



Patient Education *Handbook*



West Calcasieu Cameron Hospital

Topics of Education

Section 1:	Letter From The Clinical Staff	2
Section 2:	Hand Washing	3
Section 3:	Low Sodium Diet	4-5
Section 4:	Rapid Response	6
Section 5:	Congestive Heart Failure	7-8
Section 6:	Smoking Cessation	9-10
Section 7:	Angina/Heart Attack	11-15
Section 8:	Preventing Deep Vein Thrombosis (DVT)	16-18
Section 9:	Stroke (Cerebrovascular Accident)	19-20
Section 10:	Diabetes Survival Guide	21-32
Section 11:	Questions For Your Doctor	33-34
Section 12:	More To Consider	35-40

Section 1:

Letter from the Clinical Staff

Dear Reader,

Changes in health status or a new diagnosis can inflict stress on you and your family. The clinical staff at West Calcasieu Cameron Hospital is here to help you navigate through these changes and to adopt a healthier lifestyle.

At West Calcasieu Cameron Hospital, we believe that education is the first step in getting yourself on the road to recovery and healthy living. By simply reading and sharing the information in this booklet with family and friends, you have demonstrated your desire to take a more active role in your health.

The staff at West Calcasieu Cameron Hospital is committed to ensuring that you are provided with the information and resources you need to stay healthy and adapt to your health as it changes. We thank you for choosing our hospital for your healthcare needs and invite you to share feedback and ask about any questions you have regarding your healthcare.

Section 2:

Hand Washing

Keeping hands clean is one of the most important steps one can take to avoid getting sick and spreading germs to others. It is best to wash hands with soap and clean running water for 20 seconds. However, if soap and clean water are not available, use an alcohol-based product to clean hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

When washing hands with soap and water:

- wet hands with clean running water and apply soap - use warm water if available
- rub hands together to make a lather and scrub all surfaces
- continue rubbing hands for 20 seconds (imagine singing “Happy Birthday” twice through to a friend)
- rinse hands well under running water
- dry hands using a paper towel or air dryer and, if possible, use your paper towel to turn off the faucet

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

When using an alcohol-based hand sanitizer:

- apply product to the palm of one hand
- rub hands together
- rub the product over all surfaces of hands and fingers until hands are dry

Section 3:

Low-Sodium Diet

- Consuming too much salt can make you thirsty which will increase your need for fluids, resulting in excessive fluid intake and fluid retention.
- Too much salt can be a problem for people with declining kidney function because the kidneys can no longer eliminate it from the body.

Ways to Reduce Sodium Intake

- Remove the salt shaker from the table
- Do not add salt to foods when cooking
- Buy sodium-free and low-sodium foods
- Eat fresh meats and vegetables
- Avoid canned meats, vegetables, and soups
- Season with flavoring, spices, and herbs
- Avoid fast food or convenience foods
- Use seasonings that do not contain sodium or potassium
- Remember that the desire for salt is an acquired taste

Herbs and Spices to Try

Onion Powder

Cumin

Bay Leaves

Dill

Thyme

Parsley

Tarragon

Rosemary

Celery Flakes

Ground Mustard

Garlic Powder

Basil Leaves

Chives

Oregano

Curry

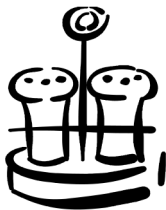
Sage

Cilantro

Black/Red/White Pepper

Chili Powder

Paprika



Low-Sodium Diet



Seasoning to Enjoy

(These can be used in place of salt)

Mrs. Dash:

All Varieties

McCormick:

Grill Mates Salt Free Chicken and
Steak, Seasoned Pepper Blend,
Garlic Pepper Blend, Hot Shot
Black, Red Pepper Blend

Lawry's:

Seasoned Pepper, Garlic
Pepper

Section 4:

Rapid Response Team

What is the Rapid Response Team?

- It is a comprehensive team of healthcare professionals that are called together when needed to give focused assessments, treatments, and interventions when a patient has a change in health status or when staff members or family members are concerned.
- Serves to provide life-saving care for patients admitted to the hospital to help ensure the correct level of care. It is set up for staff members, family members, and visitors to utilize in the event there are concerns about how a family member is doing medically.
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What do I need to know?

- When in doubt, call them out. Don't be afraid to call the number below and ask for help. The team is set up to respond so that our goal of providing exceptional healthcare to patients is not only met, but exceeded.
- You can call extension **699** from any phone in the hospital.
- When calling, please inform the individual of your name, your need, and your room number.
- This team is here to step in when you have concerns about the health of your loved one.

Section 5:

Congestive Heart Failure (CHF)

Weigh Every Morning

- Weigh in night clothes or without clothes
- Weigh on the same scale, on a flat surface, and record weight on a weight chart
- Report a weight variance of 5lbs in a week
- Take along your weight chart when visiting the doctor

Sodium Plays A Role In Fluid Retention

- Eat home cooked meals prepared from scratch rather than processed foods
- When buying processed foods, look for those labeled as low-sodium, sodium-free, no salt added, or unsalted
- Check labels and eat no more than 2000 milligrams of sodium per day
- Stop using the salt shaker at the table or when cooking
- Use things to enhance flavor in food such as vinegar or citrus juice
- If using canned vegetables, rinse and drain before eating

Regular Activity May Make You Feel Better, Ask Your Doctor First

- Start off slow and increase the length of time and level of activity gradually
- Choose activities that are enjoyable. Picking an enjoyable activity will increase the likelihood that you continue that activity (light gardening, stationary bicycling, golfing, horseshoes)

- If you can't talk in full sentences while exercising, slow down
- Rest when tired; relax when under stress
- Wait 1 hour after eating to exercise
- If it's especially hot, exercise indoors
- Skip exercises if you are not feeling well or have weight gain of over 2 pounds

Stop immediately if you experience:

- dizziness, shortness of breath, or fatigue
- pain in chest, neck, jaw, arm, or shoulder
- a heartbeat that is too slow, too fast, or is skipping a beat

Know When To Call Your Doctor (Symptoms of CHF)

- If you are feeling extra tired or dizzy
- You have shortness of breath, need to sleep on more pillows, waking up at night coughing, or short of breath
- You have swollen ankles, legs, belly, or lower back
- Your pants, shoes, or rings are too tight
- You have a weight gain of more than 2 pounds in a day or 3-5 pounds/week
- You have chest pain or changes in heartbeat

IF YOU SMOKE, TRY TO QUIT. IF YOU ARE OVERWEIGHT, TRY TO LOSE WEIGHT. ASK US, WE CAN HELP.

Section 6:

Smoking Cessation

You Can Quit Smoking

5-Day Countdown

Follow this 5-day countdown to your quit date

5 Days Before Your Quit Date

Think about your reasons for quitting.

Tell your friends and family you are planning to quit.

Stop buying cigarettes.

4 Days Before Your Quit Date

Pay attention to when and why you smoke.

Think of other things to hold in your hand instead of a cigarette.

Think of habits or routines to change.

3 Days Before Your Quit Date

What will you do with the extra money when you stop buying cigarettes?

Think of who to reach out to when you need help.

2 Days Before Your Quit Date

Buy the nicotine patch or nicotine gum.

Or see your doctor to get the nicotine inhaler, nasal spray, or the non-nicotine pill.

1 Day Before You Quit

Put away lighters and ashtrays.

Throw away all cigarettes and matches.

Clean your clothes to get rid of the smell of cigarette smoke.

Quit Day

Keep very busy.

Remind family and friends that this is your quit day.

Stay away from alcohol.

Give yourself a treat or do something special.

SMOKE FREE – Congratulations!!!

If you “slip” and smoke, don’t give up. Set a new date to get back on track. Call a friend or “Quit Smoking” support group. Eat healthy food and get exercise.

For More Help

To find out where to get help in your area, call
the American Cancer Society at
1-800-ACS-2345 (toll-free)

or, the U.S. Department of Health and Human Services
Public Health Service.

Web Resources:

www.tobaccofree.org/quitting.html

Section 7:

Angina / Heart Attack

Coronary Artery Disease (CAD) and Coronary Spasms Can Cause Angina

Risk factors for cardiac disease include:

- smoking
- high blood pressure
- high cholesterol
- diabetes
- obesity
- lack of exercise
- increased stress
- family history of heart disease

Ways to decrease risk factors include:

- quit smoking
- stress reduction techniques
- maintain good control of diabetes & cholesterol

Dietary Changes

Follow your physician's recommendations for your diet. A dietitian is available, if needed. Please call (337) 527-7034 and ask for the dietitian if you have questions.

Physical Activity

Physical activity should be increased slowly. **DO NOT** exert yourself while having chest pain. Often chest pain will resolve with rest.

Chest Pain

- Notify nurse immediately when experiencing chest pain while in the hospital.
- After discharge, seek medical assistance any time chest pain is experienced that is not relieved after taking two nitroglycerin tablets or spray or if the nature of the pain changes.

Proper Use of Nitroglycerin

Place one tablet under the tongue at the first sign of an angina attack (chest pain or tightness). Follow the directions on the prescription label. Let the tablet dissolve under the tongue. Do not swallow whole. If you are not better within 5 minutes after taking three doses of nitroglycerin, call 911 immediately to seek emergency medical care. If chest pain persists, take up to 3 nitroglycerin tablets, each 5 minutes apart. Do not take more than 3 nitroglycerin tablets.

Distinguish Between Stable and Unstable Angina

Stable angina occurs expectedly with overexertion and emotional upset and goes away after a few minutes. Unstable angina occurs at rest and can awaken a patient from sleep. It can also occur when there is a sudden onset of exertion when angina has never occurred before and/or marked increase in frequency or severity of discomfort.

If female and on oral contraceptives, refer to gynecologist or family physician to seek alternative methods of birth control.

Myocardial Infarction (MI) or Heart Attack

Definition

Myocardial Infarction (MI) is also known as a heart attack. A MI is injury to an area of the heart muscle and is caused by a lack of blood supply to the heart muscle.

Difference Between Angina and MI

Angina is pain that is caused when the heart does not have proper, oxygenated blood flow through the blood vessels running through the heart. Angina can be a symptom of a MI. A MI is caused by fatty plaque rupturing and clots forming. This causes partial or complete blockage of a heart vessel which results in damage to the heart muscle.

Cholesterol and CAD

Often your doctor will place you on a low fat/low cholesterol/low salt diet. See diet instructions on discharge instructions.

Home Activities and Limitations

Increase activities slowly. Consult with your doctor to determine whether you are healthy enough to engage in sexual activity.

Cardiac rehab consult: Yes No
Phone #: _____
Comments: _____

If female and using oral contraceptives, refer to gynecologist or family physician for alternative method of birth control.

Call for emergency medical assistance any time chest pain is experienced and not relieved after taking two nitroglycerin tablets.

Be sure to ask for a complete medication list before you go home. We will provide you with a comprehensive list to include prescriptions at the time you are discharged.

Warning Signs of a Heart Attack

Some heart attacks are sudden and intense, similar to the “movie heart attack,” where no one doubts what’s happening. But most heart attacks start off slowly, with mild pain or discomfort. Often people affected aren’t sure what’s wrong and wait too long before getting help.

Signs that may signal a heart attack is occurring:

- Chest discomfort, pressure, squeezing, fullness, or pain
- Pain or discomfort in one or both arms, back, neck, jaw, or stomach
- Shortness of breath
- Breaking out in a cold sweat
- Nausea

Risk Factors

- Hypertension
- Diabetes
- Hyperlipidemia
- Smoking
- Positive family history
- Sedentary lifestyle
- Obesity
- Post-menopause

How To Reduce Risk Factors

- Quit smoking
- Stress reduction
- Relaxation techniques
- Diet modification to control cholesterol levels, high blood pressure, and diabetes
- Exercise

Section 8: Preventing Deep Vein Thrombosis (DVT)

Deep vein thrombosis (DVT) or thrombophlebitis is a potentially life threatening condition which occurs when certain components of the blood become bound together and form a clot. It most often occurs in the legs as a result of slow circulation, damage to the vein's lining, or genetic disorders. It also can occur in the arms or chest when circulation is slow or veins are damaged in the upper body. The clot can break loose from its original location and move to the heart, lung, or brain where serious injury can occur. It is important to prevent DVT if possible and to recognize early signs.

Some people are at risk for DVT because of their health conditions. These may include:

- heart disease, such as congestive heart failure
- pregnancy
- overweight
- anemia
- liver disease
- any person who is inactive or on long periods of bed rest
- surgery
- trauma injuries or fractures
- stroke or injury that limits movement of the legs
- cancer
- over 60 years of age

Medicines or treatment can also put people at risk, including:

- birth control pills
- some antibiotics
- IV treatments

What to watch for - Look for the following signs of DVT in the legs:

- tender, swollen, or red areas that may be warm to touch in the groin, heel, or calf
- skin that looks pale, blue, or feels cold to touch
- numbness or tingling of your groin or calf
- aching or pain in your calf or thigh
- fever or chills
- shortness of breath or chest pain

For those at risk for DVT in the upper body, look for these signs in the arm, underarms, shoulder, or chest:

- people who do not have normal sensation will not feel pain, aching, or tingling. You must carefully look at your legs daily to see if one leg is larger than the other.
- call your doctor immediately if you have any of these signs or symptoms. Also, sit or lie down with your legs up. You can also use a warm washcloth to the affected area to help alleviate the pain. If you cannot contact your doctor, go to the nearest Emergency Room or Urgent Care Center.
- do not massage or exercise a painful calf or groin muscle.

Preventing DVT

To prevent DVT, your doctor may have you wear compression devices or elastic stockings.

Compression devices are plastic wraps that are placed around your feet or legs. A pump pushes air into the wrap through tubes to put pressure on your muscles to help your blood flow.

- Walking every day and doing leg and arm exercises will help your circulation. Ask your doctor or therapist which type of exercise is best for you. They will give you information about range of motion exercises.
- Avoid sitting or lying in one position for long periods of time. Do not sit with your legs crossed or with constant pressure on the back of the knee. If your legs tend to swell, prop them on a stool when sitting.
- Avoid smoking.
- Drink at least 6 to 8 cups of liquid daily, unless you are to limit your fluids.
- Monitor your Vitamin K intake. Vitamin K can affect how blood thinning medications work. Foods high in vitamin K include green leafy vegetables, canola oil, and soybean oil.

Anticoagulant medication

If you are to take an anticoagulant medicine (blood thinner), ask your nurse or doctor for information about the medicine. You should continue your medicine for the entire time prescribed. Have your blood checked if directed by your doctor.

Report any unusual bleeding or bruising to your doctor right away.

Talk to your doctor or others on your healthcare team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.

Section 9: Stroke (Cerebrovascular Accident)

A stroke is the sudden death of brain tissue and/or loss of brain function. This is due to a change in the blood flow to the brain. It is a medical emergency. A stroke can cause permanent loss of brain function. Cerebral vascular accident (CVA) is another name for stroke.

A transient ischemic attack (TIA) is different because it does not cause permanent damage. It is a short-lived problem of poor blood flow affecting a part of the nervous system. A TIA is also a serious problem because it greatly increases the chances of having a stroke.

Causes

A stroke is caused by a decrease of oxygen supply to an area of the brain. It is usually the result of a small blood clot or the arteries hardening. A clot stops the flow of blood. Bleeding in the brain can cause, or accompany, a stroke.

Risk Factors

- High Blood Pressure
- Stress
- Diabetes
- Heart Disease
- Smoking
- Diet high in fats, salt, and calories
- Family history of stroke
- Too much alcohol
- Previous strokes
- Drug abuse
- Obesity
- Lack of exercise
- Atrial fibrillation (abnormal heart rhythm)

Symptoms

These symptoms usually develop suddenly (or may be newly present upon awakening from sleep):

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

Time is of the essence! Call 911 if you have any signs of a stroke.

Treatment of stroke depends on the duration, severity, and cause of your symptoms. Do not wait to see if the symptoms will go away. **DO NOT** drive yourself to the hospital.

Prevention

- Keep your follow-up appointment(s) with your physician(s). Visit your doctor regularly to check your blood pressure, blood sugar, and cholesterol.
- Take medicines as ordered. Do not change or stop taking your medicine without talking to your doctor.
- Quit smoking or using other tobacco products.
- Lower your stress level by using relaxation exercises and recreation.
- Follow a low-cholesterol, low-fat diet.
- Exercise regularly at least 3 times per week.
- Avoid alcohol and drugs.
- Keep your weight at the right amount for your height.
- Keep your blood sugar in the recommended range if you have diabetes.
- Be aware of your family history.
- See your doctor if you have any of the warning signs.

Section 10: Diabetes Survival Skills

For additional education about managing your diabetes, please call:

Diabetes Coordinator/Dietitian
(337) 527-4282

The WCCCH Diabetes Support Group meets the second Tuesday of each month at 11:30 a.m. in the Cafeteria Conference Room (call for details).

What is Diabetes?

Diabetes is a condition that affects how well your body uses energy from the food you eat. Food is made up of proteins, fats, and carbohydrates (starches & sugar). When you have diabetes, your body is not able to properly use the carbohydrates you eat.

When you eat foods that contain carbohydrates, your body breaks them into a simple sugar called glucose. This sugar enters your blood stream. In order for your body to use this sugar it must enter the cells of your body. Insulin is a hormone that is made by the pancreas (an organ) and carries the sugar into the cell that will then use it for energy. Diabetes occurs when insulin is absent, reduced, or not used well by the body. As a result, blood sugar levels rise above normal. There are two types of diabetes: type 1 and type 2. The causes are different for each type, but the treatments are similar.

Type 1 Diabetes

This condition is caused when the body's immune system attacks the insulin producing cells of the pancreas. As a result, people with type 1 diabetes do not make any insulin because those insulin making cells are destroyed.

People with type 1 diabetes must replace this insulin every day. Insulin must be injected. The dose must be carefully balanced with carbohydrate intake and exercise.

Type 2 Diabetes

This condition is caused when your body does not make enough insulin or does not use the insulin it makes properly. The cells of the body become insulin resistant meaning that blood glucose does not enter cells as well. The result is elevated blood sugar.

People with type 2 diabetes often take diabetic pills that help the body use insulin better or help the body make more insulin. Exercise and losing excess weight may reduce insulin resistance and help the body use insulin better.

People with type 2 diabetes have a tendency to inherit the condition, but lifestyle plays a very large role. People who do not exercise and are overweight develop diabetes sooner and more often than people who are active and maintain a normal weight.

Diabetes cannot be cured and does not go away, but it can be managed. A person with diabetes can live an active and enjoyable life. Living with diabetes requires some adjustments that may seem difficult and confusing at first, but with practice and the help of your healthcare team, you can learn to manage your condition and lead a normal, healthy life.

Home Blood Glucose Monitoring

A very important part of managing your diabetes is knowing your blood sugar levels. You will be asked to monitor your blood sugar based on your individual needs and the type of diabetes you have. Your doctor and diabetes educator will know how to make adjustments in your medications and diet based on the blood sugar log that you keep. It is important that you bring the log with you when you see your doctor or the diabetes educator.

To Prepare for Monitoring:

- wash your hands vigorously with soap and warm water.
- alcohol wipes are not necessary and may cause the skin to dry out.
- allow your hand to hang at your side for 30 seconds so the blood can pool in your hand
- use a lancing device that is adjustable for deeper puncture.
- stick the sides of your finger, not the tip (that's where nerve endings are found). Be sure to alternate sites.
- make the finger stick, then gently milk the blood from the bottom to the tip of your finger until you get a well-rounded drop of blood on your finger.
- follow the procedure for your individual meter.
- record the blood sugar in your daily log including date and time.

Best Times to Check Your Blood Sugar

Your doctor and your diabetes educator will help you plan a monitoring schedule that meets your individual needs.

Fasting is before your first meal of the day. A fasting blood sugar tells your healthcare provider whether the insulin you have or insulin you take is controlling your blood sugar overnight. Pre-meal blood sugars help us guide your decisions about food choices and medication needs for the upcoming meal.

Blood sugar levels 1 ½ to 2 hours after meals or after-meal blood sugars, tell us whether your body had the right amount of medication to cover the food you ate. It also tells us the effects of the meal on your blood sugar.

Also Check Your Blood Sugar:

- whenever you feel bad or are not sure if blood sugar is causing the symptoms.
- before and after exercise.
- before driving your car. Do not drive if your blood sugar is below 100mg/dl. If below 100mg/dl, have a snack and check again before driving.
- before bedtime. Bedtime blood sugar checks indicate your need for additional food or medication to cover you during hours of sleep.

Test More Often If and When You Experience:

- illness
- surgery
- travel
- stress
- pregnancy
- change in level of activity or exercise

Target Goals

Home blood glucose goals recommended by the American Diabetes Association are listed as follows:

Fasting.....	90-130 mg/dl
Before meals.....	90-130 mg/dl
After meals.....	Less than180mg/dl
Bedtime.....	110-150mg/dl

Remember

Always check your test strip expiration date. Keep test strips in original container with lid secured. Protect them from extreme temperatures and moisture. Write your blood sugar results in a log book and take your meter and log book to each visit with the doctor and diabetes educator.

Low/High Blood Sugars

Low Blood Sugar (Hypoglycemia)

One of the complications of diabetes is hypoglycemia or low blood sugar. Typically this occurs at 70mg/dl or less; however, the number and symptoms can vary with each individual.

Causes

- Too little food
- Too much insulin or diabetes medication
- Extra activity

Symptoms

- Shakiness
- Sweating
- Headache
- Irritability
- Dizziness
- Hunger
- Impaired Vision
- Weakness/Fatigue
- Difficulty paying attention or confusion
- Tingling sensations around the mouth

Treatment: The Rule of 15

15 grams of carbohydrates in one of the following choices:

1/2 cup (4 oz) juice

1 cup (8 oz) milk

1/2 cup (4 oz) regular soda

5-6 pieces of hard candy

3 glucose tablets

Wait 15 minutes and recheck blood sugar. If still below 100mg/dl, repeat 15 grams of carbohydrates. Follow treatment with a light snack (1/2 meat sandwich and ½ cup milk) and recheck blood sugar.

Goal: blood sugar 100mg/dl.

High Blood Sugar: (Hyperglycemia)

Causes

- Too much food
- Too little insulin or medication
- Illness or stress

Symptoms

- Extreme thirst
- Blurred vision
- Dry skin
- Frequent urination
- Hunger
- Drowsiness
- Decreased wound healing

Treatments

- Drink water unless otherwise restricted.
- Take your insulin or diabetes medication as prescribed. If blood sugar is greater than 250 mg/dl for 24 hours, call your doctor.
- People with type 1 diabetes should check urine for ketones every four hours.

Diabetic Medication

Diabetic pills can be used to help decrease your blood sugar levels. If you have type 2 or non-insulin dependent diabetes, your pancreas is still making insulin; however, it is either not making enough insulin or the cells in your body are not able to use the insulin properly.

Different Types of Diabetic Medication

There are different types of diabetic medication that work differently in your body to control your blood sugar. Some medications help your pancreas release more insulin and slow down the release of sugar by the liver. Others help your body's insulin work better. Your doctor will prescribe the medication that is right for you. Ask your nurse for specific information related to the medication(s) that your doctor prescribes.

Important Things to Remember When Taking Diabetes Pills:

- Call your doctor if you experience any of the following symptoms when taking these medications: nausea, stomach pain, vomiting, hives, skin rash, dizziness, unusual bruising/bleeding, chest pain, or shortness of breath.
- It is important to watch for symptoms of low blood sugar. Low blood sugar can last for many hours with diabetes pills.
- Certain medications may increase or decrease the effects of diabetes pills, including aspirin and alcohol. Inform all of your doctors that you are taking medication for your diabetes.
- Some diabetic medication may cause your skin to be more sensitive to sunlight than it is normally. Exposure to the sun may cause skin rash or severe sunburn, so you should avoid exposure to the sun, cover your skin, or use a sunscreen with SPF 15 or higher.
- Check the label on the medication bottle for expiration date and instructions.
- Ask your doctor about stopping Metformin (Glucophage) pills before and after a medical test or surgery.

Insulin Shots

If your doctor prescribes insulin, this is to replace the insulin that your body needs but is unable to make. Insulin is given by shots and is used to treat patients with type 1 or type 2 diabetes that need more than diabetic medication to control their blood sugar. Insulin is a hormone released by the pancreas to lower blood sugar levels. Insulin is needed to get the sugar in the food that you eat or drink from the blood to the cells for energy. Any change in your insulin dose or type should be made with your doctor's supervision.

Important Tips If You Are Taking Insulin Shots

- Keep an extra supply of insulin and syringes on hand.
- Wear a medical identification bracelet or carry a diabetes identification card in case of an emergency.
- Check the label on the insulin bottle for the expiration date. Do not use if it is past the expiration date.
- Unopened insulin should be stored in the refrigerator.
- When you travel across time zones, your insulin dose may need to be adjusted.

Things That May Change Your Insulin Needs

- **Illness:** Nausea, vomiting, fever, or infection may change your insulin needs. Continue to take your usual insulin dose when you are sick and monitor your blood sugar level more frequently. If you are not eating, take sips of juice or sweetened liquid every hour. Call your doctor if you have recurrent vomiting.
- **Exercise:** Insulin needs change during and after your exercise session. Exercise can speed up the action times of insulin. Talk with your doctor and diabetes educator about the types of exercise you do and how this may affect your diabetes and insulin needs.

- **Steroid Pills:** If your dose is decreased, you may need less insulin.
- **Weight loss:** If you lose weight, you may need less insulin.
- **Pregnancy:** Good control of diabetes is especially important for you and your unborn baby. Pregnancy may make managing your diabetes more challenging.

Types of Insulin

Become a partner with your diabetes doctor and diabetes educator. Your dose of insulin may need to be adjusted based on your changing needs. Keeping a daily record of your blood sugar levels will help you and your healthcare team to choose the right amount of insulin you need.

Different types of insulin have different action times. The action times may vary from person to person. The time periods listed here are general guidelines.

Sick Day Guidelines

From time to time, all of us become sick from a cold, flu, or other illness that may disrupt our regular daily routine. Feeling “out of sorts,” vomiting, diarrhea, or running a fever may cause you to lose your appetite. Making adjustments will help prevent minor illnesses from becoming major complications for persons with diabetes. Work out a sick day plan with your doctor or diabetes educator BEFORE you become ill.

Sick Day Management Tips

- Never omit insulin or other diabetic medications even if you can't eat. You may need additional insulin, but do not take additional diabetic medication. Call your doctor if you are taking Metformin (Glucophage) and are vomiting or have diarrhea.
- Test your blood sugar every 3-4 hours. Call your doctor if your blood sugar stays below 80 mg/dl or above 250 mg/dl for two checks in a row.
- Someone other than yourself should be able to check your blood glucose.
- If you have type 1 Diabetes, test your urine for ketones every 4 hours.
- Drink sips of juice or sweetened liquid (at least ½ cup every hour) and eat light foods if you can.
- Rest and do not exercise during an illness.

Suggested Liquids & Food Choices for Sick Days

- ½ cup fruit juice, ½ cup regular soda (caffeine-free), 1 cup Gatorade, 1/3 cup frozen yogurt, 6 saltine crackers, ½ cup ice cream, 1 slice toast, ½ cup sugar-free pudding, 1 cup sugar-free yogurt, ½ cup cooked cereal, ¼ cup sherbet, ½ cup regular jello
- In addition to the above choices, you should also drink sugar-free liquids such as water, caffeine-free tea, sugar-free sodas, or broth.

Foot Care and Diabetes

General Foot Care Guidelines

DO's

- Do wash your feet daily with warm water and soap.
- Do dry your feet well, especially between the toes.
- Do keep the skin soft with a moisturizing lotion. Check your feet daily for blisters, cuts, sores, redness, or swelling. Use a mirror to check the bottom of your feet. Notify your doctor right away if you find something wrong.
- Do use an emery board to gently shape toenails even with the ends of the toes. Wear socks or stockings without seams or bumps that are clean, soft, and well-fitting.
- Do keep your feet warm and dry.
Do wear shoes that fit well and do not rub toes or heels.
- Do examine your shoes daily for cracks, pebbles, nails, or anything that could hurt your feet.
- Do see your doctor if you have a wound that is not healing.

DON'TS

- Do not walk barefoot indoors or outdoors.
- Do not use a hot water bottle or heating pad on your feet.
- Do not put lotion between your toes.
- Do not use a knife or razor blade to cut your toenails.
- Do not use chemical, corn, or callous removers yourself.
- Do not rip off a hangnail.
- Do not wear garters or other clothing that cuts off circulation to your feet.
- Do not soak your feet without first checking the temperature of the water by hand.
- **DO NOT SMOKE!**

Section 11: Questions for Your Doctor

We have provided this space for you to write questions for your doctor. We want to make sure that you get the answers to the questions you have about your care. It is often hard to remember all of the questions you have so use the space below to remind yourself of what you wanted to ask. We encourage families to write their questions here as well. When your doctor comes to see you, use this booklet and ask your questions.

[illegible]

[illegible]

SPEAK UP!

Section 12:

More Things To Consider Before Going Home

Planning for Your Discharge

During your stay at West Calcasieu Cameron Hospital, the staff will work with you to plan for your discharge. You and your caregiver are important members of the planning team. Caregivers are family members or others who will be helping you after discharge. Below is a checklist of important things you should know to plan for a safe discharge.

Instructions

Our discharge folders have been redesigned with a checklist that is located on the back of the folder. This information listed will help ensure everything is addressed for you prior to discharge. Our goal is to provide you with the information you need to manage your care outside of the hospital.

Your nurse will go over the discharge folder and have you review the checklist. Use the check boxes to show what has been addressed during your stay. The nurse discharging you will review the list with you and go over any questions or gaps prior to you leaving.

Discharge educational materials, given to you throughout your stay by caregivers, will be placed in this folder. Use the information when you get home to help you with your continued care after discharge.

➤ **Do you know where you will get care and who will be helping you after you are discharged?**

You may be at home or in another setting. Ask the staff to explain your options and make sure they understand your wishes.

➤ **Do you understand your health condition(s)?**

- Ask what is likely to happen with your health.

➤ **Do you know what problems to watch for and how to handle them?**

- Ask what to do and who to call if you have problems.

➤ **Do you know what each of your prescription drugs does?**

- Do you know how to take them and what side effects to watch for?
- Ask who you should call if you have questions.
- Tell the staff what prescription drugs, over-the-counter drugs, or supplements you took before you came to the hospital.
- Ask if you should still take them after you leave.

➤ **Do you know what medical equipment (such as a walker) you will need?**

- Ask who to call if you have questions about your equipment after you leave.

Do you know which of the items below you will need help with and for how long?

- Bathing, dressing, grooming, using the bathroom
- Shopping for food, making meals, doing housework, paying bills
- Getting to doctors appointments, picking up prescription drugs

➤ **Do you feel comfortable doing other tasks that require special skill like using medical equipment, changing a bandage, or giving a shot?**

- Ask someone to show you if you're not sure. Then, show them you can do these tasks.
- Ask who to call if you need help.

Questions For The Family Member or Other Caregiver

➤ **Do you understand what help the patient will need from you? (This may be some or all of the items from Question 6 or 7.) Are you able to give that help?**

If you aren't able to give that help, ask the staff to change the discharge plan so you both get the help you need.

➤ **Are you worried about how you or your family are coping with your illness?**

Ask to speak to a social worker or find out about support groups.

➤ **Do you know what doctor or other healthcare provider to call if you have questions or problems?**

Write down their names and telephone numbers

➤ **Do you know what appointments and tests you will need in the next several weeks?**

➤ **Do you have written discharge instructions that you understand, your list of drugs, and a summary of your current health status?**

Bring this information with you to your follow-up appointments.

If You Will Receive Services From A Home Health Agency, Compare The Agencies In Your Area.

The Home Health Agency of West Calcasieu Cameron Hospital provides quality care to patients within a 50 mile radius of Sulphur.

Ask to speak with a care manager or social worker to obtain a list of home health agency choices in your area.

- For more information regarding home health agencies, visit www.medicare.gov/HHCompare/Home.asp.
- Patients and families with Medicare can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you will get services in a nursing home, compare the nursing homes.

- For more information regarding nursing homes, visit www.medicare.gov/NHCompare/Home.asp.
- Patients and families with Medicare can also call 1-800-MEDICARE. TTY users should call 1-877-486-2048.
- If possible, visit the nursing homes. For a tip sheet on what to look for when visiting a nursing home, visit www.medicare.gov/Nursing/Checklist.pdf.

➤ **Do you understand how much of your prescription drugs, equipment, and services will be covered by your insurance and what you will have to pay?**

Ask to speak with a care manager or social worker.

IMPORTANT NOTE

If you have Medicare and feel you are being asked to leave a hospital inpatient setting too soon, you may have the right to ask for a review of the discharge decision by an independent reviewer called a Quality Improvement Organization (QIO). The QIO can explain the Beneficiary and Family Centered Care (BFCC) Quality Improvement Organization (QIO) for Louisiana. KEPRO assists medicare beneficiaries with quality of care complaints, hospital discharge and service termination appeals, and immediate advocacy. Please see contact information below.

KEPRO:

Toll-free phone:

888-315-0636

TTY

855-843-4776

Mailing Address

5201 W Kennedy Blvd, Suite 900

Tampa, FL 33609

IMPORTANT INFORMATION

The publicly-funded agencies below can give you and your caregiver more information on community services, like home-delivered meals and rides to appointments. They can also help you to make long-term care decisions. Ask a social worker in your healthcare setting for more information on community services and support.

Area Agencies on Aging (AAA)

Area Agencies on Aging assist adults age 60 and older and their caregivers. To find the AAA in your area, call The Eldercare Locator at 1-800-677-1116 weekdays from 9:00 a.m. to 8:00 p.m. (EST) or visit **www.eldercare.gov**.

Aging and Disability Resource Centers (ADRCs)

ADRCs assist people of all incomes and ages. Forty-three states have ADRCs. To find out if your area is served by an ADRC, visit www.adrc-tae.org.

Centers for Independent Living (CILs)

CILs assist people with disabilities. A state-by-state directory of CILs can be found by visiting www.ilru.org/html/publications/directory/index.html.

State Technology Assistance Project

The State Technology Assistance Project has information on medical equipment and other assistive technology. Contact the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) at (703) 524-6686 to get the contact information for your state or visit <http://www.resna.org>.

State Medicaid Agency

The State Medical Assistance (Medicaid) office provides information about Medicaid. To find your local office, visit www.nasmd.org/links/links.asp. You can also call 1-800-MEDICARE and say “Medicaid.”

Medicare

For more information about the Medicare Program, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.