

Welcome to Alomere Health

It is our pleasure to serve you during your hospital stay. Alomere Health provides a full multidisciplinary team to help meet your needs. We all want to meet your expectations with us.

We rely on our Alomere Team to help meet your needs. Your team may include the following:

- Food and Nutrition Services
- Laboratory Staff
- Nursing Staff
- Pharmacy Staff
- Providers
- Radiology Staff
- Rehab Services
- Respiratory Therapy
- Social Workers

Be sure to communicate questions or concerns to any of the team members.



111 - 17th Avenue East
Alexandria MN 56308

320.762.1511

For the most up to date patient admission information please visit:

alomerehealth.com/about/patient-care-safety/



We Are Listening

If you receive a customer satisfaction survey, please fill it out and return it. You make a difference.

Surveys are administered by Press Ganey Associates, Inc.
All responses are confidential.





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- Hospitalist Program Brochure
- Manage Your Health Care with **MyChart**
- Pain Management
- Patient Menu
- Patient's Bill of Rights
- Post-Operative Pain Management Brochure



Dear Patient,

If you are planning a need for nursing home stay after discharge from Alomere Health, this notice informs you that **Medicare requires and other insurances may require** a qualifying hospital stay to be eligible for Nursing Home coverage.

Utilization Review and Social Services will do their best to provide you with accurate information on Medicare guidelines for Nursing Home Placement, but financial coverage is **not guaranteed** by Alomere Health.

Questions can be directed to:

- Alomere Health Social Services
320-762-6108.
- Alomere Health Utilization Review
320-762-6155.
- **Senior LinkAge Line at 1-800-333-2433.**

Thank you for your attention,
Alomere Health Social Services and Utilization Review

Outpatient Observation Services Patient's Guide

What is Observation?

Observation is an outpatient service used to assess, monitor, test and treat by hospital staff to determine if you will require acute inpatient services.

What Does this Mean?

This means you will be placed in a room and be observed by the nursing staff. Although you are in a room and bed and receiving services similar to inpatients you are not an inpatient.

Why am I an Outpatient Observation Instead of an Inpatient?

Specific criteria must be met in order to admit a patient to the hospital. In some cases, it is not immediately clear whether a patient is well enough to go home or if hospitalization is needed. In these cases, a physician may order outpatient observation care.

Does Outpatient Observation Require a Doctor's Order?

Yes. A physician's order is needed to designate the level of care/service provided to you.

Are there Differences in the Patient Out-Of-Pocket Expenses for Outpatient Observation?

Yes. The deductible is higher for outpatient observation. There is a co-insurance amount and some home medications may not be covered under these services.

How does this Impact my Medicare Coverage?

Outpatient observation stay is not counted as an acute inpatient stay. Outpatient observation bed services are billed for under Medicare Part B. You will be financially responsible for applicable co-insurance, deductible and any other non-covered services.

Is the Hospital Reimbursed for Outpatient Observation Hours?

Yes. Outpatient observation is one of many packaged services paid for by Medicare. Other medical insurance may pay using your outpatient benefits. Hospitals need to accurately capture when outpatient observation begins and to detail all supplies, services, and tests to ensure appropriate reimbursement.

When is Outpatient Observation Appropriate?

- If you are stable but require further testing and monitoring to define diagnosis, treatment plan.
- Physician feels you will respond rapidly to treatment.
- Outpatient surgery patient who develops a complication and require monitoring or intervention to determine the need for acute inpatient services.

What are some Presenting Conditions/Symptoms that may be considered for Outpatient Observation Services?

- Abdominal Pain not Requiring Surgery
- Anemia
- Atrial Fibrillation
- Asthma
- Back Pain
- Cellulitis
- Chest Pain
- Complications Post Outpatient Surgery
- Dehydration
- Headache
- Heart Failure
- Nausea/Vomiting
- Observation for any Condition
- Pneumonia
- Syncope (Fainting)
- Transient Ischemic Attack (Small Stroke)
- Urinary Tract Infection
- Weakness/Dizziness

What Post-Surgery Complications May Warrant Outpatient Observation Services?

- Persistent nausea/vomiting
- Uncontrolled pain
- Excessive/uncontrolled bleeding

What does NOT Qualify for Outpatient Observation?

- Normal outpatient postoperative recovery time.
- Diagnostic testing
- Continued stay for convenience of patient/family or doctor.
- Patient awaiting placement in a long-term facility.

If my Condition Worsens or I am not Responding to Treatment can I be Admitted as an Inpatient?

Yes. An outpatient observation service can be converted to inpatient service at any time by a physician order as long as they meet medical necessity.

The content in this brochure was adapted by Stratis Health, the Medicare Quality Improvement Organization (QIO) for Minnesota, from information created by Flagler Hospital and the FMQAI (Florida QIO). March 2008



Patient Rights

It is important that you and your family are aware of your rights.

As a patient of Alomere Health, you have:

- The right to participate in the development and implementation of your care plan.
- The right to have a representative (as allowed under state law) with the right to make informed decisions regarding your care.
- The right to be informed of your health status, be involved in care planning and treatment, and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- The right to formulate advance directives, with confidence that those who provide care at Alomere Health will comply with these directives.
- The right to have a family member or representative of your choice, and your own physician, notified promptly of your admission to the hospital.
- The right to personal privacy.
- The right to receive care in a safe setting.
- The right to be free from all forms of abuse or harassment.
- The right to confidentiality of your clinical records.
- The right to access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
- The right to be free from restraints of any form that are not medically necessary or used as a means of coercion, discipline, convenience, or retaliation by staff.
- The right to be fully informed of, free to consent to, or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- The right to know the professional status of any person providing care or services.
- The right to know the reasons for any proposed change in the professional staff responsible for your care.
- The right to know the reasons for your transfer either within or outside Alomere Health.

Patient Rights - Continued from previous page

- The right to know the relationship(s) of Alomere Health to other persons or organizations participating in the provision of your care.
- The right to access the cost, itemized when possible, of services rendered within a reasonable period of time.
- The right to be informed of the source of Alomere Health's reimbursement for your services, and of any limitations, which may be placed upon your care.
- The right to have pain treated as effectively as possible.
- The right to be informed of your visitation rights, including any clinical restriction or limitation on such rights (or support person, where appropriate).
- The right to be informed of the right, subject to your consent, to receive the visitors whom you designate, including, but not limited to: a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. This also includes the right to withdraw or deny such consent at any time (or support person, where appropriate).
- The right to no restriction, limitation or otherwise denial of visitation privileges on the basis of race, color, or national origin.
- The right to assurance that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- The right to provide your family with the right of informed consent for donation of organs and tissues.

Patient Responsibilities

Just as you have rights as a patient, you also have responsibilities. At Alomere Health, we believe that you and your health care providers are partners, working together to reach a common goal – your health, wellness and recovery. Your responsibilities to us are to:

- Provide up-to-date, accurate information about your health to members of your health care team.
- Ask questions and be sure you understand your treatment plan and medical condition.
- Follow the treatment recommended by your physician(s) and other health care providers.
- Be considerate of other patients' rights and privacy.
- Meet financial obligations to the hospital.
- Observe the ban of tobacco use on the property.

Smoke Free Campus

Notice to Our Patients and Visitors:

Alomere Health is a 100% smoke-free and tobacco-free campus, including all grounds and facilities. Patients are not allowed to go outside for any reason, including smoking, even if it is off hospital property. To leave the hospital to smoke, a patient will need to be discharged. If a patient leaves the hospital before discharge to smoke, they will be automatically “Discharged Against Medical Advice”. *If this happens, the patient’s insurance may not pay for any of the hospital care.*

But We Care About YOU, as a smoker:

The hospital has tobacco and nicotine alternatives to smoking available for you. If you will be admitted to the hospital, the best thing for you to do is to stop smoking. If you cannot stop smoking, talk to your provider ahead of time to plan your care and the use of the alternative for you.

Frequently Asked Questions

Q. Why are we a 100% smoke-free and tobacco-free facility?

A. Smoking and second-hand smoke is widely recognized as the single most important cause of preventable human disease, including lung cancer, heart disease and emphysema. Alomere Health and its clinics promote a healthy environment for all patients, visitors, employees, students and medical trainees.

Q. To whom does this policy apply?

A. The smoke-free and tobacco-free policy applies to ALL employees, patients, visitors, vendors, students, medical residents and faculty on all property and grounds owned, leased or operated by Alomere Health.

Q. Where can I smoke?

A. Use of any tobacco product is prohibited on all surrounding Alomere Health grounds, including all facilities owned, leased or operated by the Alomere Health. This is a zero-tolerance policy that does not allow smoking or tobacco use on our property.

Q. I just had a procedure, and I want to leave to have a cigarette. What do I do?

A. We want to ensure that you have been informed of our smoke-free policy. We want to work with you to make you comfortable during your stay by providing information about smoking alternatives. If you leave to smoke, you will be discharged.

Q. Are electronic cigarettes (e-cigarettes) permitted?

- A. The use of e-cigarettes is prohibited. The FDA does not consider e-cigarettes to be a safe nicotine replacement product or smoking cessation strategy.

Q. As a patient, where can I get help to quit smoking?

- A. To help reduce immediate cravings and urges, nicotine replacement products such as lozenges, gum and patches can be prescribed by your doctor.

There are a variety of resources in the state for smoking cessation, including:

Medications.

Talk to your physician about the following products, which may require a prescription or need to be purchased by patient:

Bupropion (Zyban)	Nicotine Patch
Nicotine Gum	Nicotine Spray
Nicotine Inhaler	Varenicline (Chantix)
Nicotine Lozenge	

Q. What should I do if I observe someone smoking?

- A. Contact the Visitor Information Desk in the main lobby and inform them, or tell security personnel if they are available. The individual(s) who are smoking will be politely informed of the policy.

Q. Are other health care facilities smoke-free?

- A. Smoking and second-hand smoke is widely recognized as the single most important cause of preventable human disease, including lung cancer, heart disease and emphysema. The decision to prohibit smoking is an issue that all U.S. hospitals are facing and are increasingly choosing as a healthy option for their patients, visitors and employees.

Tobacco Quit Line Available at 1-800-QUIT-NOW (784-8669), seven days a week, 7:00 am-11:00 pm



Privacy Practices

The Federal Health Information Portability and Accountability Act (HIPAA) and Minnesota Law require that we protect your Health Information.

The nursing staff wants you to be aware of the new regulations that affect how we use and disclose your health information. Please review the following guidelines on how we may share this information.

- Phone calls will be transferred to the patient/family if appropriate. They may share the information they choose.
- If a caller or visitor asks for the patient by name, we may disclose minimal information about your hospitalization.
- The nursing staff will make a reasonable effort to protect your health information. There may be special circumstances when a caller/visitor needs to obtain information from the nursing staff. We then will request two contact names to release minimal information.

Thank you for your cooperation and understanding.

Alomere Health Nursing Staff.



Contacting Your Family Physician

You have the right to ask us to contact your family physician of this hospital visit. This does not mean your family physician will automatically assume care for you while hospitalized.

Please notify your nurse if you would like us to inform your family physician of this hospital visit.



The Grievance Process at Alomere Health

A patient grievance is a formal, written or verbal grievance or complaint that is filed by a patient when a patient issue cannot be resolved promptly by staff.

To file a patient grievance at Alomere Health, you may either utilize the hospital's process or contact the State Agency directly.

The grievance process at Alomere Health may be implemented several ways. You may notify your nurse, the charge nurse on your unit, or the Nursing Supervisor. The Nursing Supervisor can be reached by dialing "0" to the switchboard operator and asking them to page the Nursing Supervisor so you can speak with the Nursing Supervisor directly.

The State Agency you may contact includes any one of the following:

Minnesota Board of Medical Practice
2829 University Ave. SE, Suite 500
Minneapolis MN 55414-3246
(612) 617-2130
(800) 657-3709

Office of Health Facility Complaints
85 E Seventh Place
PO Box 64970
St. Paul MN 55164-0970
(651) 201-4200
(800) 369-7994

Office of Ombudsman for Older Minnesotans
PO Box 64971
St. Paul MN 55164-0971
(651) 431-2555
(800) 657-3591

Help Protect People who are Frail or Vulnerable

Take Action – Call and Report - 1-844-880-1574

Vulnerable Adults Need Your Help

- You notice that your elderly friend Gladys no longer has money for personal things. Her daughter has taken control of her checkbook and Gladys does not know what happens to her Social Security check.
- You come to visit your dad, and you notice there is not any food in the house, he is unkempt, and you are worried that he is not taking his medications.

What should you do?

You need to report these types of cases so that these vulnerable adults can get the protection and safety they need.

Vulnerable adults have an impaired ability to provide for their own needs and protect themselves from harm. The law can protect and assist them.

Many vulnerable adults are reluctant to report, and when asked about it directly they may even deny that harm occurred. That is why it is so important for family members, friends, physicians, social workers and others to be aware of abuse, neglect and exploitation and report if you suspect something is going on.

If you are a mandated reporter under the law, you MUST report suspected harm.

Who is at risk?

People who depend on others for care or assistance in daily living have a higher risk of being harmed. Some people have a higher risk of harm by simply being elderly, frail or disabled.

Harm can occur anywhere by any one.

Abuse, neglect and exploitation can occur anywhere, from a person's own home to a nursing home, from an assisted living facility to an adult day program.

Abusers include spouses, children, staff, as well as "self." Vulnerable adults may no longer be able to care for themselves, and so are in danger of "self-neglect." By calling the ***Common Entry Point***, you can help the vulnerable person get much needed assistance.

For more information about the law, reporting maltreatment of a vulnerable adult, or Adult Protection Services, please call your local county social services agency or the Minnesota Department of Human Services Adult Services Unit, 651-431-2547 or 651-431-2609.

Call to report abuse, neglect or exploitation of a vulnerable person

If there is immediate danger to the vulnerable adult, call 911 immediately. If you suspect abuse, neglect or financial exploitation, you should call your county's designated "***Common Entry Point***." The Common Entry Point receives all reports of known or suspected maltreatment and works with appropriate authorities.

The phone line is available 24 hours a day/7 days a week, so reports can be taken immediately.

Minnesota Common Entry Point:
1-844-880-1574

Other important numbers to know:

- Immediate or serious danger, call 911.
- The State Office of Ombudsman for Long Term Care 651-431-2555 or toll free at 800-657-3591.
- Elder Care Rights Alliance 952-854-7304.
- Senior LinkAge Line™ 1-800-333-2433.

What are the warning signs of abuse?

- The person may say that she is being harmed or he is afraid of someone.
- Bruises and skin tears.
- Black eyes.
- Broken bones.
- Burns or cuts.
- Internal injuries.
- Infections
- Changes in mental functioning or behavior (such as increased agitation, combativeness, depression or confusion)
- Injuries that are unexplained or are not consistent with the explanation given.

What are the warning signs of neglect?

- Dehydration, weight loss & malnutrition.
- Pressure sores, poor hygiene.
- Depression, confusion or other changes in mental functioning.
- Absence of needed medical equipment or prostheses.
- Repeated falls.
- Incontinence, isolation.

What are the warning signs of financial exploitation?

- The person may say something like, “I don’t know anything about it, my son/daughter/friend handles all my business.”
- Bills go unpaid.
- The person does not have access to their own money.
- The person is asked to sign documents but does not know what they are.
- Changes are made in the will.
- Assets are transferred or sold.
- The person is taken to the bank to make account withdrawals.
- Personal property, like cash, checks, credit cards, jewelry, furniture, etc., is missing.

This information is available in other forms to people with disabilities by contacting us at 651-431-2500 (voice) or toll free at 800-882-6262. TTY/TDD users can call the Minnesota Relay Service at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

**For serious or immediate danger,
call 911.**



Minnesota Department of Health

Questions and Answers About Health Care Directives

[Return to Information Bulletin 98-4](#)

Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a Health Care Directive?

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why Have a Health Care Directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I Have a Health Care Directive? What Happens if I Don't Have One?

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How Do I Make a Health Care Directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following **requirements** to be legal:

- Be in writing and dated.
- State your name.

- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

I Prepared My Directive in Another State. Is It Still Good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What Can I Put in a Health Care Directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are There Any Limits to What I Can Put in My Health Care Directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.

- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

How Long Does a Health Care Directive Last? Can I Change It?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

What If My Health Care Provider Refuses to Follow My Health Care Directive?

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What If I've Already Prepared a Health Care Document? Is It Still Good?

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What Should I Do with My Health Care Directive After I Have Signed It?

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.

How to Obtain Additional Information

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line®
1-800-333-2433.

A suggested health care directive form is available on the internet at:
<http://www.mnaging.org/>.



Patient Information

Safe Patient Handling

Alomere Health uses special lifting equipment and/or moving aides to safely transfer patients with limited mobility. The use of safe patient moving equipment helps better protect patients from skin injuries, falls and provides comfort when patients are being moved. This equipment also reduces injuries to hospital caregivers.

Our staff will show you how the equipment works. Please share any question or concerns you may have with your care team.

Your safety is very important to us. We hope to make you as comfortable as possible during your hospital stay.

Venous Thrombosis Embolism (VTE)

Information and Discharge Education

Vein Thrombosis Embolism (VTE) is a blood clot which forms in a deep vein, which is commonly located in a leg. The danger of VTE is that it can shut off blood flow to that area or the clot can break apart and travel to other organs. A clot which reaches the lungs is called a *pulmonary embolism*; this can be a life-threatening event.

Conditions which can increase risk to develop a VTE are:

- Age > 40 years
- Cancer
- Clotting disorder
- Estrogen or oral contraceptive use
- Immobility
- Inflammatory diseases
- Obesity
- Pregnancy
- Previous VTE
- Surgery

VTE may occur without symptoms or may produce severe pain, fever, malaise and swelling of affected arm or leg. The number one symptom is edema of affected limb in which the onset is sudden.

Symptoms of Pulmonary Embolism include:

- Chest Pain
- Cough
- Fever
- Rapid Heartbeat
- Shortness of Breath

VTE Prevention Measures:

- Range of motion leg exercises every hour while in bed.
- Avoid long periods of sitting or standing.
- Short periods of walking every 2 hours.

Treatment:

If you are diagnosed with VTE, medications such as Coumadin (Warfarin) can be prescribed to prevent clot formation. These medications do not dissolve clots, but rather prevent future clots from forming. All of these medications may cause bleeding and can only be taken when prescribed by your physician.

If discharge medications include blood thinners such as Coumadin (Warfarin), consider the following:

- There are **many** medicines you should avoid while using blood thinners. These include many herbs, supplements, and over-the-counter medicines. **Ask your doctor before using other medicines**, especially products that contain nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, naproxen, Advil®, Aleve®, or Motrin®. Carefully check the labels of all other medicines to be sure they do not contain NSAIDs.

Venous Thrombosis Embolism (VTE) ~ continued from previous page

- Carefully follow your doctor's instructions about any special diet. This medicine works best when you eat the same amount of vitamin K in your food every day. Avoid big changes in how much vitamin K you eat. Some foods that have a high amount of vitamin K are asparagus, broccoli, Brussel sprouts, cabbage, green leafy vegetables (such as collards, turnip greens, mustard greens, spinach, and salad greens), plums and certain vegetable oils (such as soybean oil and canola oil).
- Avoid drinking cranberry juice or any other cranberry products.
- Do not drink alcohol while you are using this medicine.
- It is very important to have regular doctor visits post-hospital discharge. Blood tests, such as INR, are needed to check for proper dosage and unwanted side effects.

Preventing Skin Breakdown

What is a pressure ulcer?

A pressure ulcer or bedsore is an injury to the skin and the tissue beneath it. It is caused by pressure on the skin. Pressure ulcers can slow your recovery, causing pain, infections and other problems. Pressure ulcers tend to occur over bony body parts (elbow, heel, hip, etc.) that you sit or lie on for long periods of time. The pressure squeezes tiny blood vessels that supply the skin with nutrients and oxygen. When skin goes without nutrients and oxygen for too long, a pressure ulcer forms.

Pressure ulcers are more likely to develop or worsen in the following situations:

- Sliding down in a bed or chair.
- Rubbing or creating friction on the skin.
- Inability to change positions.
- Loss of bowel or bladder control.
- Inadequate nutrient or fluid intake.
- Poor circulation or fragile skin.
- Inability to think clearly.
- Inability to feel pain or pressure.

Preventing pressure ulcers

- Limit pressure.
 - If you are in bed, change your position at least every one to two hours.
 - If you are in a chair and can shift your own weight, do so every 15 minutes. If you cannot shift your own weight, your caregiver should change your position at least every hour.
- Reduce friction.
 - When moving in bed, do not pull or drag yourself across the sheets and do not push or pull with your heels.
 - Avoid repetitive movements. For example, don't scratch your foot by rubbing it on the sheets.
- Use padding carefully.
 - Avoid doughnut-shaped cushions. These can hurt the tissues under your skin.
 - Avoid using several layers (such as underpads, diapers and sheets) between you and your chair or bed.
- Protect your skin.
 - Have someone check your skin often. Tell your care provider if anything looks unusual.
 - Clean your skin well after using a bedpan or soiling a diaper or pad.
 - Use moisturizer to prevent dry skin. Bathe every other day.
 - Do not rub or massage the skin over the bony parts of your body.

Hydration

Dehydration can increase your risk of skin breakdown. To avoid dehydration, drink small sips throughout the day and keep a water bottle nearby at all times.

If you must stay in bed for long periods of time:

- Keep the head of your bed as low as you can. If you need to raise it, raise it to the lowest point possible for as short a time as possible.
- Use pillows to keep your knees and ankles from touching each other.
- Avoid lying directly on your hipbone when on your side.
- Keep your heels off the bed, place pillows under your legs from mid-calf to ankle. Never place pillows under the knee.

If you have problems with bladder or bowel control:

- Only use pads made for incontinence (these pull moisture away from your skin).
- Clean the skin gently with a pH-balanced soap or cleansing product.

If you are often in a chair or wheelchair:

- Remember that comfort and good posture are important.
- Change your position often. Spend time out of the chair several times a day.

Devices and Pressure Ulcers

Devices such as anti-embolism stockings, cervical collars, back braces, splints, oxygen tubing and oxygen masks can cause pressure and skin breakdown. To avoid device related pressure ulcers:

- Inspect areas of skin where devices are applied.
- Inspect between skin folds.
- Observe tension of straps and tubings and make adjustments.
- Inspect skin daily.
- Contact your physician for non-healing areas or unusual drainage from wound.
- Inform staff if you experience pain or discomfort beneath or around the device.

Skin Health and Diet ~ Healing Snacks

Foods that have high amounts of protein and certain vitamins and minerals may help improve healing.

Protein:

Meat, beans, cheese, peanut butter, eggs, milk, cottage cheese, and yogurt.

Vitamin A:

Liver, egg yolks, deep green, yellow and orange fruits and vegetables.

Zinc:

Shellfish, oatmeal, spinach, nuts, and meats.

Iron:

Liver, sardines, tuna, raisins, dried prunes, dried peaches, and dried beans.

Vitamin E:

Meat, whole grains, green leafy vegetables, and egg yolks.

Vitamin C:

Citrus fruits, orange juice, tropical fruit such as papaya, mango or guava, red or green peppers, dark green leafy vegetables, potatoes, cabbage, cantaloupe and strawberries.

Call Before You Fall

A Guide to Fall Prevention

Fall Prevention Information

Alomere Health is committed to patient safety which includes fall prevention. During your stay at Alomere Health, the staff will be continually assessing your risk for falls based on your medical condition and risk factors.

Falls can occur frequently and are a major cause of disability and death in the elderly. Thirty percent of individuals over 65 years of age fall annually. Injuries from falls can range from minor bruising to life threatening trauma. Head injuries and fractures of the long bones are often the most life threatening.

Where Do Falls Occur?

- 60% occur at home
- 30% occur in community
- 10% occur in institutions

Risk Factors for Falls:

- Greater than 65 years of age and ages 1-4 years
- History of past falls
- Blood thinner medications
- Taking multiple medications for various medical conditions
- Acute illness or surgery
- Poor hearing and vision
- Use of aids such as canes, walkers, etc.

To Prevent Falls During Your Hospitalization:

- Wear shoes or non-skid slippers every time you get out of bed.
- Call your nurse if you feel dizzy, weak, lightheaded or if you have fallen. Do not get up by yourself.
- Ask for help to go to the bathroom. Make sure the path to the bathroom is clear.
- Use only unmoving objects to help steady yourself. Do not use your IV pole, tray table, wheelchair or other objects that can move.
- Use the handrails in the bathroom and hallway.
- If you wear glasses or hearing aids, use them.
- Keep important items within reach. This includes your call button.

To Prevent Falls at Home:

Lighting:

- Make sure that you have good, bright lighting in your home. Use night-lights in your bedroom, hall and bathroom.
- Keep flashlight available.

Rugs:

- Make sure rugs are firmly fastened to the floor or use nonskid backing. Remove scatter rugs.

Electrical Cords:

- Move electrical cords so they are not lying on the floor in walking areas.

Bathroom:

- Put handrails in your bathroom for bath, shower, and toilet use.
- Use a raised toilet seat.
- Place nonskid strips in tub.

Stairs/Stairwells:

- Always use handrails for support. Be sure the stairs are well lit.
- Remove clutter from stairs.

Kitchen:

- Store items within easy reach. Avoid using stepstools or stepladders.
- Wipe spills immediately.

Footwear:

- Wear shoes with firm non-skid, non-friction soles.
- Avoid wearing loose-fitting slippers.

Phone:

- Keep phone within easy reach.

What Else Can I Do?

- See your eye doctor once a year.
- Take good care of your feet and have them examined if you have pain or difficulty walking.
- Talk to your doctor about any side effects you may have with your medicines. Some side effects may contribute to falls.
- See your doctor if you have dizzy spells.
- A cane or walker will provide extra stability when walking and may help to avoid a fall.
- When getting out of bed, sit on the side of the bed for a few minutes before standing up. Your blood pressure takes some time to adjust when you sit or stand up. If you move too quickly, you can become dizzy and this increases your chances of falling.
- Tell your doctor if you fall—medical evaluation can help!

If you do Fall:

- Notify your healthcare provider or call 911 if you have been injured. Be sure to report use of blood thinning medication.
- Report symptoms of headache, dizziness, nausea, weakness, confusion or significant bleeding.

What You Can Do to Stay Safe

20 Tips to Help Prevent Medical Errors

The best way you can help to prevent errors is to be an active member of your health care team. That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results.

Medicines

1. Make sure that all of your doctors know about every medicine you are taking.

This includes prescription and over-the-counter medicines and dietary supplements, such as vitamins and herbs.

2. Bring all of your medicines and supplements to your doctor visits. This includes medications given as intravenous infusions. Please let your doctor know if you have had any immunizations in the last 30 days.

"Brown bagging" your medicines can help you and your doctor talk about them and find out if there are any problems. It can also help your doctor keep your records up to date and help you get better quality care.

3. Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.

This can help you to avoid getting a medicine that could harm you.

4. When your doctor writes a prescription for you, make sure you can read it.

If you cannot read your doctor's handwriting, your pharmacist might not be able to either.

5. Ask for information about your medicines in terms you can understand—both when your medicines are prescribed and when you get them:

- What is the medicine for?
- How am I supposed to take it and for how long?
- What side effects are likely? What do I do if they occur?
- Is this medicine safe to take with other medicines or dietary supplements I am taking?
- What food, drink, or activities should I avoid while taking this medicine?

6. When you pick up your medicine from the pharmacy, ask: Is this the medicine that my doctor prescribed?

7. If you have any questions about the directions on your medicine labels, ask.

Medicine labels can be hard to understand. For example, ask if "four times daily" means taking a dose every 6 hours around the clock or just during regular waking hours.

8. Ask your pharmacist for the best device to measure your liquid medicine.

For example, many people use household teaspoons, which often do not hold a true teaspoon of liquid. Special devices, like marked syringes, help people measure the right dose.

9. Ask for written information about the side effects your medicine could cause.

If you know what might happen, you will be better prepared if it does or if something unexpected happens.

Hospital Stays

10. If you are in a hospital, consider asking all health care workers who will touch you whether they have washed their hands.

Handwashing can prevent the spread of infections in hospitals.

11. When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will follow at home.

This includes learning about your new medicines, making sure you know when to schedule follow-up appointments, and finding out when you can get back to your regular activities.

It is important to know whether or not you should keep taking the medicines you were taking before your hospital stay. Getting clear instructions may help prevent an unexpected return trip to the hospital.

Surgery

12. If you are having surgery, make sure that you, your doctor, and your surgeon all agree on exactly what will be done.

Having surgery at the wrong site (for example, operating on the left knee instead of the right) is rare. But even once is too often. The good news is that wrong-site surgery is 100 percent preventable. Surgeons are expected to sign their initials directly on the site to be operated on before the surgery.

13. If you have a choice, choose a hospital where many patients have had the procedure or surgery you need.

Research shows that patients tend to have better results when they are treated in hospitals that have a great deal of experience with their condition.

Other Steps

14. Speak up if you have questions or concerns.

You have a right to question anyone who is involved with your care.

15. Make sure that someone, such as your primary care doctor, coordinates your care.

This is especially important if you have many health problems or are in the hospital.

16. Make sure that all your doctors have your important health information.

Do not assume that everyone has all the information they need.

17. Ask a family member or friend to go to appointments with you.

Even if you do not need help now, you might need it later.

18. Know that "more" is not always better.

It is a good idea to find out why a test or treatment is needed and how it can help you. You could be better off without it.

19. If you have a test, do not assume that no news is good news.

Ask how and when you will get the results.

20. Learn about your condition and treatments by asking your doctor and nurse and by using other reliable sources.

For example, treatment options based on the latest scientific evidence are available from the Effective Health Care Web site (<http://www.effectivehealthcare.ahrq.gov/options>). Ask your doctor if your treatment is based on the latest evidence.

*The term "doctor" is used in this flier to refer to the person who helps you manage your health care.

*AHRQ Publication No. 11-0089
Replaces AHRQ Publication No. 00-P038
Current as of September 2011*

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20 Tips to Help Prevent Medical Errors. Patient Fact Sheet. AHRQ Publication No. 11-0089, September 2011. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/consumer/20tips.htm>

Safe and Effective Use of Medications

What are Medications?

Medications are used to prevent and treat diseases and disorders and to relieve pain and discomfort. For your own safety, health, and well-being, it is important that you learn about the safe and effective use of your specific medication.

What Should You Know About Your Medication?

1. Know why you take your medication - some medicines have many uses - know what you take it for.
2. Know how to take your medication - how much, at what specific times of day, with or without food.
3. Know for how long to take your medication. Some medications should be taken for a specific amount of time, others for a lifetime.
4. Take medications as prescribed by your physician.
5. Get your prescription refilled before your supply is gone.
6. Check with your physician or pharmacist before taking non-prescription drugs. These are medications and should not be taken carelessly.
7. Report promptly any side effects, or unusual reactions to the medication, to your physician.
8. Use aids to remember your times - a written schedule, a calendar, an alarm clock or watch.
9. Understand what the directions on your medication mean.
10. Keep all medications out of reach of children.
11. Remember to obtain enough medication to last for trips and vacations.
12. Don't take anyone else's medication or allow anyone else to take your medication.
13. Follow all printed instructions given to you for specific medications concerning proper storage, expiration, and disposal of expired or unused medications.

Why is it Important to Take Your Medication?

Not taking your medication when your doctor thinks you are, may lead to he/she prescribing more medications because the desired effect of the medication has not occurred. This extra prescribing will amount to extra cost to you and a risk of side effects from another medication. Deciding to suddenly stop taking medication that you have been taking, can lead to ill effects - for example, a person with coronary artery disease who has been taking propranolol and suddenly stops the drug could experience an episode of angina or even a heart attack.

Filling Your Prescription:

Choosing a Pharmacy:

Consider not only price and convenience (close to home or delivery service), but also how well the pharmacist answers your questions. Many pharmacies will keep a list of all your medicines to be sure you aren't taking medicines that shouldn't be taken together. You should expect to receive written medication instructions from your pharmacist. If you don't receive written instructions, contact your pharmacist or Alomere Health Pharmacy at 762-6029.

Cost of Your Medicine:

First of all, consider if you can afford not to take it. Is it less expensive to take \$20 of medicine a month or to miss a month of work because you are sick and pay for a doctor's visit also?

There are several ways you may be able to reduce the cost of your prescription:

1. If your doctor agrees to it, a generic drug may be available and may cost less. However, you should usually continue with the same generic product once you start taking it.
2. Medications are often eligible for insurance coverage after a deductible is met. Check with your insurance.
3. Check with your pharmacy - they may offer senior citizen or other discounts.
4. Check with your doctor - a lower cost drug might be available that would treat your disorder.
5. Many drug companies and foundations may offer copay assistance programs. Please check with your doctor, pharmacist or social worker to see if you may be eligible for any of these programs.

Child resistant containers are required by law for most medicines and should be used if there are small children in your household. However, if you have trouble opening your medicine, you may request a regular cap on your medicine from your pharmacist.

Most Frequent and Potential Food and Drug Interactions

Abbreviated Guide to Food and Drug Interactions

Anticonvulsants (Tegretol) and Generic - Carbamazepine

Possible dietary side effects: Nausea, vomiting, diarrhea, constipation, altered taste, loss of appetite, inflammation of the mouth (including lips, tongue and mucous membranes).

Recommendations: Take with food

Anticoagulants (Warfarin) - Brands Coumadin or Jantoven.

Possible dietary side effects: Increased absorption with food except Vitamin K.

- Too much alcohol or grapefruit products can increase Warfarin's effect.
- High protein low carbohydrate diets to lose weight can cause a decrease in Warfarin available so the Warfarin dose may need to be adjusted.

Recommendations: Keep Vitamin K food intake constant. High Vitamin K foods include: Broccoli, spinach, cabbage, Brussel sprouts, collard greens, cauliflower, liver, endive, kale, Swiss chard, soybeans, sauerkraut, lettuce, lentils, mustard greens, turnip greens, garbanzo beans, hummus, canola oil, soybean oil and mayonnaise, asparagus, avocado, coleslaw.

Anticonvulsant (Dilantin) - Generic - Phenytoin

Possible dietary side effects: Nausea, vomiting, constipation, altered taste, decreased bone density, cause megaloblastic anemia, decreased serum folate, decreased copper.

Recommendations: Take with food. Increase fiber and fluids. No alcohol.

Antiarrhythmic Lanoxin (Digoxin) or Antihyperlipidemic drugs such as:

Atorvastatin (Lipitor)
Colesevelam (Welchol)
Ezetimibe (Zetia)
Ezetimibe/Simvastatin (Vytorin)
Fluvastatin (Lescol)
Gemfibrozil (Lopid)
Lovastatin (Mevacor)
Pravastatin (Pravachol)
Rosuvastatin (Crestor)
Simvastatin (Zocor)

Possible dietary side effects: High fiber diets may cause drugs to bind to fiber.

Recommendations: Separate fiber from drug by several hours.

Blood Pressure Drugs

Possible dietary side effects - Avoid natural licorice. It contains glycyrrhiza, which, when eaten in large amounts, may lead to water retention and drive up blood pressure.

Benazepril (Lotensin)
Candesartan (Atacand)
Captopril (Capoten)
Chlorothiazide (Diuril)
Enalapril (Vasotec)
Lisinopril (Zestril, Prinivil)
Losartan (Cozaar)
Methyldopa (Aldomet)
Propranolol (Inderal)
Ramipril (Altace)
Valsartan (Diovan)

Recommendations: Artificially flavored licorice is a safer choice.

Gastrointestinal Agents (Mylanta) - Aluminum Hydroxide/Magnesium Hydroxide

Possible dietary side effects: May cause constipation.

Recommendations:

- One hour after meals and bedtime.
- Follow nursing administration time not to be given at same time as antibiotics.

MAO Inhibitors not used at Alomere Health very often but significant food drug interaction.

Selegiline (Eldepryl)
Isocarboxazid (Marplan)
Phenelzine (Nardil)
Tranlcypromine (Parnate)

Possible dietary side effects - Elevated blood pressure, headache, nausea, vomiting, abnormally rapid heartbeat, loss of appetite, constipation. Increased appetite with weight gain.

Recommendations – Avoid high tyramine foods: aged cheese, dairy products close to their expiration date, banana peels, tofu, tap beer, soy sauce, excess caffeine and alcohol, bean curd, aged protein foods such as sausage/pepperoni/salami/corned beef, sauerkraut, fava beans, broad green pods, improperly stored pickled herring, concentrated yeast extracts (Marmite), or any food that has become spoiled or over-ripened (no over-ripe bananas). Caution with herbal teas as they may contain tyramine.

Antibiotic (Tetracycline, Ciprofloxacin and Levofloxacin) **not** used at Alomere Health very often but significant food drug interaction.

Possible dietary side effects - Nausea, vomiting, loss of appetite, diarrhea, inflammation of the tongue, (calcium, iron, magnesium, and zinc) inhibit absorption. Decreased Vitamin K production. Increased need for riboflavin and ascorbic acid.

Recommendations:

- Avoid dairy products one hour before or after.
- If taking a calcium supplement or multi-vitamin with minerals, take Tetracycline antibiotic two hours before or six hours after.
- Follow the same recommendations for Doxycycline (Vibramycin) and Demeclocycline (Declomycin) also.

References: Zaneta M. Pronsky, "Food Medications Interactions," "Pharmacist's Letter/Prescriber's Letter," "Stay Well" by KRAMES
Academy of Nutrition and Dietetics, Web-based Nutrition Care Manual

Herbal Supplement Interactions

Medical supervision is suggested with herbal supplementation therapy.

Herbal supplements may:

- Interact with medications, interfere with prescribed medication actions and may cause increased side effects.
- Affect blood glucose levels.
- Lack of regulation of the herbal supplement industry causing variations in labeled concentrations.
- Food-drug interactions with Warfarin medication.
- Interfere with anesthesia or heart functioning that increase the risk of complications during surgery.
- Diminish appetite in growing children.
- Some herbs are considered unsafe during breast-feeding.
- Some may be dangerous alternative remedies.
- **Herbal therapy is not allowed while you are a patient at Alomere Health.**
- **Discontinue all herbs two to three weeks before surgery as they may prolong the effects of anesthesia, increase bleeding and cause fluctuations in blood pressure.**

References:

1. American Society of Anesthesiologists: Herbal Products Warning. www.asahq.org/patient_education/iusidherb.html.
2. Herbal Medicines can interfere with Surgery. Tufts University Newsletter 2001;08-31.
3. Natural Medicines Comprehensive Database at www.naturaldatabase.com.
4. Academy of Nutrition and Dietetics. Nutrition Care Manual at <https://www.nutritioncaremanual.org>.

Potential Grapefruit and Drug Interactions

Many drugs interact with grapefruit juice, grapefruit segments or an extract of unprocessed grapefruit by increasing blood concentrations of several drugs. Flavonoids, which are found in grapefruit but not in commercial orange juice, inhibit the drug metabolizing enzymes. Increased drug levels may cause more side effects and/or toxicity. **Avoid grapefruit and grapefruit juice with the following drugs:**

Anti-Anxiety Buspirone (BuSpar) Sertraline (Zoloft) Clomipramine (Anafranil)	Cardiac Drugs Carvedilol (Coreg)
Anti-Convulsant Carbamazepine (Carbatrol, Tegretol)	Claudication Reduction Cilostazol (Pletal)
Anti-Fungal Intraconazole (Sporanox)	Cough Suppressants Dextromethorphan (Benlyn, Pertussin, Robitussin)
Antiarrhythmic Amiodarone (Cordarone)	Immuno-Suppressants Cyclosporine (Neoral, Sandimmune) Tacrolimus (Prograf) Sirolimus (Rapamune)
Antihistamines Fexofenadine (Allegra)	Erectile Dysfunction Sildenafil (Viagra) Vardemafil (Levitra)
Antiretroviral Indinavir Sulfate (Crixivan)	Estrogens Estrogenic Substance (Premarin)
Benzodiazepines Diazepam (Valium), Midazolam Triazolam (Halcion), Alprazolam (Xanax)	HMG - CoA reductase inhibitors Lovastatin (Mevacor, Altroprev Lipitor), Simvastatin (Zocor) Atorvastatin (Vytorin), Simvastatin-Ezetimibe (Zetia)
Calcium - Channel Blockers (Anti-hypertensives) Felodipine (Plendil), Nifedipine (Adalat, Procardia), Nimodipine (Nimotop), Nicardipine (Cardene), Verapamil (Calan), Amlodipine (Norvasc), Diltiazem (Cartia, Cardizem), Nisoldipine (Sular), Nitrendipine, Pranidipine.	Protease Inhibitors Saquinavir (Invirase)
	Warfarin (Coumadin), (Jantoven)

Recommendations: If you are taking any of these drugs, remain consistent with juice consumption until you consult your physician. Other fruits that may exhibit the same interactions with these drugs include lime juice, Seville oranges and tangelo juice. Let your physician know if you consume excessive amounts of grapefruit juice and are presently taking any of these drugs.

Choose MyPlate

Use MyPlate to build your healthy eating style and maintain it for a lifetime. Choose foods and beverages from each MyPlate food group. Make sure your choices are limited in sodium, saturated fat, and added sugars. Start with small changes to make healthier choices you can enjoy.

1 Find your healthy eating style
Creating a healthy style means regularly eating a variety of foods to get the nutrients and calories you need. MyPlate's tips help you create your own healthy eating solutions—"MyWins."

2 Make half your plate fruits and vegetables
Eating colorful fruits and vegetables is important because they provide vitamins and minerals and most are low in calories.

3 Focus on whole fruits
Choose whole fruits—fresh, frozen, dried, or canned in 100% juice. Enjoy fruit with meals, as snacks, or as a dessert.



4 Vary your veggies
Try adding fresh, frozen, or canned vegetables to salads, sides, and main dishes. Choose a variety of colorful vegetables prepared in healthful ways: steamed, sauteed, roasted, or raw.



5 Make half your grains whole grains
Look for whole grains listed first or second on the ingredients list—try oatmeal, popcorn, whole-grain bread, and brown rice. Limit grain-based desserts and snacks, such as cakes, cookies, and pastries.



6 Move to low-fat or fat-free milk or yogurt
Choose low-fat or fat-free milk, yogurt, and soy beverages (soymilk) to cut back on saturated fat. Replace sour cream, cream, and regular cheese with low-fat yogurt, milk, and cheese.



7 Vary your protein routine
Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry. Try main dishes made with beans or seafood like tuna salad or bean chili.



8 Drink and eat beverages and food with less sodium, saturated fat, and added sugars
Use the Nutrition Facts label and ingredients list to limit items high in sodium, saturated fat, and added sugars. Choose vegetable oils instead of butter, and oil-based sauces and dips instead of ones with butter, cream, or cheese.



9 Drink water instead of sugary drinks
Water is calorie-free. Non-diet soda, energy or sports drinks, and other sugar-sweetened drinks contain a lot of calories from added sugars and have few nutrients.

10 Everything you eat and drink matters
The right mix of foods can help you be healthier now and into the future. Turn small changes into your "MyPlate, MyWins."



Start with small changes

Instead of a diet overhaul, make small changes to what you eat and drink that will work for you now and in the future.



Take one day at a time

Sometimes things don't go as planned, even with the best of intentions. If you miss one day or one milestone for your goal, don't give up!



Be active your way

Pick activities you enjoy! If you focus on having fun or learning a new skill that interests you, you will be more likely to stick with it.



Team up

Find a friend with similar goals—swap healthy recipes and be active together. Staying on track is easier with support and a cheerleader.



Celebrate successes

Think of each change as a “win” as you build positive habits and find ways to reach your goals. Reward yourself—you've earned it!



List more tips

Kicking the Habit

Quitting smoking is one of the most important health and life decisions a person can make. More than one third of cancer deaths and countless cases of heart disease, breathing disorders, and stroke, as well as low birth weight in babies, are the result of smoking. Quitting smoking reduces the risk of cancers, breathing disorders, heart disease, and stroke for smokers and those who breathe the air around them.

Tobacco smoke contains thousands of chemicals, including 60 that are known to cause cancer (**carcinogens**). The chemical **nicotine**, which is present in tobacco, is responsible for the physical addiction of smoking.

The July 24/31, 2002, issue of JAMA includes an article about the use of a medication called bupropion in smoking cessation.



QUITTING SMOKING

Quitting smoking is hard, but thousands of people are able to kick the habit by using a number of strategies.

- Inform your doctor that you want to quit and ask for help to achieve this goal.
- Join a smoking cessation group to get group support in your quit effort.
- Stick to your decision to quit. If you feel irritable, light-headed, have trouble sleeping, and feel cravings for tobacco, remember that these feelings will pass.
- Get extra sleep, drink 6 to 8 glasses of water a day, and try to exercise regularly.
- Ask your family and friends to help you maintain your decision to quit.

MEDICATIONS TO HELP YOU QUIT

The nicotine in tobacco causes physical addiction, but **nicotine replacement therapy** can make kicking the habit easier. Nicotine replacement is available in several forms.

- **Nicotine gum** can be used as needed (10 to 15 pieces a day) when the smoker feels a craving for nicotine.
- **Nicotine nasal spray** is a liquid that can be sprayed into the nose to provide nicotine.
- **Nicotine inhaler devices** look like cigarettes but deliver a controlled dose of nicotine without the other harmful chemicals.
- **Nicotine patches** are worn throughout the day to release nicotine at a steady rate through the skin.

Bupropion (Zyban) is a prescription medication that does not contain nicotine and is not a replacement therapy. Instead, it affects certain chemicals in the brain to decrease symptoms associated with nicotine addiction, such as cravings and other withdrawal symptoms.

FOR MORE INFORMATION

- American Cancer Society
800/227-2345
www.cancer.org
- American Lung Association
800/586-4872
www.lungusa.org
- Centers for Disease Control and Prevention
Office on Smoking and Health
800/232-1311
www.cdc.gov/tobacco

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's Web site at www.jama.com. A Patient Page on ending tobacco dependence was published in the September 1, 1999, issue, one on tobacco and teens in the November 3, 1999, issue, one on treating tobacco dependence in the June 28, 2000, issue, and one on preventing tobacco use in children and adolescents in the August 9, 2000, issue.

Sources: American Cancer Society, American Lung Association, Centers for Disease Control and Prevention, National Cancer Institute, National Institutes of Health

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Social Services

The Social Services Department provides services within the vision of the Alomere Health's overall purpose and philosophy.

The Social Services Department focuses on the following purposes:

- **To provide services to all patients regardless of race, color, sex, creed or ability to pay.**
- **To ensure that services are provided with safety, dignity and privacy to patients and their families.**
- **To promote an awareness among the public of social services availability to them at the hospital and through other health care delivery units in the community and area.**

Social Work is a very important part of the medical care. Illness can often be precipitated, intensified and prolonged by problems in a person's personal life and environment. Unless these pressures in the personal life of the patient are either prevented or relieved, they may slow down or even negate the effectiveness of the medical treatments. It is essential, therefore, to have a service available to help the patient modify these personal issues, which affect the patients' health. If they cannot be changed, the patient needs guidance and support in the acceptance or endurance of them.

The Social Worker at Alomere Health functions as a member of the multidisciplinary team which consists of physicians, nurses, physical, occupational and speech therapy. Upon referral, the social worker assesses the patient's and family needs and formulates plans for their discharge. Social workers assist patients with nursing home placements, arrangements for Home Health Services, durable medical equipment, questions concerning financial resources, and Health Care Directives.

Alomere Health Social Workers have a Bachelor's Degree and are licensed by the State of Minnesota.

For more information on Social Services at Alomere Health, call:
320-762-6108.

If You are 60 Years or Older

The Senior LinkAge line has established a service to assist you by providing a **“One Stop Shop for Minnesota Seniors.”**

This is in regards to housing options with services, as well as other in-home services to better assist you.

If you are interested, please contact the Alomere Health Social Services before your discharge.

After discharge, please call the Senior Linkage at **1-800-333-2433**

Disclaimer:

The following pages that include lists of resource options are for informational purposes only - not all options are listed. However, more contact information can be obtained by contacting:

Alomere Health
Social Services Department.

320-762-6108

Community Resources Information

Horizon Public Health:	
Douglas, Grant, Pope, Stevens and Traverse Counties	320-763-6018
Todd County	320-732-4440

Social Services:	
Douglas County Social Services	320-762-2302
Grant County Social Services	218-685-8200 or 1-800-291-2827
Ottertail County Social Services	218-998-8150
Pope County Social Services	320-634-5750
Stearns County Social Services	800-450-3663 or 320-656-6000
Stevens County Social Services	320-589-7400
Todd County Social Services	320-732-4500
Wadena County Social Services	218-631-7605

Parish Nurse Services:	
First Lutheran Church, Ann Challes	320-762-2196
The Church of Saint Mary, Catholic Church, Vanessa Mensen	320-762-2320
Evangelical Covenant Church	320-762-1132
United Methodist Church	320-763-4624
Faith-Esther Lutheran Church (At this time they do not have one)	218-943-2891
St. Ann's Catholic – Brandon or www.stanns@gctel.com (*No Parish Nurse but they have a list of people to assist their members if needed)	320-834-5095
Senior Citizen Office, 806 Fillmore Street, Suite 1195, Alexandria, MN 56308	320-762-3047
Senior Community Center, 414 Hawthorne Street, Alexandria	320-762-2087
Rainbow Rider and Senior Drivers	800-450-7770

Senior Resources in Douglas County

**For additional information or assistance
with referral to any of these resources,
contact Alomere Health Social Services at 762-6108**

- **Home Delivered Meals:** Nutritionally balanced meals delivered to the home. Contact Senior Citizens' Office 320-762-3876.
- **Home Health Services:** In-home care for persons needing assistance for medical problems and daily living activities such as bathing, grooming, dressing or medication reminders. Staff who provide care may include nurses, therapists, and/or home health aides. See Home Health Services List.
- **Hospice:** A special kind of care for dying people and their families that treats physical, emotional, and spiritual needs. Contact Hospice of Douglas County 320-763-6018 or Knute Hospice 320-759-1270 for Douglas County.
- **Homemaking/Housekeeping Services:** Assistance with light housekeeping, such as laundry, vacuuming, cleaning and meal preparation. See Home Health Services List.
- **Apartments Plus (Assisted Living):** Private, apartment-style living with services available as needed, including personal care assistance, meals, housekeeping, activities, medication reminders, and 24-hour emergency response assistance. See Services for a more detailed list.
- **Nursing Home:** A licensed care facility offering 24-hour nursing services, meals, personal care assistance, socialization, and programmed activities. Alexandria, Bethany Nursing Home 320-762-1567 and Knute Nelson Nursing Home 320-763-6653; Evansville—Evansville Care Campus 320-834-4466; Osakis, Galeon 320-859-2142.
- **Senior Companion:** This program helps homebound elderly remain independent by helping them with medical appointments, groceries, errands, paper work, and by being there to care. Senior Citizens' Office 320-762-3876.
- **Telephone Reassurance:** Up to 24-hour telephone contact to reassure that, an individual is safe. Volunteers and/or computers call at a preset time and alert others if there is no answer. Senior Citizens' Office 320-762-3876. Bethany 320-763-2192, Knute 320-759-1273, Heartland Security 888-264-6380
- **Care Call Plus:** An emergency response phone that is monitored 24 hours a day. A pendant activates the speakerphone from anywhere in your home when emergency assistance is needed. Available to everyone.
- **Elder Network:** A peer volunteer counseling service for elders (available to those 55 and older) by elders. A free in-home supportive service for individuals needing emotional support due to life changes, loneliness, role changes, grieving, facing difficult decisions, feelings of ongoing sadness, and other losses. Alexandria office 320-763-9084.
- **Fuel Assistance:** (West Central Community Action Program) 320-762-3861 or 1-800-492-4805.

Senior Resources - continued

- **Health Insurance Counseling Program:** Free assistance with understanding and interpreting insurance policies and Medicare given to seniors, age 60 and over, by trained counselors. 320-762-3047.
- **Home Equipment Supplies:** Such as oxygen, walkers, crutches, ostomy products, elevated toilet seats, grab bars, walker replacement tips. See Medical Equipment List.
- **Support Groups:** Cancer (Education Services of Alomere Health 320-762-6094); Alzheimer's (Minnesota Chapter 1-800-272-3900, First Lutheran 320-762-2196 Val Trumm).

Home Health Services and Local Nursing Homes

The attached listings are being provided for information purposes only. Some of these agencies are public agencies and some are private agencies that have requested to be placed on this list. Alomere Health is not affiliated with these agencies and can provide no guarantees as to the quality or competency of their service.

Home Health Services	Counties Served
<p>Adara Home Health Inc. 330 Hwy 10 South St. Cloud, MN 56304 <u>Telephone:</u> 320-255-1882 or 886-443-0092</p>	<p>Benton, Douglas, Morrison, Pope, Sherburne, Stevens, Stearns, Todd, Traverse, Wright.</p>
<p>Alliance Health Care 2204 East 117th Street Burnsville, MN 55337 <u>Telephone:</u> 800-548-0980 or 320-214-7001 (Willmar)</p>	<p>Douglas, Kandiyohi, Meeker, Pope, Stearns, Stevens, Todd.</p>
<p>Aveanna Home Health 1600 Broadway Alexandria, MN 56308 Telephone: 320-846-0002</p> <p>St. Cloud Office <u>Telephone:</u> 320-774-0777</p>	<p>Benton, Crow Wing, Douglas, Grant, Kanabec, Kandiyohi, McCloud, Meeker, Ottertail, Pope, Sherburne, Stearns Todd, Traverse, Wright.</p>
<p>Barnabas Health Care Services, Inc. 223 Washington Street Brainerd, MN 56401 <u>Telephone:</u> 218-829-0901 or 800-434-7225</p>	<p>Aitkin, Cass, Crow Wing, Todd.</p>
<p>CentraCare Health Home Care & Hospice 2035 15th Street North St. Cloud, MN 56303 <u>Telephone:</u> 320-259-9375</p>	<p>Benton, Douglas, Hennepin, Mille Lacs, Meeker, Morrison, Pope, Sherburne, Stearns, Swift, Todd, Wright.</p>

Home Health Services ~ continued

Home Health Services	Counties Served
<p>Glacial Ridge Homecare 10 Fourth Avenue Southeast Glenwood, MN 56334 <u>Telephone:</u> 320-634-4521</p>	<p>Douglas, Kandiyohi, Pope, Stearns, Stevens, Swift, Todd.</p>
<p>Good Neighbor Home Health Care 14387 Edgewood Drive Baxter, MN 56425 <u>Telephone:</u> 218-829-9238</p>	<p>Cass, Crow Wing.</p>
<p>Graceville Health Center Home Health 115 West Second Street, Graceville, MN 56240-0157 <u>Telephone:</u> 320-748-8211</p>	<p>Big Stone, Stevens, Traverse.</p>
<p>Knute Nelson Home Health & Hospice 2715 Highway 29 South Suite 103 Alexandria, MN 56308 <u>Telephone:</u> 320-759-1273</p>	<p>Aitken, Becker, Benton, Big Stone, Cass, Clearwater, Crow Wing, Douglas, Grant, Hubbard, Mille Lacs, Morrison, Otter Tail, Pope, Stearns, Stevens, Swift, Todd, Traverse, Wadena & Wilken.</p>
<p>Lakewood Staples Home Health 401 Prairie Avenue Northeast Staples, MN 56479 <u>Telephone:</u> 218-894-8080</p>	<p>Crow Wing, Morrison, Todd, Wadena.</p>
<p>LB Homes Health 824 South Sheridan Street Fergus Falls, MN 56537 <u>Telephone:</u> 218-998-1400</p>	<p>Clay, Douglas, Grant, Ottertail, Wilken.</p>

Home Health Services ~ continued

Home Health Services	Counties Served
<p>New Dimensions Home Health Care PO Box 415, Fergus Falls, MN 56537-0415 <u>Telephone:</u> 218-739-5856 or 800-395-9949</p>	<p>Becker, Big Stone, Douglas, Grant, Itasca, Mahnomen, Ottertail, Pope, Stevens, Traverse, Todd, Wilken.</p>
<p>Sanford Home Care 405 12th Street North Wheaton, MN 56296 <u>Telephone:</u> 320-563-0078 or 320-695-2242</p>	<p>Big Stone, Grant, Stevens, Traverse.</p>
<p>Swift County - Benson Hospital 1815 Wisconsin Avenue Benson, MN 56215 <u>Telephone:</u> 320-843-4232 or 320-843-1349 (Direct)</p>	<p>Chippewa, Kandiyohi, Pope, Swift.</p>

Local Nursing Homes

(Within 40 miles of Alexandria, MN)

Douglas County:

Knute Nelson Memorial Home: 420 – 12th Ave. East, **Alexandria**, 320-763-6653.
Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy.

Bethany Home: 1020 Lark St., **Alexandria**, 320-762-1567.
Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy.

Evansville Care Center: 649 State St, **Evansville** 320-834-4466 (26 miles).
Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy.

Galeon, Osakis: 410 West Main St., **Osakis**, 320-859-2142 (12 miles).
Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy. Assisted living/assisted living plus attached to nursing home.

Pope County:

Glenwood Retirement Village: 719 2nd St. S. E., **Glenwood**, 320-634-5131 (17 miles). Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy. Provides secure Alzheimer's/dementia unit.

Minnewaska Lutheran Home: 605 North Main, **Starbuck**, 320-239-2217 (25 miles).
Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy.

Grant County:

Barrett Nursing Home: Hwy 55 & 59 South, **Barrett**, 320-528-2527 (30 miles).
Skilled nursing facility. Medicare certified. Offers physical, occupations and speech therapy.

Stearns County:

CentraCare Health Sauk Centre: 425 Elm St., **Sauk Centre**, 320-351-1037 (29 miles). Skilled nursing facility. Medicare certified. Offer physical, occupational and speech therapy.

Otter Tail County:

St. William's Living Center: 212 W Soo St., Box 30, **Parkers Prairie**, 218-338-4671 (23 miles). Skilled nursing facility. Medicare certified. Offers physical, occupational and speech therapy. Assisted living attached to nursing home.

Miles Noted are Approximate from Alomere Health

Local Hospice Providers

Organization	City	Phone
CentraCare Health Home & Hospice (Monday-Friday 8:00 am - 4:30 pm)	Sauk Centre	320-352-2221 320-351-1790
CHI Health at Home Hospice (Within 60 miles of Albany)	Albany	320-845-2440
Hospice of Douglas County (Within 30 miles of Alexandria)	Alexandria	320-763-6018
Glacial Ridge (Pope, Douglas) (Within 30 miles of Glenwood)	Glenwood	320-634-2221 866-667-4747 (toll free)
Knute Nelson Hospice (Alexandria/Long Prairie/Morris/Elbow Lake Offices)	Alexandria	320-759-1270
Moments Hospice		320-372-4380
Rice Hospice Ortonville/Graceville	Ortonville	320-839-4124
Rice Hospice	Granite Falls	320-320-8217
Rice Hospice	Willmar	320-231-4450 800-336-7423 (toll free)
Rice Hospital	Benson	320-843-1308

Medical Equipment / Medical Supplies

Home Equipment Providers	
<p>APRIA Healthcare 1501 Northway Drive St. Cloud, MN 56303 (320) 252-0655</p>	<p>ProvidaCare Medical Supply 414 Great Oak Drive Waite Park, MN 56387 (877) 557-7001 (320) 257-7001 (Fax)</p>
<p>Cornerstone Home Medical 225 Seventh Avenue East Alexandria, MN 56308 (800) 637-7795</p>	<p>Sanford Health Equip 2633 Jefferson Street Suite 601 Alexandria, MN 56308 (320) 762-6858 or (218) 790-1481</p>
<p>LinCare 1650 College Way Fergus Falls, MN 56537 (218) 739-4616 or (866)739-4616</p>	<p>Trumm Home Medical Specialties 610 Fillmore Street Alexandria, MN 56308 (320) 763-2575 or (800) 272-7866</p>

Medical Supplies	
<p>Lincare (Oxygen) 1650 College Way Fergus Falls, MN 56537 (218)739-4616 IR (866)739-4616 (218)739-4616</p>	<p>Trumm Drug 600 Fillmore Street Alexandria, MN 56308 (320) 763-3111</p>
<p>Target Pharmacy 4404 Hwy. 29 South Alexandria, MN 56308 (320) 763-7393</p>	<p>Walgreens Tenth and Broadway Alexandria MN 56308 (320) 763-4360</p>
<p>Thrifty White Pharmacy 503 3rd Avenue East, Suite 100 Alexandria, MN 56308 (320) 762-1534</p>	<p>Walmart Pharmacy 515 50th Avenue West Alexandria, MN 56308 (320) 762-2850</p>

Crisis Line / Local Mental Health & Chemical Dependency Agencies

Crisis Line	
Crisis Line/Suicide Information Line	1-800-784-2433
Region 4 Crisis Team Line (Mental Health)	701-364-0431
Someplace Safe (Shelter and safe housing advocacy for domestic violence, sexual assault)	1-800-974-3359

Mental Health Agencies	
Lakeland Mental Health Center 702 34 th Avenue East Alexandria, MN 56308	1-800-223-4512 320-762-2400
Lakeland Mental Health Center 100 17 th Avenue NW, Suite 2 Glenwood, MN 56334	1-800-223-4512 320-634-3446
Lake Region Healthcare Bridgeway 712 Cascade Street South Fergus Falls, MN 56537	1-218-736-8208
Lutheran Social Services 507 22 nd Avenue East, Suite 1 Alexandria, MN 56308	1-320-762-5124

Chemical Dependency Agencies	
Nystrom Substance Abuse Disorder	651-529-8479
Recovery Plus (Address Chemical Dependency and Mental Health Issues) 713 Anderson Avenue St. Cloud, MN 56303	1-800-742-4357
Unity Recovery	320-219-7474

Patients and Family Members

If you are interested in reading some scripture text during your stay, Bibles are available.

Contact the Nursing Supervisor at 6139.



The Bibles are a gift from - The Gideons International