or someone you care for has heart failure. Your answers to the questions will help us make sure that we did a good job explaining the important facts about your condition.
- Answer the questions using your own words. Do not worry about repeating what you have read or what your health care team has shared with you. We want to make sure that you understand what the questions mean and that you know what to do or who to call after you leave the hospital.

Day One Questions:

1. What is the name of your water pill?
2. What weight gain should you call your doctor about? Do you have a scale at home?
3. What foods should you avoid when you have heart failure?
4. What are your symptoms of heart failure?

Day Two Questions:

1. Why is it important to take your medicine for heart failure everyday?
2. Why is it important to avoid foods with sodium (salt)?
3. Why is it important to watch for the symptoms of heart failure?
4. Why is it important to watch for weight gain?

Day Three Questions:

1. How will you remember to take your water pill every day?
2. How do you plan to change to a low sodium (salt) diet?
3. How will you check for heart failure symptoms every day?
4. How will you weigh yourself everyday?

Attachment A

Teach Back Guidelines for Heart Failure

Purpose: Provide an individualized program for all key learners related to essential concepts in the self-care and management skills of heart failure. After the educational sessions the key learner will:

| Learning Needs | Expected Outcomes After Teaching | Methods and Resources |
|---|---|--|
| <p>Restate how heart failure limits your activity.</p> <p>Demonstrate how to take medication.</p> <p>Rephrase the importance of limiting sodium in your diet.</p> <p>Explain the importance of monitoring daily weight.</p> <p>List signs and symptoms for which you should call your doctor or 911.</p> <p>Discuss your plan for follow-up care and why it is important.</p> <p>Determine need for referrals if appropriate:</p> <ul style="list-style-type: none">• Cardiac Rehab• Case Management / ADL• Rehab Services• Clinical Nutrition• Pharmacy• Tobacco Cessation• OASIS Palliative Care• Home Care | <p>Discuss how the patient / family feel about the diagnosis. Elicit how diagnosis affects lifestyle.</p> <p>Emphasize how heart failure can be controlled, not cured.</p> <p>Patient / Key learner will state that heart failure is controlled by</p> <ul style="list-style-type: none">• Taking medications as directed.• Following a low NA diet.• Weighing your self every day. <u>Remember to ask the patient if they have a scale.</u>• Balancing activity with periods of rest. <p>Identify Symptoms of Heart Failure and Relate to Cause and Treatment:</p> <p>Encourage patient / key learner to discuss symptoms and the situations that precipitate symptoms.</p> <p><u>* Reinforce that similar info can be found on the Refrigerator Sheet (Home Advisor)</u></p> <ul style="list-style-type: none">• Fatigue, weakness• Changes in ability to concentrate and / or confusion• Shortness of breath (made worse by activity), wake up at night short of breath or gasping for breath.• Cough may be dry or productive with pink frothy fluid.• Edema of legs, ankles, abdomen.• Sudden weight gain of more than 2 lbs. in one day or 3-5 lbs. in 5 days.• Report a weight gain of 3 or more pounds in 1 week to the doctor. | <p>Discussion:</p> <ol style="list-style-type: none">1. What does heart failure mean to you?2. What would you like to know about heart failure?3. Explain what causes heart failure. <p>Suggested Educational Resources:</p> <ol style="list-style-type: none">1. Heart Failure Home Advisor2. Video: TPC Heart Failure: Beating the Odds3. Krames Health Sheets (individualize for patient) <p>Setting the Stage for Teach Back:</p> <p><u>What is Heart Failure?</u></p> <ul style="list-style-type: none">• Heart Failure is a common condition.• The information in the Home Advisor will help you to understand how to control your symptoms.• Having heart failure means that your heart does not work as it should – the heart may have less pumping power. <p><u>Medications:</u></p> <ul style="list-style-type: none">• It is important to take your medicine(s) even if you are feeling better.• Are you on a water pill? This type of medicine(s) will help your body to get rid of extra water and Na that may collect in your lungs or settle in your feet and ankles. <p><u>Nutrition:</u></p> <ul style="list-style-type: none">• It is important to lower the amount of sodium (salt) in your diet.• Na causes extra fluid to build up in your body – making your heart work harder.• A low sodium diet has 2,000 mg of sodium per day.• Common foods high in Na include canned soups, deli meats, ham, processed foods and fast food (McDonald's). <p><u>Daily Weight:</u></p> <ul style="list-style-type: none">• Weigh yourself the same time every day (before breakfast and after passing urine). |

Living with Heart Failure

Living with Heart Failure

A PASSION FOR BETTER MEDICINE.SM



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Revised 06/09, 05/06, 04/06, 12/04, 12/03, 05/03, 03/03, 06/00, 09/98, 07/98

This information is not intended to take the place of medical advice. Always follow your health care provider's instructions.

Information Sheet

Primary Care Physician: _____

Phone Number: _____

Heart Doctor: _____

Phone Number: _____

Dietitian: (610)-402-8313

Emergency Contact: _____

Phone Number: _____

Diet

_____ milligrams sodium per day

_____ cups of fluid per day (____ ounces)

Activity: _____



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Foreward

This book will help you to understand and learn about the heart failure condition you have. As you read through the book you will learn how your heart works and more about the different types of heart failure. You will learn about controlling heart failure with medications and changing your diet by reducing sodium in your food. Exercise programs that you can do will also be talked about. Finally, you will read about changes that you should make to your lifestyle to promote a healthy heart. This book's purpose is for you, the patient, to have as much information as possible so that you will be as healthy as possible.

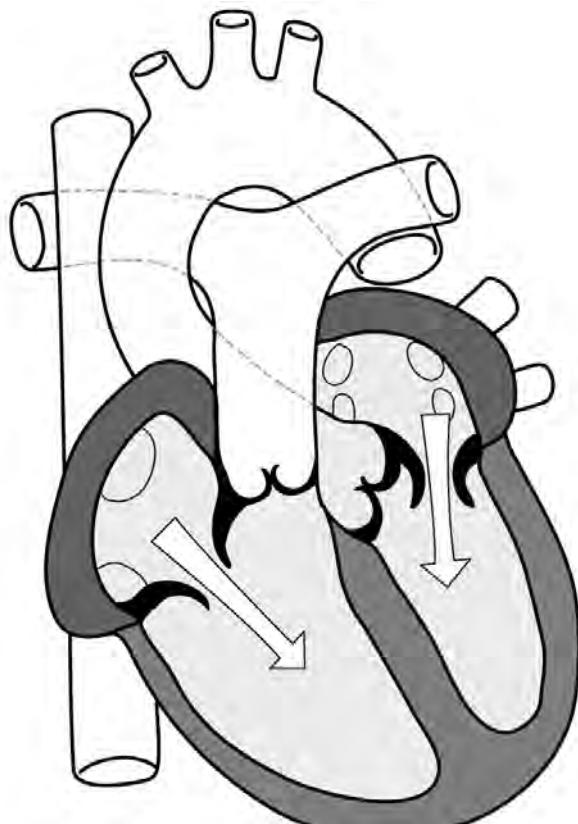
What is Heart Failure

What is Heart Failure

How Your Heart Works

Your heart is a muscle that pumps blood through your body. It has four chambers. These chambers hold your blood as it moves through the heart. Blood returns from the veins to the right side of the heart and is pumped to the lungs for oxygen.

The blood travels back to the left side of the heart. Then it is pumped to your organs, limbs, brain, and other parts of your body.

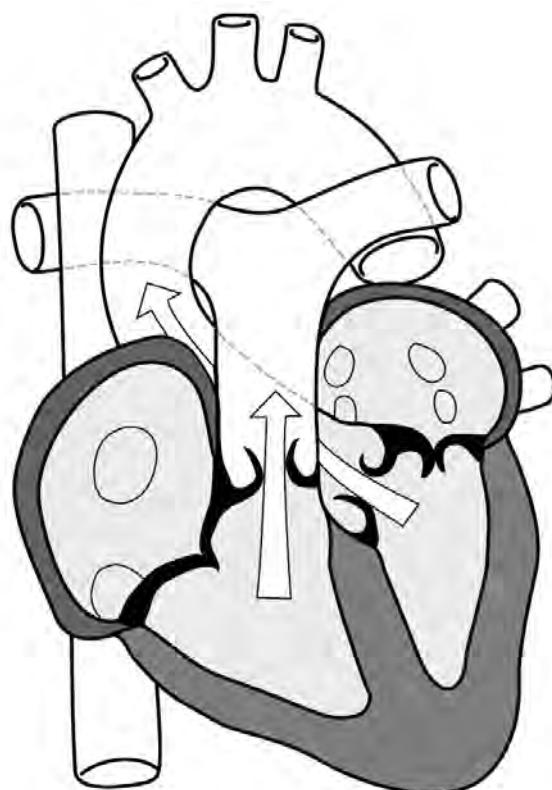


How blood flows through your heart

What is Heart Failure

The heart is a powerful muscle that can pump the right amount of blood to all parts of the body. When you have heart failure, your heart muscle is weakened and its pumping power is reduced. Heart failure can start in the right or left side. But soon both are strained as one side tries to help the other.

Having heart failure does not mean that your heart has stopped or is about to stop. It means that your heart does not work like it



should. It may become hard for you to do the things that may have been easy in the past.

When the heart has less pumping power, blood and fluids may back up in the lungs and other parts of the body. Because of this, you may have shortness of breath or swelling in the hands, legs, and feet. Due to this “congestion,” you may hear heart failure called Congestive Heart Failure (CHF).

Heart failure is a chronic disease that can be mild, moderate or severe. But there are ways you and your doctor can help your heart to do its job. Often, the symptoms can be controlled with medications and by changing your diet.

Right Heart Failure

When the right lower chamber starts to have a pumping problem, first blood backs up in the veins. This means that you may notice swelling in your legs and ankles.

You may notice soreness or swelling in your belly. There also could be a feeling of tiredness and a loss of appetite.

Left Heart Failure

When the left lower chamber is weakened and not pumping like it should, fluid can back up into the lungs. You may become short of breath or have a cough. You may also wake up breathless at night or need to sleep propped up on pillows.

You may notice excess fluid in different parts of your body. Your shoes or socks may feel tight.

What Causes Heart Failure?

When heart failure occurs, there is usually a reason. Many conditions can weaken the heart. Some conditions damage the heart muscle. Others make the heart work harder, weakening the heart by tiring it out.

The most common causes are:

- Coronary Artery Disease (CAD)
- High Blood Pressure
- Heart Attack
- Heart Muscle Disorder (Cardiomyopathy)
- Heart Valve Disease

How You May Feel

You may notice some or all of these symptoms:

- Shortness of breath (at rest or with exertion that wakes you up at night)
- Weakness or tiredness
- Swollen ankles or feet
- Weight gain (One pound a day for more than one day or three or more pounds a week)
- Loss of appetite and bloating in the stomach
- Problems breathing when you are lying down
- The need to use the bathroom more than usual during the night
- Waking up at night coughing or short of breath

Call your doctor if you develop any of the following symptoms:

- Increasing shortness of breath
- Difficulty breathing
- Sleeping with more pillows than normal
- You gain one pound a day for two days
- You gain three or more pounds a week.
- Swelling in your legs, ankles, or feet
- Flu symptoms, or a fever
- Dry cough, especially when lying down
- Any new or worsening symptoms

CALL 911 if you experience ANY of the following signs or symptoms:

- Inability to catch your breath at rest
- Chest pain not relieved by nitroglycerin
- Fainting, near-fainting or cold sweats
- Racing heartbeat

Medication & Implantable Devices

Medications & Devices

Medications

Taking medicines is an important part of your treatment. Medicines work to prevent and relieve symptoms, and may help your heart pump more effectively.

It may take several days or weeks to find the right medicines for you. This can include the right amount of each medicine and the best time of day to take each medicine.

The most common types of medicines for treating heart failure are listed below. Every person who has heart failure is different.

Your doctor will help you decide which medicines are right for you.

ACE Inhibitors/ Angiotensin Receptor Blockers

These medicines make it easier for blood to flow by relaxing blood vessels. As a result, your heart does not have to work as hard. Most important, they improve survival and symptoms in heart failure. They may also be used to lower blood pressure.



Beta-Blockers

Beta-blockers block the effects of harmful stress hormones, improve heart function and can help people with heart failure feel better, live longer and go to the hospital less often. They also control high blood pressure, prevent heart attacks and help regulate your heart rate.

Diuretics

(dy-uh-RET-ik)

Diuretics help rid your body of excess water and sodium that may collect in your lungs or settle in your feet and ankles. Less fluid to pump makes your heart's job easier.

Digoxin

(dih-GOKS-sin)

Digoxin helps your heart pump with more strength. When your heart muscle pumps stronger, it can pump more blood with each beat.

All Medicines can have side effects. Call your doctor if you have any of the following side effects, but **DO NOT** stop taking your medicines.

- Dizziness
- Increased Weakness
- Increased Fatigue
- Muscle Cramps
- Trouble Breathing
- Dry Cough
- Nausea
- Poor Appetite
- Vision Changes
- Swelling in your legs, ankles, or feet

Taking Your Medicines

Taking too much or too little medicine can be dangerous to your heart. It is a good idea to work out a system to help you keep track of your medications.

Use the chart on page 8 to help.

Helpful Hints

- Always have a list of your medicines at home and in your wallet or purse. In the back of the book there is a card to place in your wallet.
- Make a medicine schedule and post it as a reminder.
- Use special pill boxes that will help you keep track (Day-of-the-week divided).
- Talk to your nurse or doctor if you are having problems.
- Refill your medicines when you have only a one week supply left.
- You may need to take your pulse before taking certain medicines (like Digoxin). Your doctor or nurse will teach you how to do this. (See page 30).

REMEMBER: Taking your medicine is the key to feeling better!!!

Take your medication every day. Do not miss a dose.

Medication Chart

| When to take your medication | Name/Dose |
|------------------------------|-----------|
| Breakfast | |
| Lunch | |
| Dinner | |
| Bedtime | |

Heart Failure Nutrition

Heart Failure Nutrition

In this section you will learn more about how you should change your diet by watching what you eat and put in your food.

Low-Sodium Diet

It is important to lower the amount of sodium (salt) you eat when you have heart failure. Heart failure causes the body to hold on to extra sodium. The sodium causes extra fluid to build up in your body. The extra fluid makes your heart work harder. It also causes symptoms such as swelling of the ankles, feet or abdomen, shortness of breath, or weight gain.

A low-sodium diet can help you, even if you do not have symptoms of fluid build up, or if you are already taking a diuretic (water pill).

You may have heard your doctor or nurse talk about a low-sodium diet or a low-salt diet and may wonder if they are the same or different diets. There is no difference between the two diets. Doctors and nurses usually use the terms sodium and salt to mean the same thing. This chapter will use the word sodium except when actually referring to table salt.

The typical American diet is very high in sodium. Even if you do not add salt while cooking or do not use the salt shaker at the table, you are probably eating too much sodium. That is because we eat processed foods, like frozen dinners, boxed noodle and rice dishes, canned soups, and canned vegetables. Most processed foods are high in sodium.

It may take some time to adjust to a low-sodium diet, but it is worth the effort. A low-sodium diet can help you feel better and allow your heart failure medicines to work better. It may even keep you out of the hospital.

What is a Low-Sodium Diet?

A low-sodium diet includes no more than 2,000 milligrams (mg) of sodium per day. That is the same as 2 grams of sodium a day.

How to Follow a Low-Sodium Diet

You can take four basic steps to reduce the amount of sodium in your diet:

1. Stop adding salt to your food.
2. Adapt your preferred foods to low-sodium versions.
3. Pick foods naturally low in sodium.
4. Learn to read food labels.

Step 1: Stop Adding Salt to Food

To accomplish this step, try the following tips:

- Take the salt shaker off the table.
- Do not add salt when cooking.

Step 2: Change Your Favorite Foods to Low-Sodium

To do this, try these tips:

- Consider getting a low-salt cookbook.

You can find great low-salt cookbooks at your local library. You can also buy one at a bookstore or on the Internet. After getting used to low-sodium eating, you will be able to adapt your favorite recipes to low-sodium versions.

- Use low-sodium substitutes for foods that you like.

For example, make a fresh lean pork roast instead of a country ham.

You can cook fresh chicken, turkey, roast beef, or pork without adding salt and use the meats for sandwiches instead of packaged lunch meats. Use fresh lettuce, tomato, and onion for flavoring.

- Look for low-sodium versions of the foods you like.

Many types of canned goods are now available in low-sodium versions. Look for canned foods labeled sodium-free, no-salt, low-sodium, light in sodium, very low-sodium, reduced-sodium, less-sodium, or unsalted.

Step 3: Pick Foods Naturally Low in Sodium

To accomplish this step, try the following tips:

- Choose fresh foods.

Fresh fruits and vegetables including freshly squeezed fruit and vegetable juices have very little sodium. The same is true for fresh meat, poultry and fish.

Generally, you can eat as much fresh food as you want without counting the sodium content. So, think fresh when choosing foods.

Step 4: Learn to Read Food Labels

By reading food labels, you can learn which foods are high and low in sodium. As a rule, most processed foods, if they are frozen, canned, or boxed, are high in sodium. For example, most frozen TV dinners, frozen snack foods such as pizza rolls and egg rolls, canned vegetables, and instant hot cereals are high in sodium and should be avoided.

But not all processed foods are high in sodium. Some packaged foods are available in low-salt or no-salt versions.

Sometimes it is hard to know what to eat. The only way to know for sure is to read the food label. It is very important to read the labels of processed foods or any food with which you are unfamiliar.

**Always think about what is
on your plate before you eat.**

| Nutrition Facts | |
|--|------------------------|
| Serving Size | Servings Per Container |
| Amount Per Serving | |
| Calories 0 | % Daily Value |
| Fat 0 | |
| Saturated 0 g | 0% |
| Trans 0 g | 0% |
| Cholesterol 0 mg | 0% |
| Sodium 9 mg | 0% |
| Carbohydrates 3 g | 1% |
| Dietary Fiber 0 g | 0% |
| Sugars 1 g | 0% |
| Protein less than 1g | |
| *Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs. | |

Reading a Food Label for Sodium Content

Start by looking at the serving size and sodium content for information. See the shaded areas on the sample label below.

The serving size for the food on this label is 5 oz. (ounces). The sodium content for that serving is 440 mg.

If you eat the same sized serving as the one listed on the label, then you are eating the amount of sodium that is listed.

But if the amount you actually eat is either larger or smaller, the amount of sodium you will be eating will also be larger or smaller.

For example, if you eat a double portion of the food shown below, you will also be eating twice as much sodium as listed on the label. A 10 oz. serving of the food above would contain 880 mg of sodium.

| Nutrition Facts | |
|--|-----------------------------|
| Serving Size 5 oz. | |
| Servings Per Container 4 | |
| Amount Per Serving | |
| Calories 90 | Calories from Fat 30 |
| % Daily | |
| Value* | |
| Total Fat 3g | 5% |
| Saturated Fat 0g | 0% |
| Cholesterol 0mg | 0% |
| Sodium 440mg | 19% |
| Total Carbohydrate 13g | 4% |
| Dietary Fiber 3g | 4% |
| Sugars 3g | |
| Protein 3g | |
| Vitamin A 80% | Vitamin C 60% |
| Calcium 4% | Iron 4% |
| *Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or depending on your caloric needs: | |
| More nutrients may be listed on some labels | |

Examples of High-Sodium Foods and Low-Sodium Alternatives

Instead of these high-sodium foods
Consider these low sodium alternatives

| | Amount of sodium |
|--|------------------|
| Baking powder (1 tsp.) | 400-500 mg |
| Low-sodium baking powder (1 tsp.) | 5 mg |
| Garlic Salt (1 tsp.) | 1,480 mg |
| Garlic Powder (1 tsp.) | 1 mg |
| Peanut butter (2 tbsp.) | 150-250 mg |
| Unsalted peanut butter (2 tbsp.) | 0 mg |
| Canned pasta sauce (1/4 cup) | 125-275 mg |
| No salt added pasta sauce (1/4 cup) | 25 mg |
| French fries (small order) | 150-700 mg |
| Unsalted French fries (small order) | 10-20 mg |
| Salted nuts (1 oz.) | 120-250 mg |
| Unsalted nuts (1 oz.) | 3-10 mg |
| Saltine crackers (1) | 70 mg |
| Low-sodium saltine crackers (1) | 7 mg |
| Self-rising flour (1 cup) | 1,600 mg |
| Enriched white or whole wheat flour (1 cup) | 3-6 mg |
| Ham (3 oz.) | 1,025 mg |
| Fresh pork (3 oz.) | 60 mg |
| Instant oatmeal (3/4 cup) | 180 mg |
| Regular cooking oatmeal (3/4 cup) | 5 mg |
| Turkey ham (3 oz.) | 865 mg |
| Turkey (3 oz.) | 75 mg |
| Corned beef (3 oz.) | 800 mg |
| Roast beef (3 oz.) | 60 mg |

Sample Menus

| | Day 1 | Day 2 | Day 3 | Day 4 |
|------------------|--|---|--|--|
| Breakfast | Orange Juice 1 cup Corn Flakes 1 cup Milk Banana ½ Toasted English Muffin w/Margarine Coffee/Creamer | Cranberry Juice Scrambled Egg 2 Slices Whole Wheat Toast w/ Margarine Fresh Fruit Cup Coffee/Creamer | Apple Juice 2 Pancakes w/ Syrup 1 cup Milk Coffee/Creamer | Orange Juice Puffed Rice 1 cup Milk Bagel w/ Jelly Coffee/Creamer |
| Lunch | ¾ cup Low-Sodium Soup Low-Sodium Cheese Sandwich Tossed Salad w/ Diet Dressing Fresh Fruit Tea w/ Lemon | Apple Juice Low-Sodium Turkey Sandwich w/ Lettuce & Tomato Canned Peaches 1 cup Milk | ¾ cup Cottage Cheese Pineapple Low-Salt Crackers Tea w/ Lemon | Low-Sodium Tuna Melt on English Muffin w/ Low-Sodium Cheese / Sliced Tomatoes / Cucumbers Fresh Fruit Tea w/ Lemon |
| Dinner | Hamburger on Roll w/ Lettuce / Tomatoes / Onions / Ketchup Fruit Cocktail Decaf Coffee | Baked Chicken Baked Potato w/ Margarine Green Beans Small Roll w/ Margarine Fruit Cup Tea w/ Lemon | Baked Fish Rice Baby Carrots Tossed Salad Olive Oil & Vinegar Dressing Fresh Fruit Pound Cake Tea w/ Lemon | Spaghetti w/ Meat Sauce (no Sodium) Tossed Salad w/ Low-Sodium Italian Dressing Italian Bread Margarine Sorbet |
| Snack | Graham Crackers Canned Fruit | Pudding 2 Oatmeal Cookies | Vanilla Wafers 1 cup Milk | Graham Crackers Grapes |

Eating Out

Use the following tips while eating out:

- Choose restaurants that offer fresh food choices.
- Pick preparations without breading, because breading contains salt.
- Be specific about what you want and how you want it prepared when ordering.
- For example, ask that your food be prepared without added salt, monosodium glutamate (MSG) or soy sauce.
 - ◊ Do not be afraid to question your waiter about how the food is prepared.
 - ◊ Choose foods without sauces or ask for sauce and salad dressing “on the side”.

If you use salad dressing, dip the tines of your fork into the dressing cup and then pierce your food, instead of pouring the dressing over your food. That way you get the flavor without all the sodium.

Use the same technique with other types of sauces such as barbecue, steak, creamed, cheesy, Hollandaise, Alfredo, or red spaghetti sauces. It also works with gravies.

- Limit the use of condiments that are high in sodium such as Worcester shire sauce, steak sauce, or ketchup.
- Avoid dishes named au gratin, Parmesan, hashed, Newberg, casserole, and Devonshire, because they are high in sodium.
- Be careful of foods that are labeled as good for your heart. These foods are usually low-fat, but they may be high in sodium. In many cases, salt is used to flavor low-fat foods.

Limit Fluids

People with heart failure have trouble with their body holding fluid. Feeling thirsty is common but you need to be careful with how much fluid you drink.

Many doctors want their patients to limit the amount of fluid they drink to eight cups a day. This includes the fluid you drink taking your medicines. Remember to follow your doctor's instructions for how much fluids you can drink.

Measuring Guide

$\frac{1}{2}$ cup = 4 oz. = 120 cc

1 cup = 8 oz. = 240 cc

4 cups = 32 oz. = 1 qt.
1000 cc = 1 liter

8 cups = 64 oz.
2 qt. = 2000 cc = 2 liters

1 oz. = 30 cc

Watch Your Weight

Weigh yourself daily at the same time, with the same scale, and with the same amount of clothing. A good time is in the morning before breakfast and after passing your urine.

Keep track of your weight and symptoms on a simple chart. Use the chart on the next pages 20-21 to help you. Bring the completed chart(s) with you to your next doctor's visit.

Call your doctor if:

You gain one pound a day for two days.

You gain three or more pounds a week.

Congestive Heart Failure Weight and Symptom Log

Weigh yourself and check your symptoms every day. Notify your doctor if you have a two or more pound weight gain in one day or three or more pounds in one week, or if you have an increase in symptoms.

| Day | Weight Gain | Short of Breath | More Pillows | Cough | Swelling | No Appetite | Increased Weakness | Fatigue |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16 | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> |
| 19 | <input type="checkbox"/> |
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| 21 | <input type="checkbox"/> |
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| 27 | <input type="checkbox"/> |
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| 30 | <input type="checkbox"/> |

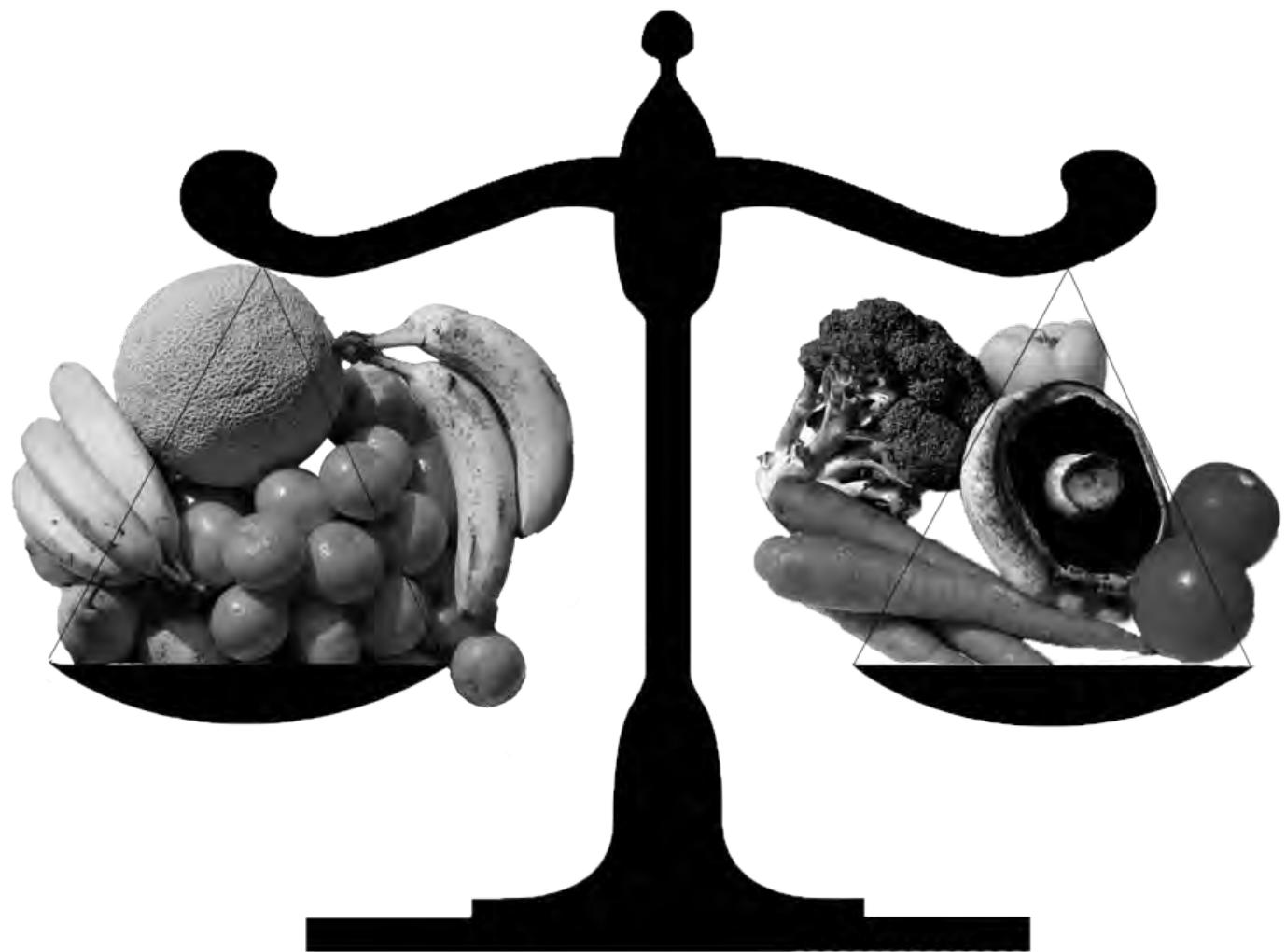
Comments: _____

Congestive Heart Failure Weight and Symptom Log

Weigh yourself and check your symptoms every day. Notify your doctor if you have a two or more pound weight gain in one day or three or more pounds in one week, or if you have an increase in symptoms.

| Day | Weight | Short of Breath | More Pillows | Cough | Swelling | No Increased Appetite | Weakness | Fatigue |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> |
| 7 | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 13 | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> |
| 15 | <input type="checkbox"/> |

Comments: _____



Remember a balanced diet is a great way to watch your weight!

Exercise

Exercise

The amount of exercise that you will be allowed to do will vary, depending upon your overall physical condition. You should discuss your exercise program with your doctor.

What is Aerobic Exercise?

- Uses large muscle groups (arms and legs)
- Is rhythmic
- Is done for at least 20 - 30 minutes without stopping
- Increases your heart rate and breathing, but does not leave you breathless
- Has three main parts:
 1. Warm-Up
 2. Aerobic Exercise
 3. Cool Down

These are other kinds of aerobic exercise that you may want to try:

- Swimming
- Rowing
- Nordic Track
- Stair climbing

Warm-Up

Duration: (5-10 minutes)

Warming up gets your body ready for aerobic exercise. This includes mild stretching and/or simple arm and leg exercises. Warm-up exercises will gradually raise your heart rate and blood pressure to get your body ready for an aerobic workout. Walking slowly for the first five to 10 minutes is a good warm-up activity. There are arm and leg exercises on page 32 you can use to help your muscles warm up and prevent injuries.

Aerobic Exercise

Duration: (20-60 minutes)

After discharge from the hospital, follow the walking and/or biking programs on pages 28-31. Most people find that walking is one of the best ways to start exercising. As you become more active, a variety of exercises will help you stick with it.

Cool-Down

Duration: (5 - 10 minutes)

This is one of the most neglected parts of exercise! It is important for cardiac patients not to stop exercising suddenly. You are more likely to feel light headed and have irregular heartbeats if you stop without cooling down. You should walk or bike slowly for five to 10 minutes to allow your pulse rate to come down gradually. You can also use the arm and leg exercises to help you cool down.

CAUTION: Your body may tell you to stop exercising by giving the following warning signs:

- ◊ chest discomfort
- ◊ irregular heartbeats
- ◊ dizziness
- ◊ shortness of breath
- ◊ nausea or vomiting
- ◊ muscle strain

If you get any of these signs, STOP!

Shoes should:

- ◊ Have thick, flexible soles
- ◊ Have good arch support
- ◊ Be roomy
- ◊ Have laces for a snug fit

- Wait one to two hours after eating before you exercise.
- Do not exercise when you have a fever or feel sick.
- If you have been sick or unable to exercise, restart your exercise slowly.
- Do not take a very hot or cold shower after exercising.
- You may have to change your exercise program when it is hot, cold, windy, humid.
- You may also need to change it if you live in high altitudes, or areas that have air pollution.
- You can change the time of day you exercise, or move indoors. Many malls open early to allow you to walk.
- You may want to buy home exercise equipment such as a stationary bike or treadmill.
- To benefit from exercise, you must continue your exercise year-round. If you quit exercising you will lose most of the benefits within a few weeks!

General Tips

- Exercise when you are rested.
- Walking should be continual and rhythmic.
 - ◊ Walk briskly
 - ◊ Walk continuously for the prescribed amount of time
 - ◊ Pause and rest if you need to
- Good walking shoes are important!

- Call your doctor:
 - ◊ If you get any new symptoms (such as chest discomfort)
 - ◊ If there is a change in your symptoms (i.e. more chest discomfort or shortness of breath with less exertion)

Exercising outside in the Winter

- Layer your clothing, wear cotton, fleece lined cotton, wool or breathable nylon
- Warm socks
- Hat and gloves
- Scarf over your mouth and nose
- Walk during the day when it is the warmest
- If it is cold and windy, exercise indoors
- Some people may get angina in the cold weather

Exercising outside in the Summer

- Wear cotton or other porous material that will let sweat evaporate and your skin to breathe.
- Walk early in the morning or in the evening
- If it is hot and humid, exercise indoors

Rate of Perceived Exertion

Another way of measuring how hard you are exercising is by rating your level of exertion. Ask yourself:

How hard does the exercise feel?

You can use this scale to rate your exertion:

1. no exertion at all
2. light
3. moderate
4. somewhat hard
5. hard
7. very hard
9. very very hard
10. maximum effort

The scale does not have a number 6 or 8 in it. These are ranges of physical exertion.

During your first few weeks at home, you should exercise in the two - three range. As you gradually progress, you should exercise in the three - five range. You should not push yourself to exercise beyond the three - five range. Listen to what your body tells you! If you feel too tired after an activity, you may have done too much.

If your doctor prescribes Nitroglycerin for you, carry it with you at all times.

Taking Your Own Pulse

Pulse taking should be used to help you exercise with a safe heart rate. Checking your pulse can be useful in watching for irregular heartbeats and checking the effects of some medications.

The wrist pulse (radial artery) is located at the thumb side of your wrist. It is best felt with the pads (not the tips) of the fingers of the opposite hand. A light but firm pressure will allow you to feel it well. A common mistake is to press the artery too hard, which makes it impossible to feel the pulse.

Count the number of beats felt in 10 seconds

Multiply by six

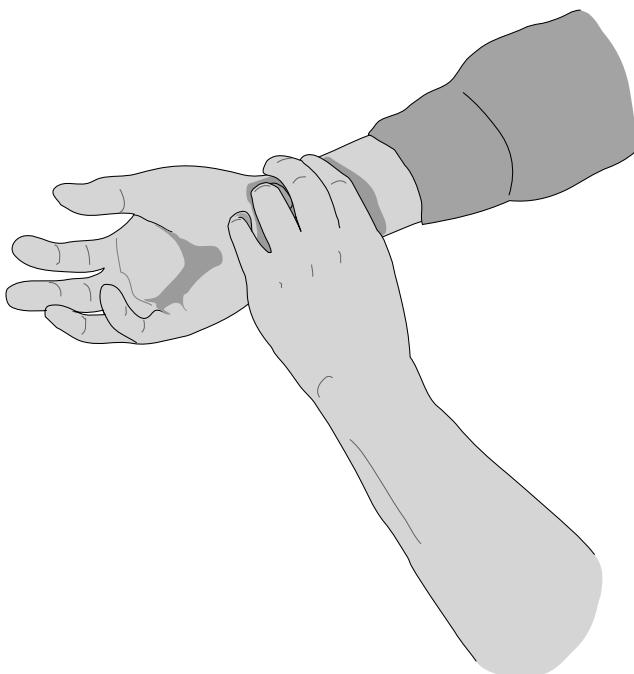
During the first few weeks at home, your exercise pulse should not go higher than 20-30 beats over your resting heart rate.

Example:

Resting heart rate = 80

Exercise heart rate = 100 - 110

If you have a stress test done, your doctor can tell you what your exercise heart rate should be.



How to take your pulse

Sample Walking Program

During the first few weeks at home:

- Walk in your home or close to home
- Walk on level ground and avoid hills
- Gradually increase your speed and distance
- Move to the next level when you feel strong enough
- Measure how far and fast you are walking:
 - ◊ 1 mile in 30 minutes = 2 mph
 - ◊ 1 mile in 20 minutes = 3 mph
 - ◊ 1 mile in 15 minutes = 4 mph

If you cannot walk for long periods, take several shorter walks. These walks should be at least 30 minutes each day when added together. For example, three 10 minute walks per day equals one 30 minute walk per day.



Sample Walking Program

| Levels | Times a Day | Amount of Time |
|----------|----------------------|----------------|
| Level 1 | Walk 2-3 times a day | 5-10 minutes |
| Level 2 | Walk 2-3 times a day | 10-12 minutes |
| Level 3 | Walk 1-2 times a day | 15-20 minutes |
| Level 4 | Walk once a day | 25-30 minutes |
| Level 5 | Walk once a day | 35 minutes |
| Level 6 | Walk once a day | 40 minutes |
| Level 7 | Walk once a day | 45 minutes |
| Level 8 | Walk once a day | 50 minutes |
| Level 9 | Walk once a day | 55 minutes |
| Level 10 | Walk once a day | 60 minutes |

Exercise

Long Term Exercise Goal
30 - 60 minutes
3 - 5 times a week

Sample Biking Program

- Try pedaling at approximately 15 to 20 mph (50 to 70 rpm).
- You may begin adding resistance the fourth week.
- There should be a dial on your bike for resistance:
 - ◊ Turn the dial to the right to make pedaling harder.
 - ◊ If you cannot pedal at the higher resistance, lower or remove it.
- If your bike has handles that move back and forth, DO NOT USE THEM.
- Remember to hold on for balance.
- Check with your doctor before using the movable handles.



Remember that you can bike inside when it is:

Too hot outside

Too cold outside

Raining

Night time

Sample Biking Program

| Week | Amount of Time | Resistance | Frequency |
|---------|---|---|-------------|
| 1 | 5 minutes pedaling | no resistance | twice a day |
| 2 | 5 minutes pedaling 1 minutes resting 2 minutes pedaling | no resistance | twice a day |
| 3 | 5 minutes pedaling 1 minutes resting 5 minutes pedaling | no resistance | once a day |
| 4 | 5 minutes pedaling 1 minutes resting 5 minutes pedaling 1 minute resting 5 minutes pedaling | no resistance slight resistance | once a day |
| 5 & 6 | 2 minutes warm-up 15 minutes pedaling 2 minutes cool-down | no resistance slight resistance no resistance | once a day |
| 7 & 8 | 3 minutes pedaling 17 minutes pedaling 3 minutes cool-down | no resistance slight resistance no resistance | once a day |
| 9 | 3 minutes pedaling 20 minutes pedaling 3 minutes cool-down | no resistance slight resistance no resistance | once a day |
| 10 | 3 minutes warm-up 25 minutes pedaling 3 minutes cool-down | no resistance slight resistance no resistance | once a day |
| 11 & 12 | 3 minutes warm-up 30 minutes pedaling 3 minutes cool-down | add more resistance as tolerated within target heart rate | once a day |

Arm and Leg Exercises

All Exercises can be done sitting and standing.

Chin to Chest

Sit or stand in a comfortable position with your back straight.
Slowly lower chin to chest and hold - return to starting position.

Do 5 to 10 Times

Shoulder Shrug

Start with arms relaxed at your side. Raise your shoulders as high as possible and then lower them. Hint: inhale while raising shoulders and exhale as you lower shoulders.

Do 5 to 10 Times

Front Arm Lifts

When standing, start with feet shoulder width apart and arms down at your side. Raise both arms forward until they are above your head. Then lower your arms.

Do 5 to 10 Times

Outward Arm Exercises

Start with arms in front at shoulder level. Slowly move arms outward to side and then return to front, touching hands. Note: try to keep arms at shoulder level.

Do 5 to 10 Times

Hip Exercises

Sitting: Start with feet flat on the floor. Lift one knee as high as possible then repeat with other leg. Do not lean back.

Standing: Start with feet shoulder width apart (hold onto wall or chair for balance). Raise and lower your leg forward at the hip.

Do 5 to 10 Times

Knee Exercises

Raise your leg - straighten it out as far as it will go, then lower it.

Do 5 to 10 Times

Foot Exercises

Point toes forward (away from body). Then point toes toward your head.

Do 5 to 10 Times

The amount of exercise that you will be allowed to do will vary, depending upon your general physical condition. You should discuss your exercise program with your doctor.

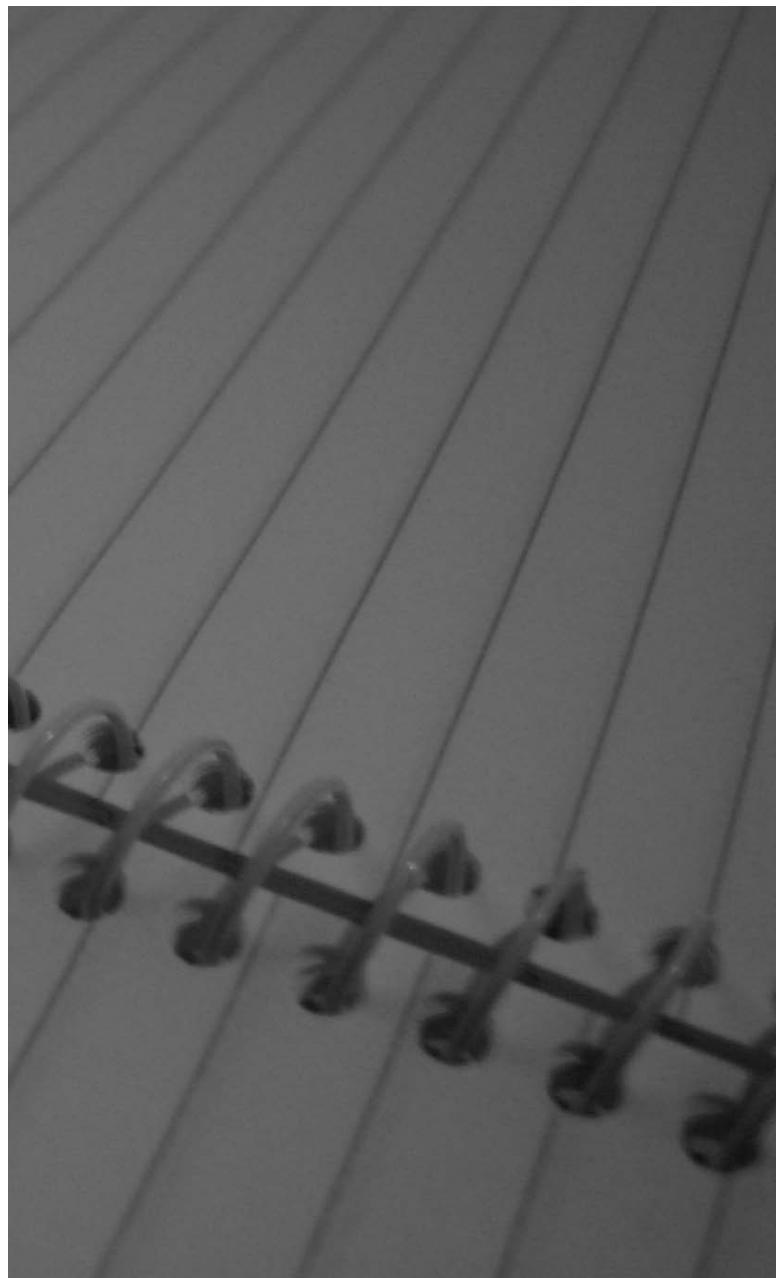
Exercise

Cardiac Rehabilitation

At Lehigh Valley Health Network's Regional Heart Center, you'll benefit from an individualized program of supervised exercise and health education that focuses on lifestyle changes. Beyond the obvious benefit of improved heart health, our cardiac rehabilitation program also may help you increase strength, control your weight, lower your blood pressure, increase your endurance and improve your self-confidence. You can reach us at:

Cedar Crest & 78
Muhlenberg

610-402-5915
484-884-2559



Keep a log of:

When you do your exercises.

What exercises you do.

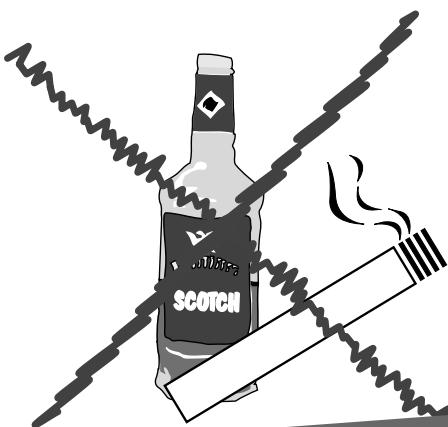
For how long you exercise each day.

Lifestyle Changes

Lifestyle Changes

Take Care of Yourself

- Stop Smoking. Smoking damages your blood vessels, makes it hard to breathe, and makes your heart beat too fast.
- Maintain a healthy weight. Contact a dietitian for information.
- Limit or stop drinking alcohol. Drinking too much alcohol makes the heart muscle weaker.
- Try to stay away from people who have colds or the flu.
- See your doctor. Keep regular appointments. Your doctor can see how well you are doing or adjust medications if needed.
- Limit fat intake.
- Have a positive attitude!



Balance Activity and Rest

Your heart is not as strong as it used to be. It is a good idea for you to take breaks during the day to rest and relax. Pace your activity. For example, rest between making your bed and taking a bath. While you rest, your heart muscle can rest also and can pump more easily during these rest times. Use pillows to elevate your feet! This reduces any ankle swelling. Get plenty of sleep at night.

Regular activity is also important for your heart. A little bit of activity every day can help you feel better. You will probably have good and bad days, so know your limits and don't push yourself. Stop and rest if you feel tired or short of breath. Do not resume an activity until you feel up to it.

Your doctor can help you plan activities that are right for you.

Helpful Hints for a Good Night's Sleep

- Use pillows to prop up your head to make breathing easier
- Avoid eating a big meal before going to bed

- Limit caffeine (coffee, tea, soda, chocolate) intake after 5 P.M.
- Avoid late afternoon and evening naps
- Limit liquid intake after 7 P.M.

Reduce Stress

Stress is your body's response to change. What may be stressful for one person may not be for another.

Stress makes your heart work harder. It is important to find ways to relieve the stress.

How Can I Manage Stress?

Suggestions to help you cope:

- Talk about your feelings with your family and friends.
- Take 15 to 20 minutes a day to sit quietly, breathe deeply, and think of a peaceful picture.
- Try to learn to accept things that you cannot change.
- Exercise regularly with your doctor's OK.

Stop Smoking

If you smoke, the best thing you can do is to stop!

If you used to smoke, the best thing you can do for your health is to not start again!!

Cigar, pipe, chewing tobacco and spit tobacco or snuff can be just as dangerous to your health as smoking cigarettes. If you use any of these, the best thing you can do is quit!

"Second Hand" or "passive smoke" also affects you and your family. If family members also smoke, encourage them to quit. This is good for their health and yours.

Effects smoking has on your heart

Tobacco smoke contains many harmful chemicals including nicotine and carbon monoxide. When inhaled, both of these substances force the heart to work harder.

Smoking even one cigarette a day can be harmful to your health. Smoking one pack a day or more can increase your risk for heart disease up to six times that of a non-smoker.

What you can do to quit smoking

1. Make a decision to quit!
2. Enrolling in a Stop Smoking Program may help you. Contact one of the following places for information:
 - ◊ Your hospital
 - ◊ A "Tobacco Cessation Counselor" can help you while you are in the hospital.
 - ◊ Call the Tobacco Treatment Program at 610-402-2550.
 - ◊ American Lung Association

3. Talk to your cardiologist or family doctor about medication that may help you quit. Do not take medication to quit until you check with your doctor.

Stop smoking tips

- Practice relaxation exercises.
- Don't linger at the table after meals. This is a prime time for lighting up!
- Cut down on drinking alcohol, coffee, or other beverages associated with smoking.
- Note the routine occasions when you are most likely to smoke. Make an effort to eliminate those times.
- Substitute exercise at times when you feel the urge to smoke as recommended by your doctor.
- Spend more time with non-smokers.
- Get support from family and friends.

Additional Resources

PA Department of Health Free
Quitline
1-877-724-1090

Coalition for a Smoke-Free Valley
610-969-4855
www.smokefreevalley.org

Additional Resources

Additional Resources

In this section you will find the following additional resources.

- Two wallet cards for you to fill out.
Place one in your wallet and give the other to your spouse or emergency contact.
- A fact sheet to place on your refrigerator.
Be sure to fill out the emergency phone numbers before taping it to the refrigerator.
- Heart Failure Society of America
<http://www.abouthf.org>

Wallet Cards

| | | |
|--------------------|---------------|---------------|
| I have _____ | Name: | Phone Number: |
| Emergency Contact: | Phone Number: | Phone Number: |
| Physician: | _____ | _____ |
| Allergies: | _____ | _____ |
| Medications: | _____ | _____ |

| | | |
|--------------------|---------------|---------------|
| I have _____ | Name: | Phone Number: |
| Emergency Contact: | Phone Number: | Phone Number: |
| Physician: | _____ | _____ |
| Allergies: | _____ | _____ |
| Medications: | _____ | _____ |

Refrigerator Sheet

Post this note on your Refrigerator.

Call your Doctor if you develop any of the following symptoms:

- increasing shortness of breath;
- difficulty breathing;
- sleeping with more pillows than normal;
- weight gain of two pounds overnight or three to five pounds in a week;
- swelling in your legs, ankles or feet;
- fullness in your abdomen;
- flu symptoms, or a fever;
- cough, especially when lying down;
- any new or worsening symptoms.

CALL 911 if you experience ANY of the following signs or symptoms:

- inability to catch your breath at rest;
- chest pain not relieved by nitroglycerin;
- fainting, near-fainting or cold sweats;
- racing heartbeat.

Emergency Phone Numbers

Doctor: _____

Home Care Agency: _____

Emergency Contact: _____

June 2010

Heart Failure Workshop
June 26

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------|-----------------|-----------------|-----------------|----------------------------------|-----------------|-----------------|
| | | 1 My Weight | 2 My Weight | 3 My Weight | 4 My Weight | 5 My Weight |
| 6 My Weight | 7 My Weight | 8 My Weight | 9 My Weight | 10 My Weight | 11 My Weight | 12 My Weight |
| 13 My Weight | 14 My Weight | 15 My Weight | 16 My Weight | 17 My Weight | 18 My Weight | 19 My Weight |
| 20 My Weight | 21 My Weight | 22 My Weight | 23 My Weight | 24 My Weight | 25 My Weight | 26 My Weight |
| 27 My Weight | 28 My Weight | 29 My Weight | 30 My Weight | Have you taken a walk yet today? | | |

Find the local farmer's market to get fresh vegetables. At picnics have fresh



hamburger instead of bratwurst or hot dogs.

Heart Failure Workshop
9:00 a.m. to 12:00 p.m.
FREE
Heart Center
Classrooms 3rd Floor



SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

October 2011 / Online Supplement to PATIENT EDUCATION MANAGEMENT™

Signs of Heart Failure

If you have one or more of these symptoms:

- Weight gain of 3 pounds in 1 day or
- Weight gain of 5 pounds or more in 1 week
- More shortness of breath
- More swelling of your feet, ankles, legs or stomach
- Feeling more tired – no energy
- Dry, hacking cough
- Harder to breathe when lying down
- Chest pain

Call doctor _____

at _____



SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

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Low Sodium Eating Plan

2000mg Sodium



If you have questions, please contact the
St. Luke's Dietitian's at 319/369-7777

SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

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Low Sodium Eating Plan

2,000mg Sodium

Salt is also called "sodium" and is found in most foods you eat.

Why do you need to limit sodium in your diet?

Sodium acts like a sponge and makes your body hold onto water. Eating too much sodium can cause you to gain weight, make your legs swell, and cause water to collect in your lungs.

How much sodium can you have each day?

Doctors recommend that you eat less than 2000mg of sodium each day. This means taking the salt shaker off of your table and paying attention to the types of foods you eat.

The First Steps...

1. Do not add salt to foods when you cook or at the table
2. Use herbs and seasonings like Mrs. Dash that are sodium free
3. Start with fresh foods
4. Do not use instant foods that come in a can, bag, or box

Eat Less Added Salt

Choose this:

| | |
|-----------------------------------|-----------------|
| Mrs. Dash | Onion Powder |
| Spices | Garlic Powder |
| Herbs | Oil and Vinegar |
| Lemon Juice | Pepper |
| Hot Sauce | |
| Fresh Garlic, Onion, Green Pepper | |
| Ketchup labeled "No Salt Added" | |



Do not choose this:

| | |
|------------------------|----------------|
| Salt | Sea Salt |
| Seasoning Salts | Mustard |
| Meat tenderizer | Ketchup |
| Soy Sauce | BBQ Sauce |
| Garlic Salt | Onion Salt |
| Bottled Salad Dressing | Bouillon |
| Olives | Sauerkraut |
| Relishes | Pickles |
| Cheese Sauce | Onion Soup Mix |



SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

Eat Less Salty Snacks

Choose this:

Crackers labeled “Hint of Salt”
Unsalted nuts
Unsalted popcorn (air popped, also available in microwaveable)
Unsalted potato or tortilla chips
Fruit
Raw Vegetables



Do not choose this:

Salted crackers
Salted popcorn
Salted nuts
Pretzels
Salted chips
Jerky



Eat Less Canned Food

Choose this:

Homemade soup made with low sodium bouillon or homemade stock
Fresh or Frozen Vegetables
Tomato Juice labeled “Low Sodium”
Canned Vegetables labeled “No Salt Added”
Canned Tuna or Salmon labeled “Low Sodium” or “Very Low Sodium”
Canned Fruit



Do not choose this:

Canned soups
Canned fish (tuna, salmon, sardines)
Canned vegetables
Canned meat (chicken, beef, Spam)
Canned entrees (pastas, stews)
Baked Beans, Pork and Beans
Canned vegetable juice



Eat Less Cured Food

Choose this:

Fresh Meat
Peanut Butter
Eggs, Egg Substitute
Dried Beans



Do not choose this:

| | |
|---------------------------|-------------|
| Ham | Hot dogs |
| Salt pork | Pastrami |
| Bacon | Corned Beef |
| Sausage | Bologna |
| Frozen Chicken Breasts | Smoked fish |
| Cold cuts (Luncheon Meat) | |



Eat Less Processed Food

Choose this:

Swiss cheese
Milk
Yogurt
TV Dinners with less than 600mg sodium (Healthy Choice, Lean Cuisine, Smart Ones)
Quick cooking or Old Fashioned Oatmeal
Cream of Wheat
Puffed Corn, Puffed Rice
Shredded Wheat



Do not choose this:

Cheese
TV Dinners (More than 600mg sodium)
Box Meals (Hamburger Pasta Meals, Macaroni and Cheese)
Instant Rice Mixes
Instant Noodle Mixes
Cake Mixes
Pre-made cakes and pies
Fast Food



SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

Heart Failure Workshop

**St. Luke's Hospital
Nassif Heart Center
Third Floor Classrooms**

This workshop is taught by a registered nurse and registered dietitian.

You will learn about:

- ♥ Causes of heart failure
- ♥ Activity and exercise
- ♥ Low Sodium Eating Plan
- ♥ Eating out guidelines
- ♥ Reading food labels
- ♥ Medications
- ♥ Living with heart failure

There will be displays of health information to look at and a packet of heart failure information for you to take home.

This is an excellent program for people who have had heart failure or have a heart problem that puts you at risk for heart failure. Learning more about your heart failure is essential in controlling your heart failure symptoms and preventing problems. Family members and caregivers are encouraged to attend also.

**This program is FREE. No registration necessary.
Walk-ins welcome!**



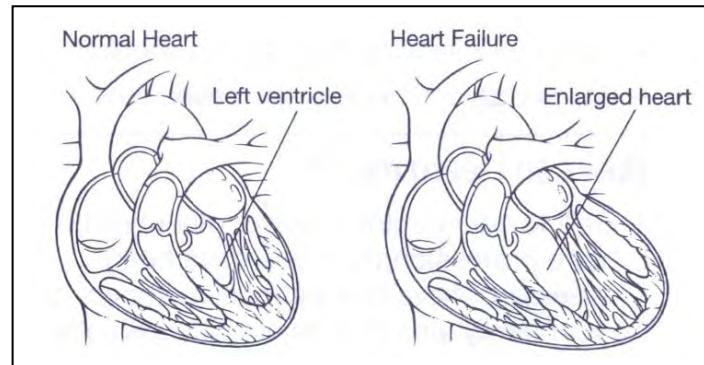
A better place to be

7/2006

**To find out next class date or
more information, call
St. Luke's Heart Care Services
(319) 369-7736**

Heart Failure

Heart failure means your heart is not pumping well. Symptoms of heart failure may develop over weeks or months. Your heart becomes weaker over time and not able to pump the amount of blood your body needs. Over time your heart may enlarge or get bigger.



Your heart

When you have heart failure, it does not mean that your heart has stopped beating. Your heart keeps working, but it can't keep up with what your body needs for blood and oxygen. Your heart is not able to pump as forcefully or as hard as it should to move the blood to all parts of your body. Heart failure can get worse if it is not treated. Do what your doctor tells you to do. Make healthy choices to feel better.

Changes that can happen when you have heart failure

- Blood backs up in your veins
- Your body holds on to extra fluid
- Fluid builds up, causing swelling in feet, ankles, legs or stomach
This build up is called edema
- Fluid builds up in your lungs
This is called congestion
- Your body does not get enough blood, food or oxygen

Signs of heart failure

- Shortness of breath
- Weight gain from fluid build up
- Swelling in feet, ankles, legs or stomach
- Feeling more tired. No energy
- Dry hacking cough
- It's harder for you to breathe when lying down

Some causes of heart failure

- Heart attack damage to your heart muscle
- Blockages in the heart's arteries which doesn't let enough blood flow to the heart
- High blood pressure
- Heart valve problems
- Cardiomyopathy
- Infection of the heart or heart valves

Ejection Fraction

- One measurement your doctor may use to see how well your heart is working is called **ejection fraction** or EF
- The ejection fraction (EF) is the amount of blood your heart pumps with each heart beat
- The normal EF of the pumping heart is 50% to 60%
- Heart failure may happen if the EF is less than 40%

Treatment for heart failure

- Eat less salt and salty type foods
- Take medicines to strengthen your heart and water pills to help your body get rid of extra fluid
- Balance your activity with rest. Be as active as you can each day, but take rest periods also
- Do not smoke

Medicines you might take

- **Diuretic "water pills"**- these help your body get rid of extra fluid
- **Beta blocker**- lowers blood pressure, slows your heart rate
- **Ace Inhibitor**-decreases the work for your heart, lowers blood pressure
- **Digoxin**-helps your heart pump better

Things for you to do to feel better each day

- Follow the guidelines on the St. Luke's Heart Failure Zone paper
- Check yourself each day-Which heart failure zone are you today?
- Watch for warning signs and symptoms, call your doctor if you are in the yellow zone. Catch the signs early, rather than late
- Do not eat foods high in salt
- Do what your doctor tells you to

To learn more about heart failure

- Attend St. Luke's FREE heart failure class
Phone (319) 369-7736 for more information
- Visit the following web sites

www.americanheart.org
www.abouthf.org
www.heartfailure.org

American Heart Association
Heart Failure Society of America
Heart Failure Online



A better place to be

Heart Failure Zones

| | |
|--------------------|--|
| EVERY DAY | <p>Every day:</p> <ul style="list-style-type: none">• Weigh yourself in the morning before breakfast and write it down.• Take your medicine the way you have been told.• Check for swelling in your feet, ankles, legs and stomach• Eat low salt food• Balance activity and rest periods <p>Which Heart Failure Zone are you today? Green, Yellow or Red</p> |
| GREEN ZONE | <p>All Clear <u>This zone is your goal</u></p> <p>Your symptoms are under control</p> <p>You have:</p> <ul style="list-style-type: none">• No shortness of breath• No weight gain more than 2 pounds (it may change 1 or 2 pounds some days)• No swelling of your feet, ankles, legs or stomach• No chest pain |
| YELLOW ZONE | <p>Caution <u>This zone is a warning</u></p> <p>Call your doctor's office if:</p> <ul style="list-style-type: none">• You have a weight gain of 3 pounds in 1 day <u>or</u> a weight gain of 5 pounds or more in 1 week• More shortness of breath• More swelling of your feet, ankles, legs, or stomach• Feeling more tired. No energy• Dry hacking cough• Dizziness• Feeling uneasy, you know something is not right• It is harder for you to breathe when lying down. You are needing to sleep sitting up in a chair |
| RED ZONE | <p>EMERGENCY</p> <p>Go to the emergency room or call 911 if you have any of the following:</p> <ul style="list-style-type: none">• Struggling to breathe. Shortness of breath that does not go away while sitting still• Have chest pain• Have confusion or can't think clearly |



A better place to be

SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa

October 2011 / Online Supplement to PATIENT EDUCATION MANAGEMENT®



A better place to be

You and Your Heart Failure

*What You Need to
Know and Do*

1. Tell me about your water pill

- How often do you take it?
- What is the name of your water pill?
- Tell me why you need to take it regularly
- Tell me how you take your water pill when you are not at home, such as when you are traveling or going to appointments.

Answer: You need to take the medicine anyway.

You could alter the time that you take it a little bit, but you must not forget to take it.

2. What weight gain should you report to your doctor?

Answer: If gain 3 pounds in one day or 5 pounds or more in 1 week.

2. How many salty or salty type foods are you eating in a day?

- How often do you put salt on your food when you eat or add salt when you are cooking your foods?

Answer: Never

- How often do you eat “instant” foods that come from a can, or a box, like soups, canned vegetables, macaroni and cheese?

Answer: Rarely

- How often do you eat salty foods like ham, lunch meat or snack foods or crackers that have salty tops on them?

Answer: Never

3. What symptoms do you need to report to your doctor?

Answer:

- ✓ Weight gain
- ✓ More shortness of breath
- ✓ More swelling of your feet, ankles, legs or stomach
- ✓ Feeling more tired—No energy
- ✓ Dry, hacking cough
- ✓ Harder to breathe when lying down
- ✓ Chest pain



Generic Teachback

Pick an educational topic to teach your patient/family. Narrow it down to four or more teaching points: the “must haves” or “vital few” for the patient/family to know when discharged. Teachback techniques offer several scripts to introduce the teachback session.

Suggestions for opening script to the teachback questions. You want to ask in a non-shaming way for the individual to explain in his/her own words what was understood.

- I just gave you a lot of information. Maybe you could explain to me ...
- I sometimes talk fast and maybe have gone over the information too quickly. Let's talk about what you would do if ...
- Your family was not here today when we talked about ... When they come in, how would you explain to them ...
- I want to be sure I did a good job of explaining this to you today because it can be very confusing. Could you please tell me in your own words why you should call your doctor?
- I want to make sure I explained everything to you clearly. Could you explain back to me in your own words ...
- We just discussed a lot of things for you to do every day. You may be doing some of these already. Which one are you doing and which ones will be new to you?

| Generic | Heart Failure | COPD | Stroke | Chronic Kidney Disease | Mental Health |
|---|---|---|--|---|---|
| Elicit from patient what and how they would explain diagnosis and health problems for which they need care General understanding of disease process and self care. Identify reason for hospitalization and current medical diagnosis. | How would you explain heart failure to your family? | Tell me how you would describe your COPD. | From the information we reviewed, tell me what you would tell your family about your stroke. <ul style="list-style-type: none"> • Assure they can say they had a stroke • "Not enough blood got to my brain" | What do you need to do every day when you get home? <ul style="list-style-type: none"> • Monitor B/P • Weigh daily – in the morning before breakfast; compare that to yesterday's weight • Eat a balanced diet; monitor and limit your intake of protein, salt and sugar • Reduce or stop drinking alcohol • Eat low-salt food • Balance activity with rest periods | Tell me how you would describe your condition to someone. |

| Generic | Heart Failure | COPD | Stroke | Chronic Kidney Disease | Mental Health |
|--|---|---|--|--|--|
| Who would you call if... | <p>What problems would you call your doctor about?</p> <ul style="list-style-type: none"> • Weight gain of 3 lb. in one day • Weight gain of 5 lb. in one week • More shortness of breath • More swelling in your feet, ankles, legs or stomach • Feeling more tired – no energy • Dry, hacking cough • Harder to breathe when lying down | <p>What are the warning signs for you that would indicate that you should call your doctor?</p> <ul style="list-style-type: none"> • Wheezing and coughing more than normal • Increased and more shortness of breath than normal • Changes in phlegm (color, texture or amount) • Fever or chills • Using rescue inhaler or inhaler more than normal • Feeling more tired than your normal • Unable to do usual activity | <p>Why is early recognition and treatment of stroke important?</p> <ul style="list-style-type: none"> • To prevent damage to my brain that could lead to some physical limitations <p>When would you or your family utilize "911" for a stroke or can you tell me why using "911" is important?</p> <ul style="list-style-type: none"> • States importance of "911" | <p>What are you going to watch for when you get home?</p> <ul style="list-style-type: none"> • B/P • Swelling of legs, hands, face or stomach • Maintaining stable weight - no weight gain of more than 3 lb. in one day • Activity ability • Urination | <p>What symptoms should you report to your doctor or therapist?</p> <ul style="list-style-type: none"> • Unable to take medications • Not sleeping or sleeping too much • No appetite • Trouble paying attention • Hearing voices or voices getting worse • Have trouble taking care of your basic needs • Have tremors, rigid muscles, spasms, restlessness • Withdrawing from others |
| Patient should explain what to do if danger/red flags/signs or symptoms occur What is the call to action? What to watch for? What would you do if they occur? When would you call...? What would you do if...? Name three warning signs indicating the need to call your doctor? 911? | <ul style="list-style-type: none"> • What weight gain would you report to your doctor? <ul style="list-style-type: none"> - 3 lb. in one day - 5 lb. or more in one week • Who would you call if you gain more than 3 lb. in one day? <ul style="list-style-type: none"> - The doctor who prescribes my water pill | <p>What should you do to prevent from having a flare-up (getting worse) with your breathing and lungs?</p> <ul style="list-style-type: none"> • Keep taking your medicines like your doctor wants you to. • Use your inhalers even though you may not feel they are helping you much. If they do not seem to be working, notify your doctor. • Do not smoke, and stay away from smoke-filled areas. • Wash your hands often, which helps you from getting an infection. | <ul style="list-style-type: none"> • What should you watch for in case you may be having a stroke? <ul style="list-style-type: none"> - Five symptoms related to FAST: Face, Arm, Speech, Time - Confusion, trouble speaking or seeing, dizziness - Weakness or numbness - B/P above targets • There are several factors that put you at risk for a stroke. Do you have any of them? Which ones can you identify? | <p>What symptoms would tell you to call your physician?</p> <ul style="list-style-type: none"> • B/P – top number over 180, bottom number over 100 • More trouble breathing than usual • Weight gain of 5 or more pounds in 3 days • Swelling in legs, ankles, stomach, hands or face • Not able to eat • Metal taste in mouth • Breath that smells like ammonia • Fever about 101 degrees Fahrenheit • Skin is itchy or you get a rash | |

SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa



| Generic | Heart Failure | COPD | Stroke | Chronic Kidney Disease | Mental Health |
|--|---|--|--|--|-----------------------------------|
| | | <ul style="list-style-type: none"> • Stay away from irritants and those things that make your breathing and lungs worse. • Eat healthy, get your sleep, and be active every day. | | <ul style="list-style-type: none"> • Trouble urinating or new blood in urine • You are unable to take your medications | |
| Patient should explain key medications for principal diagnosis Tell me what you know about... Can you tell me your medication schedule? | What is the name of your water pill? <ul style="list-style-type: none"> • Lasix, etc. | <ul style="list-style-type: none"> • What should you do first if you are having more trouble with your breathing? <ul style="list-style-type: none"> - What is the name of your fast-acting or rescue inhaler? - If your shortness of breath continues, without getting better, what should you do? • Use good pursed lip breathing. Make sure you are pursing your lips together and breathe in and out long enough, which helps you slow your breathing. • Use your fast acting inhaler or your nebulizer, if you have one. • If you use oxygen, make sure you have it on, that it is turned on and that the tubing is connected. | An important pill for you to take after a stroke is to thin your blood. It is important you take this pill as your doctor prescribed. Can you tell me the name of this drug? | Can you explain your schedule for taking your medications? | What situations should you avoid? |
| Patient should explain key points on eating plan | What foods should you avoid? (Get specific examples.) | | | What foods should you avoid? | |

SOURCE: St. Luke's Hospital, Cedar Rapids, Iowa



| Generic | Heart Failure | COPD | Stroke | Chronic Kidney Disease | Mental Health |
|--|---|---|---|---|---|
| Patient should explain follow-up appointments Importance of filling prescription Importance of scheduled follow-up appointments | When will you see your physician next? | When will you see your physician next? | When will you see your physician next? | When is your next follow-up appointment and with whom? | Why is it important to keep your follow-up appointments? |
| Discharge Instructions | <ul style="list-style-type: none"> • Is there anything on your discharge instructions you think will be difficult for you to do? • Have we missed anything? | <ul style="list-style-type: none"> • Is there anything on your discharge instructions you think will be difficult for you to do? • Have we missed anything? | <ul style="list-style-type: none"> • Is there anything on your discharge instructions you think will be difficult for you to do? • Have we missed anything? | <ul style="list-style-type: none"> • Is there anything on your discharge instructions you think will be difficult for you to do? • Have we missed anything? | <ul style="list-style-type: none"> • Is there anything on your discharge instructions you think will be difficult for you to do? • Have we missed anything? |

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