BARNES
HEALTHCARE SERVICES

Compassionate Care · Innovation · Dedication · Integrity · Trust

Healthy at Home®

Readmission Reduction Program

Educate - Empower - Engage

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IMPORTANT NAMES AND PHONE NUMBERS

Barnes Healthcare Services Local Office _____

Healthy at Home Office _____

Usual Retail Pharmacy _____

Physician _____

Home Health Agency _____

Nurse for Home Health Agency _____

We Take Care of People by Keeping them Healthy At Home®

"We Take Care of People by Keeping Them Healthy at Home®" is our company motto and one we take very seriously. My name is Charlie Barnes, III and I am the Chairman of the Board and owner of Barnes Healthcare Services. I am very fortunate to be a third generation owner of a company founded by my grandfather in 1909 in Valdosta, GA. It is a tremendous pleasure and honor to be in the business of providing quality health care to medically fragile individuals. As a pharmacist (also third generation), I have always placed the needs of the patient as a priority, and I expect all employees of Barnes Healthcare Services, who have the privilege of serving our patients, to do the same. We have grown from a retail pharmacy opened over 100 years ago to today providing comprehensive home healthcare products and services in multiple locations servicing North and South Georgia; the Panhandle, North and Central Florida and North Alabama. Our services include home infusion, respiratory, nutrition, and retail pharmacy.

Barnes Healthcare Services has always been a family-oriented company. At the same time, we are committed to provide a world class customer experience utilizing cutting edge technology available for patients being treated in the home or alternate care setting. We are excited about the opportunity to provide services to our patients. From the early days when my grandfather opened Barnes Drug Store, we have focused our attention on providing the best care to our customers. People trust us and we want to keep it that way. That is my solemn promise.

Thanks again for the opportunity to serve you!

Charlie W. Barnes, III, RPh

Healthy At Home® Program

Our Healthy At Home® telehealth program is designed to help you understand your disease process and to help you learn the symptoms of your disease. If you understand your disease, you can recognize the symptoms of the disease and help prevent an emergency room visit or hospitalization due to your illness.

This telehealth program will be set up in your home for 30 days. A nurse will monitor your vital signs daily and contact you if there are any problems. You will also have daily surveys to educate you and your family about your disease process.

Expectations of you and your caregivers:

*Each morning you will need to weigh yourself. You need to do your weight after you have emptied your bladder and before you eat.

*Answer the health check questions that have come over the telemonitor.

THE EQUIPMENT LEFT IN YOUR HOME IS ONLY TO BE USED BY YOU! OTHER PEOPLE ARE NOT TO USE THE EQUIPMENT!

Healthy At Home® Goals:

Blood Pressure: top number less than 150 bottom number less than 95
Pulse/Heart Rate: less than 120
Weight: no greater than 2 pound gain in one day, no greater than 5 pound gain in one week
Oxygen (finger probe): 88 or above

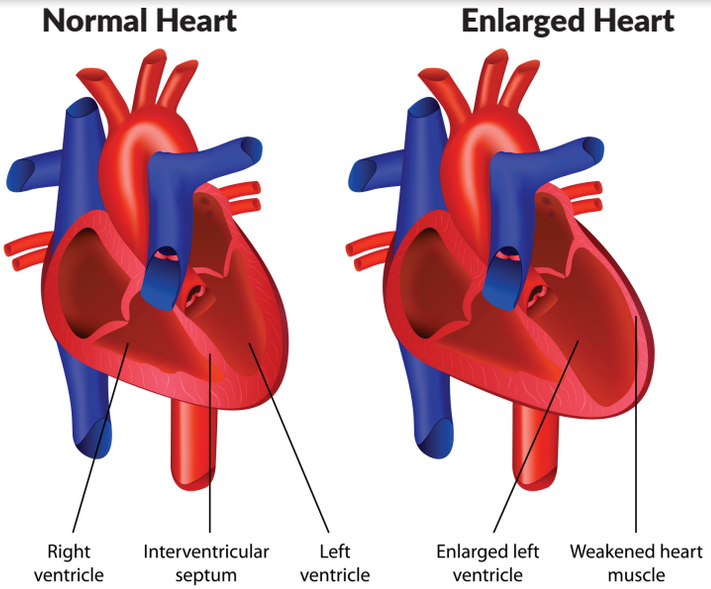
Healthy At Home® Reminders:

*Weigh after emptying bladder and before you eat or drink anything

*Retake blood pressure if it is greater than 150/95 or oxygen level if lower than 88.

*Complete your vial sign measurements and health check questions by 11am

Contact your Healthy At Home® nurse at Barnes Healthcare Services, if possible prior to going to ER or hospital: 229-245-6001 ext. 1200



A type of cardiomyopathy. An enlarged heart is a sign that the heart may be overworked.

Heart failure is a condition in which the heart can no longer pump enough oxygen-rich blood to meet the needs of the rest of the body, especially when you exercise or are active.

Heart failure is a long-term (chronic) condition, but it can sometimes develop suddenly.

The condition may affect only the right side of the heart (right heart failure) or only the left side of the heart (left heart failure). More often, both sides of the heart are involved. Heart mechanics involve two actions: a squeezing for pumping and a relaxation for filling.

As the heart's pumping action is lost, blood may back up in other areas of the body. Fluid builds up in the lungs, liver, gastrointestinal tract, and the arms and legs. This is called *congestive heart failure*.

Heart failure is present when:

- *Your heart muscle cannot pump (eject) the blood out of the heart very well. This is called systolic heart failure.*
- *Your heart chambers are stiff and do not relax for filling up with blood easily. This is called diastolic heart failure. This is common in patients with high blood pressure.*

CAUSES

The most common cause of heart failure is coronary artery disease (CAD), a narrowing of the small blood vessels that supply blood and oxygen to the heart. Heart failure can also occur when an infection weakens the heart muscle. This condition is called *cardiomyopathy.*

Other heart problems that may cause heart failure are:

- Congenital heart disease
- Heart attack
- Heart valve disease
- Some types of abnormal heart rhythms (arrhythmias)

Other diseases that can cause or contribute to heart failure:

- Emphysema
- Overactive thyroid
- Severe anemia
- Underactive thyroid

SYMPTOMS

Symptoms of heart failure often begin slowly. At first, they may only occur when you are very active. Over time, you may notice breathing problems and other symptoms even when you are resting. Heart failure symptoms may also begin suddenly; for example, after a heart attack or other heart problem.

Common symptoms are:

- *Cough*
- *Fatigue, weakness, faintness*
- *Loss of appetite*
- *Need to urinate at night*
- *Pulse that feels fast or irregular, or a sensation of feeling the heart beat (palpitations)*
- *Shortness of breath when you are active or after you lie down*
- *Swollen (enlarged) liver or abdomen*
- *Swollen feet and ankles*
- *Waking up from sleep after a couple of hours due to shortness of breath*
- *Weight gain*

SIGNS AND TESTS

Your health care provider will examine you for signs of heart failure:

- *Fast or difficult breathing*
- *Irregular or fast heartbeat and abnormal heart sounds*
- *Leg swelling (edema)*
- *Neck veins that stick out (are distended)*
- *Sounds ("crackles") from fluid buildup in your lungs, heard through a stethoscope*
- *Swelling of the liver or abdomen*

An echocardiogram (echo) is often the best test to diagnose, learn the cause of and monitor your heart failure. The ultrasound of the heart measures the ejection fraction which is an estimate of the heart's pumping strength. Normal is greater than 50 percent.

Other imaging tests are:

- *Cardiac stress tests*
- *Heart catheterization*
- *MRI of the heart*
- *Nuclear heart scans*

Lab tests are done to help your doctor:

- *Check how well your kidneys are working (BUN, creatinine, creatinine clearance, urinalysis)*
- *Look for a low blood count or anemia -- complete blood count (CBC)*
- *Test for brain natriuretic peptide (BNP)*
- *Watch sodium and potassium levels in your blood*

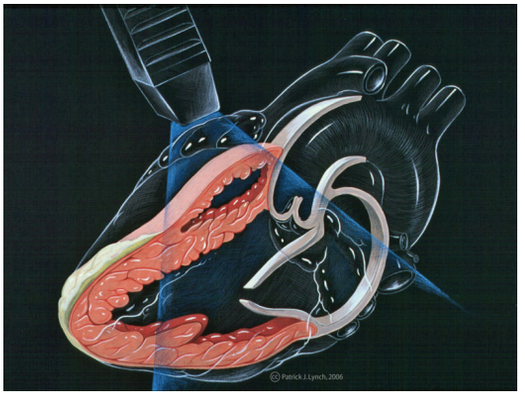


Photo courtesy of Patrick J. Lynch[1]

What do I do once I get home?

We will provide you with a care kit to assist you in management of your therapy while at home. This kit will include:

- *Reliable scale*
- *Pulse oximeter*
- *Blood pressure monitor*
- *Tablet*
- *Disease Management Education*

1. WEIGHT

Weigh yourself on the same scale every day and record your results. Weigh yourself at the same time every day. The best time is first thing in the morning, after you use the bathroom but before you eat breakfast and get dressed.

Report a weight gain of more than 3 pounds overnight or 5 pounds in a week. Losing too much fluid should also be monitored as it can cause dehydration, dizziness and make gout get worse.

BLOOD PRESSURE, TEMPERATURE AND FOOT OR ANKLE SIZE

It's very important to monitor and document your values. Any temperature over 100°F should be reported unless otherwise instructed. Measure the top of the foot by wrapping the measuring tape around the foot, including the arch of the foot. The second measurement is around the ankle. Some patients experience swelling around the abdomen. If this describes your condition, be sure to monitor this swelling as well.

2. EACH DAY ASSESS YOUR SYMPTOMS USING THE ZONE METHOD. MAKE SURE TO FOLLOW THE INSTRUCTIONS RELATED TO EACH ZONE.

Green Zone This is YOUR goal	• *No shortness of breath or trouble breathing.* • *No weight gain of more than 3 pounds in one day or 5 pounds in a week.* • *No swelling in your feet, ankles, stomach or hands.* • *No chest discomfort, heaviness or pain.*
Yellow Zone Call your doctor TODAY to get help!	**You may have one or more of the following:`** • *Weight gain of 3 pounds in one day or 5 pounds in one week.* • *More swelling of your feet, ankles, stomach or hands.* • *It is harder for you to breathe when lying down.* • *You need to sit up.* • *Chest discomfort, heaviness or pain.* • *You feel more tired or have less energy than normal.* • *New or worsening dizziness.* • *Dry, hacking cough.* • *You feel uneasy and you know something is not right.*
Red Zone **Emergency** **Call 911**	• *Struggling to breathe. This does not go away when you sit up.* • *Stronger and more regular amounts of chest discomfort.* • *New confusion or can't think clearly.* • *Fainting or near-fainting.*

Utilize the chart on the next page to log your daily weight, blood pressure, pulse, and any noted swelling to your feet or ankles.

This page contains a data recording sheet. Your physician or nurse may provide you with a different form. The important thing is to record these indicators each day as they can help predict changes in your overall medical condition before you have a worsening of condition. Notify your healthcare team if you have any sudden weight gain, shortness of breath, or elevated temperature.

Month								
Date	Weight	Gain/Loss	Blood Pressure	Pulse	Temp. (normal=98.6°)	Zone How do I feel?	Foot	Ankle
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Month								
Date	Weight	Gain/Loss	Blood Pressure	Pulse	Temp. (normal=98.6°)	Zone How do I feel?	Foot	Ankle
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

3. TAKE ALL OF YOUR MEDICINES THE CORRECT WAY

- Ask questions about your medicines and know what condition each drug is treating
- Bring your medicine bottles or a list of all your medications and dosages to each doctor's visit or hospital visit
- Use a pill box to organize and schedule your medicines

4. EAT LOW SALT FOODS

What is salt?

- Salt is also known as sodium.
- Salt makes your body hold water.
- When your body holds on to water, you gain weight.
- Extra water weight makes it harder to breathe.
- Extra water makes you swell.
- Most foods contain salt.
- Recommended daily amount = 2000mg

If you eat out

- Ask for your food to be cooked with no salt.
- Order food that is baked, broiled or steamed, not fried.
- Choose fruits and vegetables as side items, instead of French fries.
- Avoid cheese and butter.
- Use lemon juice, olive oil or vinegar, instead of salad dressing.

Eat better at home

- Remove the salt shaker from the table.
- Season with herbs and spices instead of adding salt as you are cooking (lemon juice, pepper, garlic or onion powder).
- Rinse any canned foods before eating.
- Switch from canned or packaged food to fresh meats, fruits and vegetables.
- Read food labels and choose option with the lowest sodium.

Follow your doctor's advice about limiting fluid

- Eight, 8 ounce cups per day is often the right amount.
- Fluid is all drinks, juice, coffee, ice chips, soup, Jello and all liquids.

COMPARISON OF SODIUM IN FOODS - Low sodium diet guidelines

Food	Serving Size	Milligrams/Sodium
Bacon	1 medium slice	155
Chicken (dark meat)	3.5 oz roasted	87
Chicken (light meat)	3.5 oz roasted	77
Egg, fried	1 large	162
Egg, scrambled with milk	1 medium slice	171
Dried beans, peas or lentils	1 cup	4
Haddock	3 oz cooked	74
Halibut	3 oz cooked	59
Ham (roasted)	3.5 oz	1300-1500
Hamburger (lean)	3.5 oz broiled medium	77
Hot dog (beef)	1 medium	585
Peanuts, dry roasted	1 oz	228
Pork loin, roasted	3.5 oz	65
Roast lamb leg	3.5 oz	65
Roast veal leg	3.5 oz	68
Salmon	3 oz	50
Shellfish	3 oz	100 to 325
Shrimp	3 oz	190
Spareribs, braised	3.5 oz	93
Steak, T-bone	3.5 oz	66
Tuna, canned in spring water	3 oz chunk	300
Turkey, dark meat	3.5 roasted	76
Turkey, light meat	3.5 roasted	63

Dairy Products

Food	Serving Size	Milligrams/Sodium
American Cheese	1 oz	443
Buttermilk, salt added	1 cup	260
Cheddar cheese	1 oz	175
Cottage cheese, low fat	1 cup	918
Milk, whole	1 cup	120
Milk, skim or 1%	1 cup	125
Swiss cheese	1 oz	75
Yogurt, plain	1 cup	115

Breads and Grains

Food	Serving Size	Milligrams/Sodium
Bran flakes	3/4 cup	220
Bread, whole wheat	1 slice	159
Bread, white	1 slice	123
Bun, hamburger	1	241
Cooked cereal (instant)	1 packet	250
Corn flakes	1 cup	290
English muffin	1/2	182
Pancake	1 (7-inch round)	431
Rice, white long grain	1 cup cooked	4
Shredded wheat	1 biscuit	0
Spaghetti	1 cup	7
Waffle	1 frozen	235

Vegetables and Vegetable Juice

Food	Serving Size	Milligrams/Sodium
Asparagus	6 spears	10
Avocado	1/2 medium	10
Beans, white, cooked	1 cup	4
Beans, green	1 cup	4
Beets	1 cup	84
Broccoli, raw	1/2 cup	12
Broccoli, cooked	1/2 cup	20
Carrot, raw	1 medium	25
Carrot, cooked	1/2 cup	52
Celery	1 stalk raw	35
Corn boiled, (sweet, no butter/salt)	1/2 cup	14
Cucumber	1/2 sliced	1
Eggplant, raw	1 cup	2
Eggplant, cooked	1 cup	4
Lettuce	1 leaf	2
Lima beans	1 cup	5
Mushrooms	1/2 cup (raw or cooked)	1-2
Mustard greens	1/2 chopped	12
Onions, chopped	1/2 cup (raw or cooked)	2-3
Peas	1 cup	4
Potato	1 baked	7
Radishes	10	11
Spinach, raw	1/2 cup	22
Spinach, cooked	1/2 cup	63
Squash, acorn	1/2 cup	4
Sweet potato	1 small	12
Tomato	1 small	11
Tomato juice, canned	3/4 cup	660

Fruits and Fruit Juices

Food	Serving Size	Milligrams/Sodium
Apple	1 medium	1
Apple juice	1 cup	7
Apricots	3 medium	1
Apricots (dried)	10 halves	3
Banana	1 medium	1
Cantaloupe	1/2 cup chopped	14
Dates	10 medium	2
Grapes	1 cup	2
Grape juice	1cup	7
Grapefruit	1 medium	0
Grapefruit juice	1 cup	3
Orange	1 medium	1
Orange juice	1 cup	2
Peach	1	0
Prunes	10	3
Raisins	1/3 cup	6
Strawberries	1 cup	2
Watermelon	1 cup	3

Convenience Foods

Food	Serving Size	Milligrams/Sodium
Canned soups	1 cup	600-1,300
Canned and frozen main dishes	8 oz	500-2,570

Please note: These are sodium content ranges—the sodium content in certain food items may vary. Please contact your dietitian for specific product information.

Source: Sodium analysis was done using ESHA Food Processor for Windows, Version 8.4, 2004.

Sodium Guidelines - Foods to Choose

Protein - choose 2-3 servings per day

- 2-3 oz of fresh or frozen fish, shellfish, meat (beef, lamb, pork) or poultry
- 1/2 cup cooked dried beans or peas
- 1/2 cup low-sodium canned fish (such as salmon or tuna)
- 1 low-sodium frozen dinner (less than 600mg sodium per meal) - *Limit to one per day*
- 1 egg (no more than 3 whole eggs per week)

Dairy products - choose 2 or more servings/day

- 1-1/2 oz of low-sodium cheese
- 1 cup milk (non-fat or 1% recommended)
- 1/2 cup low-sodium cottage cheese
- 1 cup soy milk

Vegetables and fruits - choose 5 or more servings/day

- 1/2 cup fresh whole, chopped, cooked, frozen or canned fruit
- 1/2 cup chopped, cooked, frozen or no-salt added canned vegetables
- 1/2 cup low-sodium tomato juice or V-8 juice
- 1/2 cup low-sodium tomato sauce
- 1 cup raw leafy vegetables

Bread and grains - choose 6 or more servings/day

- Low-sodium breads, rolls, bagels and cereals (1 serving = 1 slice bread, 1 small roll, 1/2 bagel, 1/2 English muffin or a 4-inch pita
- 1/2 cup pasta (noodles, spaghetti, macaroni)
- 1/2 cup rice
- Low-sodium crackers (read label for serving size)

Sweets and snacks (include sparingly)

- 1 oz unsalted nuts
- 1/2 cup low-sodium pretzels or chips
- 3 cups popped low-sodium popcorn
- 3 fig bars or gingersnaps
- 1 slice angel food cake
- 1 tbsp jelly or honey
- 1 cup sherbet, sorbet or Italian ice; 1 Popsicle
- 8-10 jelly beans; 3 pieces hard candy

Fats, oils and condiments (use sparingly)

- Olive and canola oils
- Low-sodium butter and margarine
- Low-sodium soups
- Low-sodium salad dressing
- Homemade gravy without salt
- Low-sodium broth or bouillon
- Low-sodium catsup
- Low-sodium mustard
- Low-sodium sauce mixes

Other seasonings (can use freely)

- Lemon juice
- Vinegar
- Herbs and spices without salt

SAMPLE MENU

Breakfast

Fresh fruit
Low sodium cereal (hot or cold)
Milk
Low sodium wheat bread
Reduced sodium margarine or peanut butter

Lunch

Lean roast turkey on whole wheat bread with low sodium mustard
Raw carrot sticks
Applesauce
Unsalted pretzels

Dinner

Grilled Chicken
Boiled potatoes
Steamed fresh vegetables
Tossed salad and low sodium dressing
Low sodium roll with low sodium margarine
Fresh melon
Angel food cake

Snack

Fresh fruit

Note: For a diet in which you consume 2,000 mg pf sodium per day, a sample plan might involve eating 500 mg at breakfast, 150 mg for snacks twice daily, 600 mg for lunch, and 600 mg for dinner.

SODIUM GUIDELINES

- Use fresh ingredients and/or foods with no salt added.
- For favorite recipes, you may need to use other ingredients and delete or decrease the salt added. Salt can be removed from any recipe except from those containing yeast.
- Try orange or pineapple juice as a base for meat marinades.
- Avoid convenience foods such as canned soups, entrées, vegetables, pasta and rice mixes, frozen dinners, instant cereal and puddings, and gravy sauce mixes.
- Select frozen entrées that contain 600 mg or less of sodium. However, limit to one of these frozen entrées per day. Check the Nutrition Facts label on the pkg for sodium content.
- Use fresh, frozen, no added salt canned vegetables, or canned vegetables that have been rinsed before they are prepared.
- Low sodium canned soups may be used.
- Avoid mixed seasonings and spice blends that include salt, such as garlic salt.
- Don't use a salt substitute unless you check with your doctor first.

SEASONING RECIPES

Directions: Combine all ingredients in a small bowl and blend well. Spoon into shaker. Store in a cool, dark place.

Spicy blend

2 tbsp dried savory, crumbled
1/4 tsp freshly ground white pepper
1 tbsp dry mustard
1/4 tsp ground cumin
2-1/2 tsp onion powder
1/2 tsp garlic powder
1/4 tsp curry powder

Salt-less surprise

2 tsp garlic powder
1 tsp basil
1 tsp oregano
1 tsp powdered lemon rind or dehydrated lemon juice
Spicy seasoning
1 tsp cloves
1 tsp pepper
2 tsp paprika
1 tsp coriander seed (crushed)
1 tbsp rosemary

Herb seasoning

2 tbsp dried dill weed or basil leaves, crumbled
1 tsp celery seed
2 tbsp onion powder
1/4 tsp (pinch) dried oregano leaves, crumbled freshly ground pepper

RESTAURANT DINING TIPS

Appetizers

- Select fresh fruit or vegetables
- Avoid soups and broths
- Stay away from bread and rolls with salty, buttery crusts

Salads

- Select fresh fruits and vegetables
- Avoid pickles, canned or marinated vegetables, cured meats, seasoned croûtons, cheeses, salted seeds
- Order salad dressings on the side and use small amounts of them

Main courses

- Select meat, poultry, fish or shellfish choices that includes the words broiled, grilled or roasted
- Select plain vegetables, potatoes and noodles
- Ask the server about the low sodium menu choices, and ask how the food is prepared
- Request food to be cooked without salt or monosodium glutamate (MSG)
- Avoid restaurants that do not allow for special food preparation (such as buffet style restaurants, diners or fast food chains)
- Avoid casseroles, mixed dishes, gravies and sauces
- At fast food restaurants, choose the salad entrées or non-fried and non-breaded entrées (such as a baked potato) and skip the special sauces, condiments and cheese*
- Avoid salted condiments and garnishes such as olives and pickles

Desserts

Select fresh fruits, ices, ice cream, sherbet, gelatin and plain cakes

ALCOHOL GUIDELINES

Because alcohol can slow your heart rate and worsen your heart failure, your healthcare provider may tell you to avoid or limit alcoholic beverages. Alcohol may also interact with the medications you are taking. Ask your health care provider for specific guidelines regarding alcohol.

Source: The Cleveland Clinic Foundation.

Top 10 Foods Highest in Sodium

Sodium is an essential nutrient required by the body for maintaining proper blood pressure and for providing channels of nerve signaling. Deficiency of sodium is rare, but can occur in people after excessive vomiting or diarrhea, in athletes who intake excessive amounts of water, or in people who regularly fast on juice and water. Over-consumption of sodium is far more common and can lead to high blood pressure which in turn leads to an increased risk of heart attack and stroke. The current percent daily value for sodium is 2400mg, however, the American Heart Association recommends that people with high blood pressure eat less that 1500mg per day, or less than 3/4 of a table spoon of salt. Since sodium is required by all life to exist, it is naturally found in all foods and rarely does salt ever need to be added. Steps you can take to ensure low sodium eating include: avoiding canned foods, avoiding pickled food, choosing low sodium cheeses, and substituting herbs and other spices in place of salt. Below is a list of high sodium foods:

#1: Table Salt, Baking Soda & Baking Powder (Table Salt) Sodium 100g, Per tbsp (18g), Per tsp (6g)

#2: Sauces & Salad Dressings (Soy Sauce)
Sodium 100g, Per tbsp (18g), Per tsp (6g)

#3: Cured Meat & Fish (Bacon, Cooked)
Sodium 100g, Per oz (28g), Per slice (8g)

#4: Cheese (Roquefort)
Sodium 100g, Per pkg (85g), Per oz (28g).

#5: Pickles (Cucumber)
Sodium 100g, per cup (155g)

#6: Instant Soups (Beef Noodle)
Sodium 100g, Per oz (28g), Per packet (9g)

#7: Roasted and Salted Nuts & Seeds (Pumpkin Seeds)
Sodium 100g, Per cup (64g), Per oz (28g)

#8: Snacks (Pretzels)
Sodium 100g, Per 10 twists (60g),
Per oz (28g)

#9: Fast Foods (Egg & Ham Biscuit)
Sodium 100g, Per biscuit (182g),
Per 3oz (85g), 1093mg (46% DV)

#10: Canned Vegetables (Sweet Peppers)
Sodium 100g, Per cup (140g),
Per 1/2 cup (70g)

Read more at http://www.healthaliciousness.com/

Low Sodium Foods - Shopping List

Most people eat much more sodium (salt) than they need. This can lead to health problems like high blood pressure. To reduce the sodium in your diet, keep these tips in mind when you go food shopping:

Choose fresh instead of processed foods when you can.

Use the Nutrition Facts label to check the amount of sodium. Look for foods with 5% Daily Value (DV) or less. A sodium content of 20% DV or more is high.

Look for foods labeled "low sodium," "reduced sodium," or "no salt added." Take the list below with you the next time you go food shopping.

Vegetables and Fruits

Choose fresh or frozen vegetables and fruits when possible.

- Any fresh fruits, like apples, oranges, or bananas
- Any fresh vegetables, like spinach, carrots, or broccoli
- Frozen vegetables without added sauce
- Canned vegetables that are low in sodium or have no salt added
- Low sodium vegetable juice
- Frozen or dried fruit (unsweetened)
- Canned fruit (packed in water or 100% juice)

Breads, Cereals, and Grains

Compare labels to find products with less sodium. When you cook rice or pasta, don't add salt.

- Rice or pasta (Tip: If you buy a pkg with a seasoning packet, use only part of the packet to reduce the sodium content.)
- Unsweetened shredded wheat
- Unsalted popcorn

Meats, Nuts, and Beans

Choose fresh meats when possible. Some fresh meat has added sodium, so always check the label.

- Fish or shellfish
- Chicken or turkey breast without skin
- Lean cuts of beef or pork
- Unsalted nuts and seeds
- Peas and beans
- Canned beans labeled "no salt added" or "low sodium"
- Eggs

Milk and Milk Products

Choose fat-free or low-fat milk and yogurt. Be sure to check the label on cheese, which can be high in sodium. Milk and yogurt are also good sources of potassium, which can help lower blood pressure.

- Fat-free or low-fat (1%) milk
- Fat-free or low-fat yogurt
- Low- or reduced-sodium cheese (like Natural Swiss Cheese)
- Soy-based drinks with added calcium (soy milk)

Dressings, Oils, and Condiments

When you cook, use ingredients that are low in sodium or have no sodium at all.

- Unsalted butter or margarine
- Vegetable oils (canola, olive, peanut, or sesame)
- Sodium-free salad dressing and mayonnaise
- Vinegar

Seasonings

Try these seasonings instead of salt to flavor food.

- Herbs, spices, or salt-free seasoning blends
- Chopped vegetables, such as garlic, onions, and peppers
- Lemons and limes
- Ginger

Source: http://healthfinder.gov

5. BALANCE LOW-LEVEL EXERCISE AND REST

One of the ways that people with heart failure can feel better is to stay active. In the past, people with CHF were told to rest and give up many of their common activities. Recent research has shown that normal activity is safe for most people with CHF and may improve symptoms and sense of well-being.

What counts as exercise?

- *Household chores like dusting*
- *Walking to the mailbox*
- *Climbing Stairs*
- *Cardiac Rehab Programs*
- *Light weight lifting (soup cans)*
- *Water workouts*

Before you start any exercise program or increase your activity level, consult your physician. Remember to pace yourself. Start slow and only do activities that you doctor approves. Stop and rest when you need to. Do something you enjoy. If you have chest pain, feel short of breath, dizzy or light-headed, **STOP**. If you don't feel better after a short rest break, **call your Healthy At Home® nurse, or 911 if in an emergent situation**

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LIVING WELL WITH COPD

COPD is a serious illness that can greatly affect your entire way of life, but, it doesn't have to mean the end of enjoying your life. Together, with your healthcare provider, you can learn ways to improve your breathing and fitness and prevent quick and serious worsening of your disease. It takes a commitment to improve your health, and it takes effort to use your medicines and therapies correctly. You might see the expression "people suffering with COPD." Instead, we like to say, "people living well with COPD," and this can be YOU.

You can live well with COPD. It's up to YOU to take control.

WHAT IS COPD?

COPD stands for **Chronic Obstructive Pulmonary Disease**

Healthcare providers use the term COPD to describe a slowly progressive disease involving the airways in the lungs or the lung tissue, or both. What this means is this it is a long- term disease, which does not completely go away and can get worse as time goes on.

• The two diseases that make up COPD are called **emphysema** and **chronic bronchitis.** Many people with COPD have a combination of these two diseases. In addition, some people with COPD may also have asthma-like symptoms or **reactive airway disease**. People with COPD may have worsening attacks from time to time, called acute **COPD flare-ups (exacerbations).**

COPD is a common lung disease. It affects more than 5% of the adult population and is the third leading cause of death in the united States, with 12 million Americans diagnosed and 12 million more undiagnosed, and the number is growing.

Long-term cigarette smoking causes nearly all cases of COPD, and it takes many years for COPD to develop before people need medical help.

• Most people begin to feel the disease symptoms between 50 and 70 years of age.

Causes of Chronic Obstructive Pulmonary Disease (COPD)

The most common cause of chronic obstructive pulmonary disease (COPD) is cigarette smoking, although only about 20% of smokers develop lung disease.

Other elements that may lead to the development of COPD are:

• *Work-related dusts and chemicals (vapors, irritants, and fumes) and things in the environment, such as coal dust or silica*
• *Indoor air pollution from fuels used for cooking and heating in poorly ventilated homes*
• *Secondhand smoke may add to breathing problems and COPD.*
• *Some patients who develop COPD have a rare inherited disorder called alpha1-antitrypsin deficiency; this condition can be diagnosed by a blood test.*
• *Childhood respiratory infections (colds and viruses) may be linked to less lung function and more breathing problems in adulthood.*

SYMPTOMS OF COPD

- *Shortness of breath with activity*
- *Frequent cough*
- *Cough with* mucus (phlegm)
- *Inability to maintain activity levels due to fatigue or shortness of breath*
- *More frequent colds and nose and throat infections*
- *Knowingly or unknowingly limiting your activities because you get out of breath or tired more easily*

Although there is no cure for COPD, symptoms can be controlled to improve the quality of life.

The lung and airway damage cannot be repaired, but ALL of the symptoms of COPD can be reduced if you take action.

Your quality of life can be improved, and the length of your life can be extended.

WHAT CAN YOU DO ABOUT YOUR COPD?

There are many things that people with COPD can do to feel better and lead productive and happy lives. **The key is:** IT'S UP TO YOU.

You are in the driver's seat and must stay in control. **Here are some general ideas to make it happen:**

- *Find a health-care provider who you can talk easily with. This will be an important relationship for you, since we know that COPD is a progressive disease (it does not go away).*
- *Your chosen health-care provider will prescribe medications, perhaps oxygen if you need it, and help you if you become sicker. This is now a PARTNERSHIP, and you are one half of it!*
- *Make an action plan with the help of your healthcare provider. This will help you stay on the path to wellness by setting real goals.*
- Get support from family and friends. They can help you achieve your goals.

Now here are some real and practical ways that you can improve and live well with COPD:

- *Quit smoking*
- *Get flu and pneumonia shots*
- *Understand your COPD medicines*
- *Exercise and get good nutrition*
- *Conserve your energy*
- *Reduce stress*
- *Control your breathing*
- *Use oxygen therapy if your health-care provider thinks it is necessary*
- *Manage acute COPD flare-ups (exacerbations) - worsening episodes caused by infections*

ACTION PLAN

A series of steps and goals that you will plan with your healthcare provider to help you succeed in living well with COPD.

QUIT SMOKING

If you have not quit, do it now. It is the best move you can make to improve your life with COPD.

According to experts, these methods can help:

- **Nicotine Replacement**
  - *Nicotine patch*
  - *Nicotine gum*
  - *Lozenge*
  - *Inhalers*
  - *Nasal spray*

These products can help lessen the urge to smoke. Check with your health-care provider first to make sure the one you choose will not interfere with other medicines and to select the correct dosage. Be especially careful if you have heart or blood vessel problems. Ask your healthcare provider about prescription medications that can also help.

- **There are oral medications that can help you control the urge to smoke.**
  - *Wellbutrin (brand name), bupropion (generic)*
  - *Zyban (brand name), bupropion (generic)*
  - *Chantix (varenicline) – (no generic available)*

Speak with your healthcare provider to see if these medications would be right for you. While these medications have proven to be very helpful in helping patients stop smoking, they do come with side effects that need to be understood when making the decision to use them. Ask your healthcare provider and/or pharmacist to discuss the risks.

Get support and encouragement.

- Learn how to handle and limit stress and urges to smoke

Check your local hospitals and health clinics, libraries, civic groups, and community centers to see if they offer smoking cessation counseling programs. For more information on how to quit, go to www.onebreath.org.

Remember, your best chance of success is with the help of others.

> "The most important requirement in success is learning to overcome failure."
>
> **— Reggie Jackson**

People quit smoking every day. But not everyone stays quit. Some return to smoking. No one knows why. It may simply be the stresses of everyday life...like keeping a job or struggling with family demands.

The medical term for going back to an addictive behavior is "relapse." It is similar for all kinds of addictive drugs—from cocaine to cigarettes. For some people, going back to smoking happens because they just can't get over wanting a cigarette. Often that happens in the first two (2) weeks. For others, going back to smoking can happen months or even years after they have quit.

How Your Body Changes When You Quit Smoking

Within 20 minutes	•Blood pressure and pulse rate decrease • Body temperature of hands and feet increases
Within 24 to 48 hours	• Chance of a heart attack decreases • Ability to smell and taste improves
Within 2 weeks to 3 months	• Circulation improves • Walking becomes easier
Within 1 to 9 months	• Coughing decreases in most people • Sinus congestion, fatigue and shortness of breath decrease
Within 1 year	• Added risk of heart disease drops by half
Within 5 to 15 years	• Risk of stroke drops to that of people who have never smoked
Within 10 years	• The risk of cancer of the lung, mouth, throat, esophagus, bladder, kidney and pancreas also decreases
Within 15 years	• Risk of coronary heart disease is now similar to that of people who have never smoked • Risk of death returns to nearly the level of people who have never smoked

COPD makes the lungs and heart work harder to carry oxygen to all parts of the body. Because of this, you should control your weight to reduce heart and lung strain.

Pulmonary rehabilitation

Pulmonary rehabilitation may help you reduce the impact of COPD by helping to control or reduce breathlessness and recondition the body so that you feel less shortness of breath.

Pulmonary rehabilitation offers:

- *Structured and monitored exercise training*
- *Nutrition advice*
- *Techniques for reducing and controlling breathing problems*
- *Education about maintaining and improving function*
- *Help to quit smoking*
- *Information about your disease and ways to cope*
- *Emotional and psychological support*

You can benefit tremendously from pulmonary rehabilitation. Discuss it with your health-care provider.

Good nutrition

Maintaining good health is impossible without eating the right foods. Some people with COPD have trouble keeping weight on, and it is easy to lose muscle mass when you lose weight.

Many people with COPD find it helpful to:

- Eat several smaller meals throughout the day instead of three large ones.
- Drink plenty of fluids to keep airway mucus thin and free-flowing.
- Slow down when you are eating.

Most people with COPD must learn to pace themselves to avoid getting worn out throughout the day. Conserve energy with these practical tips, and you'll get more accomplished without getting short of breath.

- *Move slowly to conserve energy and avoid breathlessness.*
- *Use a cart with wheels to move dishes, tidy up, work in the garage, put away clean laundry, and so on.*
- *Sit to dress, undress, shave, put on makeup, and cook. Sit for as many tasks as possible.*
- *Arrange your house so that most things you use are at waist level or within easy reach.*
- *Take rests after meals when your body is working hard to digest food.*
- *Invest in a shower stool and hose sprayer for bathing.*
- *Use assistive ("helping") devices, such as a long-handled reacher, for pulling on socks and shoes and for reaching things in high places.*

Control stress

Feeling stressed can make breathlessness much worse.

Learn to relax

Stress is less likely to build to anxiety if you know how to relax yourself when you start to feel tense. Find what works for you.

- *Try yoga, prayer, meditating, or listening to relaxing music.*
- *Some people like to get comfortable, and concentrate on the things that relax them.*
- *Slowly tense and relax each part of your body. Start with your toes and work all the way up to your scalp. Breathe in as you tighten, and breathe out as you relax.*

Pursed-Lip Breathing

Pursed-lip breathing not only helps you relax, but it also helps you get more oxygen into your lungs and prevents shortness of breath. Practice this breathing technique until it works well for you.

STEP 1:

Relax your neck and shoulder muscles. Inhale (breathe in) slowly through your nose, and count to 2 in your head.

STEP 2:

Pucker your lips as if you are whistling. Exhale (breathe out) slowly and gently through your lips while you count to 4 or more in your head. Always exhale (breathe out) for longer than you inhale (breathe in). This allows your lungs to empty more effectively.

Diaphragmatic Breathing (abdominal breathing)

STEP 1:

Get into a comfortable position, you may lay down or sit up in a chair. Relax your neck and shoulder muscles.

STEP 2:

Put one hand on your abdomen and one on your chest.

STEP 3:

Inhale (breathe in) slowly through your nose to the count of 2.Feel your abdominal muscles relax. Your chest should stay still.

STEP 4:

Tighten your abdominal muscles,and exhale (breathe out) while you count to 4.Feel your muscles tighten. Your chest should stay still.

Techniques to Help Clear Mucus From Your Lungs

Ask your health-care provider about different methods to help you cough up mucus. The Acapella® and the Flutter® devices are two handheld devices that assist in clearing mucus from the lungs. Learning how to use these devices will make it easier to get rid of mucus in the lungs.

HUFF Cough: Forced Expiratory technique

- Repeat this cycle two to four times.
- Spit out the mucus as it comes up.

STEP 1:

Sit comfortably in a chair. Take three to five slow, deep breaths using pursed-lip and diaphragmatic breathing.

STEP 2:

Take in a normal breath.

STEP 3:

Squeeze your chest and abdominal muscles – open your mouth – and force out your breath while whispering the word "huff" (sounds like a forced sigh). Some people find it helpful to press on the lower chest at the same time. Repeat once.

STEP 4:

Return to pursed-lip and diaphragmatic breathing.

Use of Oxygen

Eventually, many people with COPD will need supplemental oxygen. It will improve your quality of life and may help you live longer.

Ask your healthcare provider about how long you should use oxygen each day. For many people, more oxygen use, not less, will add years to life.

Travel With Oxygen

Traveling with oxygen can be done with ease, but it takes planning to ensure enough oxygen for the trip and for use at your destination. Air travel requires more planning and coordination with the airline. Talk with your healthcare provider and oxygen supplier for advice about traveling.

You cannot travel on an airplane with an oxygen cannister. You must obtain a portable concentrator from your durable medical equipment supplier.

Air travel requires an FAA-certified portable concentrator and, frequently, a form signed by your healthcare provider. Check with airline and oxygen company at least 2 weeks prior to travel.

An acute COPD exacerbation is a worsening, or **'flare-up,'** of symptoms. It may lead to less lung function and a step down in quality of life. Most importantly, it can be dangerous, as it may put you at risk for death. Often a **flare-up (exacerbation)** will land a person in the hospital.

Causes of COPD Flare-ups (Exacerbations)

- *Infections caused by viruses and bacteria*
- *Certain cancers*
- *Very hot or very cold weather*
- *Asthma attacks*
- *Air pollution*
- *Heart failure*

Studies have found that smoking, lack of a pulmonary rehabilitation program, improper use of an inhaler, and not taking drugs properly are all related to having more COPD flare-ups (exacerbations).

What Can You Do?

You can prevent infections by doing your best to avoid germs for cold and flu. Catch symptoms early, if you are "tuned-in"to your symptoms so you can get a jump on controlling things and getting worse.

LOOK FOR SIGNS OF A COPD FLARE-UP (EXACERBATION)

- *Changes in mucus color and amount*
- *More mucus or difficulty coughing mucus up from the lungs*
- *More severe cough or more frequent coughing*
- *Cold or flu symptoms, such as runny nose, sore throat, achy feeling, chills, fever, or feeling of feverishness*
- *Increased shortness of breath with activities or at rest*
- *Wheezing or whistling sound in the chest*

CALL YOUR HEALTHCARE PROVIDER or YOUR HEALTHY AT HOME® NURSE IF:

You are more short of breath than usual.

Your cough gets worse.

You are coughing up more mucus or having trouble getting mucus up.

Your mucus changes from clear or white to green or yellow.

You are coughing up blood or mucus with blood in it.

You have fever or chills or feel general achiness or fatigue.

Your sleep is very disturbed or you are more sleepy than normal.

You are feeling confused.

What Will Your Health Provider Do During a COPD Flare-up (Exacerbation)?

COPD **flare-ups (exacerbations)** are treated by changes in your medications, adding steroids and/or antibiotics, sometimes oxygen. A serious **flare-up (exacerbation)** may mean hospitalization and possibly steroids through an IV (intravenous line into your blood).

Some New Ways to Prevent COPD Flare-ups (Exacerbations)

Since COPD **flare-ups (exacerbations)** are a very serious problem for people with COPD, doctors and researchers have been looking for ways to prevent them. Some healthcare providers believe that regular treatment with certain antibiotics will keep away COPD **flare-ups (exacerbations)**. Ask your health-care provider if this might be a good solution for you.

Know when to call 911.
Discuss with your healthcare provider what to do if you become so sick that you need immediate help.
Talk about these symptoms with your healthcare provider.

Green Zone: I am doing well today	Actions
• Usual activity and exercise level • Usual amounts of cough and phlegm / mucus • Sleep well at night • Appetite is normal for me	• Continue regular exercise / diet plan • Avoid cigarette smoke (inhaled irritants) at all times • Use oxygen as prescribed • Take daily medicines as prescribed by your doctor
Yellow Zone: I am having a bad day	**Actions**
• More breathless than usual • I have less energy for my daily activities • Increased or thicker phlegm / mucus • Using quick relief / rescue inhalers / nebulizer more often • More coughing than usual • Swelling of ankles more than usual • I feel like I have a "chest cold" • Poor sleep and my symptoms woke me up • My appetite is not as good as usual • My medicine is not helping	• Continue daily medications • Call your provider to discuss changes in symptoms and follow directions • While you wait for your provider to respond, use your relief / rescue inhaler. 1-2 puffs every 4-6 hours or a nebulizer treatment every 4-6 hours, as needed for shortness of breath or difficulty breathing • Use oxygen as prescribed • Get plenty of rest • Use pursed lip breathing • At all times avoid cigarette smoke (inhaled irritants)
Red Zone: I need urgent care	Actions
• Severe shortness of breath even at rest • Not able to do any activity because of breathing • Not able to sleep because of breathing • Fever or shaking chills • Feeling confused or very drowsy • Chest pains • Coughing up blood	• Call 911 or seek medical care immediately • While waiting for help, do the following: ✓ Sit upright ✓ Get help with your inhaler / nebulizer ✓ Use relieve / rescue inhaler 2 puffs or nebulizer treatment. May repeat in 30 minutes if the shortness of breath or difficult breathing continues.

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Pneumonia is a lung infection that can make you very sick. People living with a long-term or chronic disease like asthma, heart disease, cancer or diabetes are more likely to get pneumonia.

What is Pneumonia?

Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus, causing cough with phlegm or pus, fever, chills and difficulty breathing. A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. Pneumonia can range in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with underlying health problems or weakened immune systems Antibiotics and antiviral medications can treat many common forms of pneumonia.

SYMPTOMS

The signs and symptoms of pneumonia vary from mild to severe, depending upon factors such as the type of germ causing the infection and your age and overall health. Mild signs and symptoms often are similar to those of a cold or flu, but they last longer. **Signs and symptoms of pneumonia include:**

- Fever, sweating and shaking chills
- Lower than normal body temperature in people older than age 65, and in people with poor overall health or weakened immune systems
- Cough, which may produce thick, sticky fluid
- Chest pain when you breathe deeply or cough
- Shortness of breath
- Fatigue and muscle aches
- Nausea, vomiting or diarrhea
- Headache

Newborns and infants may not show any sign of the infection. Or they may vomit, have a fever and cough, appear restless or tired and without energy, or have difficulty breathing and eating.

Older people who have pneumonia sometimes have sudden changes in mental awareness.

CAUSES

Pneumonia has many possible causes. The most common are bacteria and viruses in the air we breathe. Your body usually prevents these germs from infecting your lungs. But sometimes these germs can overpower your immune system, even if your health is generally good.

Pneumonia is classified according to the types of germs that cause it, and where you acquired the infection.

Community-acquired pneumonia is the most common type of pneumonia. It occurs outside of hospitals and other health care facilities, and may be caused by:

Bacteria, such as Streptococcus pneumoniae. Bacterial community-acquired pneumonia can occur on its own or after you have a cold or respiratory flu. This type of pneumonia often affects one area (lobe) of the lung, a condition called lobar pneumonia.

When to see a doctor

- *See your doctor if you have difficulty breathing, chest pain, persistent fever of 102 F (39 C) or higher or persistent cough, especially if you are coughing up pus.*
- *It's especially important to see a doctor if:*

A child with signs and symptoms is younger than age 2

You are older than age 65

You have an underlying health condition or weakened immune system

You're having chemotherapy or taking medication that suppresses your immune system

For some older adults and people with heart failure or lung ailments, pneumonia can quickly become a life-threatening condition.

Bacteria-like organisms, such as Mycoplasma pneumoniae, typically produce milder signs and symptoms than do other types of pneumonia. "Walking pneumonia," a term used to describe pneumonia that isn't severe enough to require bed rest, may result from Mycoplasma pneumoniae.

Viruses, including some that are the same type of viruses that cause colds and flu. Viruses are the most common cause of pneumonia in children younger than 2 years. Viral pneumonia is usually mild. But viral pneumonia caused by certain influenza viruses, such as sudden acute respiratory syndrome (SARS), can become very serious.

Fungi, which can be found in soil and in bird droppings. This type of pneumonia is most common in people with an underlying health problem or weakened immune system and in people who have inhaled a large dose of the organisms.

Hospital-acquired pneumonia is a bacterial infection that occurs in people 48 hours or more after being hospitalized for another condition. Hospital-acquired pneumonia can be serious because the bacteria causing it may be more resistant to antibiotics. People who are on a breathing machine (ventilator), often used in intensive care units, are at higher risk of this type of pneumonia.

Health care-acquired pneumonia is a bacterial infection that occurs in people who are living in long-term care facilities or have been treated in outpatient clinics, including kidney dialysis centers. Like hospital-acquired pneumonia, health care-acquired pneumonia can be caused by bacteria more resistant to antibiotics.

Aspiration pneumonia occurs when you inhale food, drink, vomit or saliva into your lungs. This aspiration may happen if something disturbs your normal gag reflex, such as a brain injury, swallowing problem, or excessive use of alcohol or drugs.

RISK FACTORS

Pneumonia can affect anyone. But the two age groups at highest risk are:

Infants and children younger than age 2 years, because their immune systems are still developing

People older than age 65

Other risk factors include:

- Certain chronic diseases, such as asthma, chronic obstructive pulmonary disease and heart disease
- Weakened or suppressed immune system, due to factors such as HIV/AIDS, organ transplant, chemotherapy for cancer or long-term steroid use
- Smoking, which damages your body's natural defenses against the bacteria and viruses that cause pneumonia
- Being placed on a ventilator while hospitalized

Complications

Often, people who have pneumonia can be treated successfully with medication. But some people, especially those in high-risk groups, may experience complications, including:

Bacteria in the bloodstream (bacteremia). Bacteria that enter the bloodstream from your lungs can spread the infection to other organs, potentially causing organ failure.

Lung abscess. An abscess occurs if pus forms in a cavity in the lung. An abscess is usually treated with antibiotics. Sometimes, surgery or drainage with a long needle or tube placed into the abscess is needed to remove the pus.

Fluid accumulation around your lungs (pleural effusion). Pneumonia may cause fluid to build up in the thin space between layers of tissue that line the lungs and chest cavity (pleura). If the fluid becomes infected, you may need to have it drained through a chest tube or removed with surgery.

Difficulty breathing. If your pneumonia is severe or you have chronic underlying lung diseases, you may have trouble breathing in enough oxygen. You may need to be hospitalized and use a mechanical ventilator while your lung heals.

Tests and diagnosis

If pneumonia is suspected, your doctor may recommend:

• Chest X-rays, to confirm the presence of pneumonia and determine the extent and location of the infection.

• Blood tests, to confirm the presence of infection and to try to identify the type of organism causing the infection. Precise identification occurs in only about half of people with pneumonia.

• Pulse oximetry, to measure the oxygen level in your blood. Pneumonia can prevent your lungs from moving enough oxygen into your bloodstream.

• Sputum test. A sample of fluid from yours lungs (sputum) is taken after a deep cough, and analyzed to pinpoint the type of infection.

If you are older than age 65, are in the hospital or have serious symptoms or an underlying health condition, your doctor may recommend:

• Pleural fluid culture. A fluid sample is taken from the pleural area and analyzed to help determine the type of infection.

• Bronchoscopy. A thin, flexible tube with a camera is inserted down your throat and through your airways to check whether something is blocking the airways or whether something else is contributing to your pneumonia.

If your pneumonia isn't clearing as quickly as expected, your doctor may recommend a chest CT scan to obtain a more detailed image of your lungs.

Treatment for pneumonia involves curing the infection and preventing any complications.

People who have community-acquired pneumonia usually can be treated at home with medication. Although your symptoms may ease in a few days or weeks, tiredness can persist for a month or more.

Your doctor will likely recommend a follow-up chest X-ray to check that the infection is clearing. It may be safe to stop treatment even if your X-ray isn't completely normal. Only about half of chest X-rays in people with community-acquired pneumonia are normal after 28 days of treatment.

Specific treatments depend on the type and severity of your pneumonia, and your age and overall health. The options include:

• Antibiotics, to treat bacterial pneumonia. It may take time to identify the type of bacteria causing your pneumonia and to choose the best antibiotic to treat it. Symptoms often improve within three days, although improvement usually takes twice as long in smokers. If your symptoms don't improve, your doctor may recommend a different antibiotic.

• Antiviral medications, to treat viral pneumonia. Symptoms generally improve in one to three weeks.

• Fever reducers, such as aspirin or ibuprofen.

• Cough medicine, to calm your cough so you can rest. Because coughing helps loosen and move fluid from your lungs, it's a good idea not to eliminate your cough completely.

• Hospitalization

You may need to be hospitalized if:

• *You are older than age 65*
• *You become confused about time, people or places*
• *Your nausea and vomiting prevent you from keeping down oral antibiotics*
• *Your blood pressure drops*
• *Your breathing is rapid*
• *You need breathing assistance*
• *Your temperature is below normal*
• *If you need to be placed on a ventilator or your symptoms are severe, you may need to be admitted to an intensive care unit.*

Children may be hospitalized if they:

• *Are younger than age 3 months*
• *Are excessively sleepy*
• *Have trouble breathing*
• *Have low blood oxygen levels*
• *Appear dehydrated*
• *Have a lower than normal temperature*

Prevention

Get a seasonal flu shot. The influenza virus can be a direct cause of viral pneumonia. Bacterial pneumonia is also a common complication of the flu. A yearly flu shot provides significant protection.

Get a pneumonia vaccination. Doctors recommend a one-time vaccine against Streptococcus pneumoniae bacteria (pneumococcus) for everyone older than age 65, as well as for people of any age residing in nursing homes and long-term care facilities, and for smokers. The vaccine is especially recommended for anyone at high risk of pneumococcal pneumonia. Some doctors recommend a booster shot five years after the first dose.

Have your child vaccinated. Doctors recommend a different pneumonia vaccine for all children younger than age 2 and for children ages 2 to 5 years who are at particular risk of pneumococcal disease. Children who attend a group day care center should also get the vaccine. Doctors also recommend seasonal flu shots for children older than six months.

Practice good hygiene. To protect yourself against ordinary respiratory infections that sometimes lead to pneumonia, wash your hands regularly or use an alcohol-based hand sanitizer.

Don't smoke. Smoking damages your lungs' natural defenses against respiratory infections.

Stay rested and fit. Proper rest, a healthy diet and moderate exercise can help keep your immune system strong.

Set an example. Stay home when you're sick. When you're in public and have a cold, catch your coughs and sneezes in the inner crook of your elbow.

Green Zone This is YOUR goal	• Easy breathing • No fever • No coughing, wheezing/chest tightness or shortness of breath during the day or night • No decrease in activity level; able to maintain normal activity level
Yellow Zone Call your doctor TODAY to get help!	***You may have one or more of the following:*** • Sputum (phlegm) that increases in amount or changes in color, or becomes thicker than usual • Increased coughing or wheezing • Increased shortness of breath with activity • Fever of 100.5F oral or 99.5F under the arm • Increased number of pillows or needing to sleep sitting up
Red Zone **Emergency** **Call 911**	• Unrelieved shortness of breath • Change in the color of your skin, nails, or lips turn gray or blue • Unrelieved chest pain • Increased or irregular heart beat

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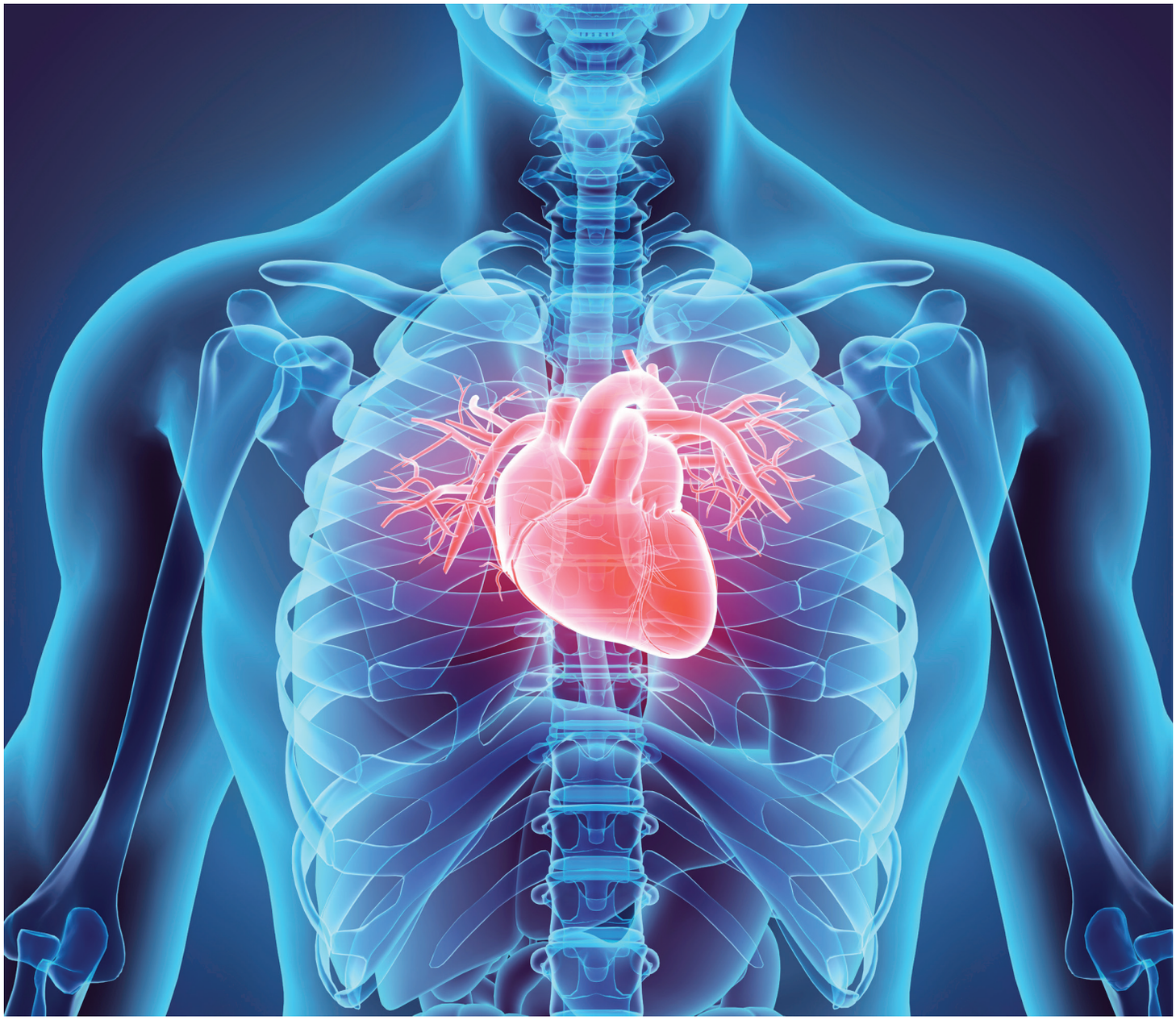
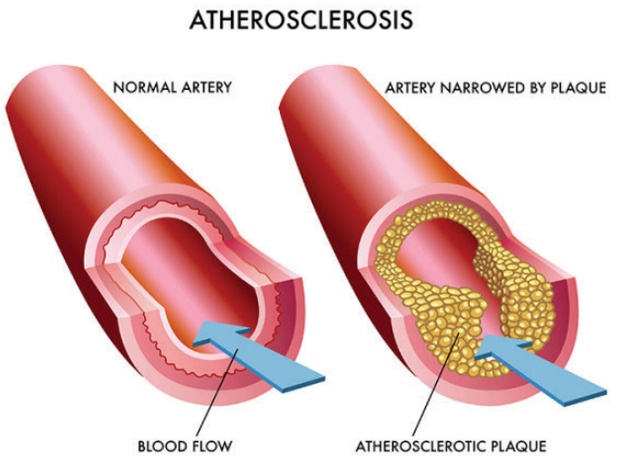


A heart attack, known as Myocardial Infarction, happens when blood flow to the coronary arteries, which supply blood to the heart muscles, is cut off. When this happens the part of the heart that loses the blood supply begins to die. A heart attack is often the result of coronary artery disease, where fatty deposits, known as plaque have built up on the walls of the arteries. When plaque breaks open or ruptures it can quickly form a clot that could block blood flow to the heart.



Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath with or without chest discomfort.

Other signs may include breaking out in a cold sweat, nausea or lightheadedness.
Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Symptoms Vary Between Men and Women
As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain[1]

1 Go to this website for more information https://www.heart.org/heartattack

American Heart Association®

life is why™

Common Heart Attack Warning Signs

1. Pain or discomfort in chest
2. Lightheadedness, nausea, or vomiting
3. Jaw, neck or back pain
4. Discomfort or pain in arm or shoulder
5. Shortness of breath

Learn more at Heart.org/HeartAttack.

Green Zone This is YOUR goal	• Easy breathing / No shortness of breath • No weight gain more than 3 pounds • No swelling of your feet, ankles, legs or stomach • No chest pain
Yellow Zone Call your doctor TODAY to get help!	• Weight gain of 3 pounds in 1 day or 5 pounds in 1 week • More swelling of your feet, ankles, legs, or stomach • Difficulty breathing when lying down. Feeling the need to sleep up in a chair • Feeling uneasy; you know something isn't right • No energy or feeling more tired • More shortness of breath • Dry hacking cough • Dizziness
Red Zone **Emergency** **Call 911**	• Unrelieved shortness of breath while sitting still • A difficult time breathing • Change in the color of your skin, nails, or lips turn gray or blue • Unrelieved chest pain • Confusion or can't think clearly

Risk Factors and Coronary Heart Disease

Extensive research has identified factors that increase a person's risk of coronary heart disease in general and heart attack in particular. The more risk factors you have, and the greater the level of each risk factor, the higher your chance of developing coronary heart disease — a common term for the buildup of plaque in the heart's arteries that could lead to heart attack.

1. Major risk factors

Research has shown that these unchangeable factors significantly increase the risk of heart and blood vessel (cardiovascular) disease.

Major risk factors that can't be changed

The risk factors on this list are ones you're born with and cannot be changed. The more of these risk factors you have, the greater your chance of developing coronary heart disease. Since you can't do anything about these risk factors, it's even more important for you to manage the risk factors that can be changed.

Increasing Age

The majority of people who die of coronary heart disease are 65 or older. At older ages, women who have heart attacks are more likely than men are to die from them within a few weeks.

Male Sex (Gender)

Men have a greater risk of heart attack than women do, and they have attacks earlier in life. Even after menopause, when women's death rate from heart disease increases, it's not as great as men's.

Heredity (Including Race)
Children of parents with heart disease are more likely to develop it themselves. African Americans have more severe high blood pressure than Caucasians and a higher risk of heart disease. Heart disease risk is also higher among Mexican Americans, American Indians, native Hawaiians and some Asian Americans. This is partly due to higher rates of obesity and diabetes. Most people with a strong family history of heart disease have one or more other risk factors. Just as you can't control your age, sex and race, you can't control your family history. Therefore, it's even more important to treat and control any other risk factors you have

2. Modifiable risk factors

Some major risk factors can be modified, treated or controlled through medications or lifestyle change.

Tobacco smoke (including vaping)
Smokers' risk of developing coronary heart disease is much higher than that of nonsmokers. Cigarette smoking is a powerful independent risk factor for sudden cardiac death in patients with coronary heart disease. Cigarette smoking also acts with other risk factors to greatly increase the risk for coronary heart disease. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

High blood cholesterol
As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure, smoking and/or vaping, and exposure to second hand smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet. Here's the lowdown on:

- **Total Cholesterol:** Your total cholesterol score is calculated using the following equation: HDL + LDL + 20 percent of your triglyceride level.
- **Low-density-lipoprotein (LDL) cholesterol = "bad" cholesterol**
  A low LDL cholesterol level is considered good for your heart health. However, your LDL number should no longer be the main factor in guiding treatment to prevent heart attack and stroke, according to the latest guidelines from the American Heart Association. For patients taking statins, the guidelines say they no longer need to get LDL cholesterol levels down to a specific target number. Lifestyle factors, such as a diet high in saturated and trans fats can raise LDL cholesterol.
- **High-density-lipoprotein (HDL) cholesterol = "good" cholesterol**
  With HDL (good) cholesterol, higher levels are typically better. Low HDL cholesterol puts you at higher risk for heart disease. People with high blood triglycerides usually also have lower HDL cholesterol. Genetic factors, type 2 diabetes, smoking, being overweight and being sedentary can all result in lower HDL cholesterol.
- **Triglycerides**
  Triglyceride is the most common type of fat in the body. Normal triglyceride levels vary by age and sex. A high triglyceride level combined with low HDL cholesterol or high LDL cholesterol is associated with atherosclerosis, the buildup of fatty deposits in artery walls that increases the risk for heart attack and stroke.

High blood pressure
High blood pressure increases the heart's workload, causing the heart muscle to thicken and become stiffer. This stiffening of the heart muscle is not normal, and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases even more.

Physical inactivity
An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps reduce the risk of heart and blood vessel disease. Even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Obesity and overweight
People who have excess body fat — especially if a lot of it is at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Overweight and obese adults with risk factors for cardiovascular disease such as high blood pressure, high cholesterol, or high blood sugar can make lifestyle changes to lose weight and produce clinically meaningful reductions in triglycerides, blood glucose, HbA1c, and risk of developing Type 2 diabetes. Many people may have difficulty losing weight. But a sustained weight loss of 3 to 5% body weight may lead to clinically meaningful reductions in some risk factors, larger weight losses can benefit blood pressure, cholesterol, and blood glucose.

Diabetes Mellitus
Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 68% of people >65 years of age with diabetes die of some form of heart disease and 16% die of stroke. If you have diabetes, it's extremely important to work with your healthcare provider to manage it and control any other risk factors you can. Persons with diabetes who are obese or overweight should make lifestyle changes (e.g., eat better, get regular physical activity, lose weight) to help manage blood sugar.

3. Contributing risk factors

These factors are associated with increased risk of cardiovascular disease, but their significance and prevalence haven't yet been determined.

Stress
Individual response to stress may be a contributing factor. Some scientists have noted a relationship between coronary heart disease risk and stress in a person's life, their health behaviors and socioeconomic status. These factors may affect established risk factors. For example, people under stress may overeat, start smoking or smoke more than they otherwise would.

Alcohol
Drinking too much alcohol can raise blood pressure, increase risk of cardiomyopathy, a disease of the heart muscle, stroke, cancer and other diseases. It can contribute to high triglycerides, and produce irregular heartbeats. Excessive alcohol consumption contributes to obesity, alcoholism, suicide and accidents. However, there is a cardioprotective effect of moderate alcohol consumption. If you drink, limit your alcohol consumption to no more than two drinks per day for men and no more than one drink per day for women. The National Institute on Alcohol Abuse and Alcoholism defines one drink as 1-1/2 fluid ounces (fl oz) of 80-proof spirits (such as bourbon, Scotch, vodka, gin, etc.), 5 fl oz of wine or 12 fl oz of regular beer. It's not recommended that nondrinkers start using alcohol or that drinkers increase the amount they drink.

Diet and Nutrition
A healthy diet is one of the best weapons you have to fight cardiovascular disease. The food you eat (and the amount) can affect other controllable risk factors: cholesterol, blood pressure, diabetes and overweight. Choose nutrient-rich foods — which have vitamins, minerals, fiber and other nutrients but are lower in calories — over nutrient-poor foods. Choose a diet that emphasizes intake of vegetables, fruits, and whole grains; includes low-fat dairy products, poultry, fish, legumes, nontropical vegetable oils, and nuts; and limits intake of sweets, sugar-sweetened beverages, and red meats. And to maintain a healthy weight, coordinate your diet with your physical activity level so you're using up as many calories as you take in.

Test and Diagnosis:
Heart attack patients may be asked to undergo a number of diagnostic tests and procedures. By learning what these tests are and why they're being done, you'll feel more confident. These tests are important and help your healthcare provider determine if a heart attack occurred, how much your heart was damaged and also what degree of coronary artery disease (CAD) you may have. Your heart attack may have been the first symptom that you have CAD. The tests screen your heart and help the doctor determine what treatment and lifestyle changes will keep your heart healthy and prevent serious future medical events.

There are "non-invasive" and "invasive" diagnostic tests. Non-invasive diagnostic testing involving imaging may involve having a needle stick, such as for an intravenous injection of a contrast agent. Invasive procedures can include insertion of a tube, device or scope.

If you've had a heart attack, you may have already had certain procedures to help you survive your heart attack and diagnose your condition. For example, many heart attack patients have undergone thrombolysis, a procedure that involves injecting a clot-dissolving agent to restore blood flow in a coronary artery. This procedure is administered within a few (usually three) hours of a heart attack. If this treatment isn't done immediately after a heart attack, many patients will need to undergo coronary angioplasty or coronary artery bypass graft surgery (CABG) later to improve blood supply to the heart muscle.

Medications:
If you've had a heart attack, you will most likely be prescribed medication that you will take for the rest of your life. There are many types and combinations of drugs used to treat coronary artery disease (CAD), and your doctor will decide the best treatment combination for your situation. Reason for Medication

- Helps to prevent harmful clots from forming in the blood vessels.
- May prevent the clots from becoming larger and causing more serious problems.

Procedures:
If you've had a heart attack, you may have already had certain procedures to help you survive your heart attack and diagnose your condition. Reason for the Procedure

- Greatly increases blood flow through the blocked artery.
- Decreases chest pain (angina).
- Increases ability for physical activity that has been limited by angina or ischemia.

A healthy diet and lifestyle are your best weapons to fight cardiovascular disease. It's not as hard as you may think! Remember, it's the overall pattern of your choices that counts. Make the simple steps below part of your life for long-term benefits to your health and your heart.
Use up at least as many calories as you take in.

- Start by knowing how many calories you should be eating and drinking to maintain your weight. Nutrition and calorie information on food labels is typically based on a 2,000 calorie diet. You may need fewer or more calories depending on several factors including age, gender, and level of physical activity. You should follow dietary restrictions given to you by your physician. Before starting any new diet or nutritional program, consult your physician.
- If you are trying not to gain weight, don't eat more calories than you know you can burn up every day.
- Increase the amount and intensity of your physical activity if recommended by your physician to match the number of calories you take in.

Regular physical activity can help you maintain your weight, keep off weight that you lose and help you reach physical and cardiovascular fitness. If it's hard to schedule regular exercise sessions, try aiming for sessions of at last 10 minutes spread throughout the week.

Eat a variety of nutritious foods from all the food groups.

You may be eating plenty of food, but your body may not be getting the nutrients it needs to be healthy. Nutrient-rich foods have minerals, protein, whole grains and other nutrients but are lower in calories. They may help you control your weight, cholesterol and blood pressure.
Eat an overall healthy dietary pattern that emphasizes:

- a variety of fruits and vegetables,
- whole grains,
- low-fat dairy products,
- skinless poultry and fish
- nuts and legumes
- non-tropical vegetable oils
- Remove sodium(salt from your diet) See page 9 in the healthy at home manual

Limit saturated fat, trans fat, sodium, red meat, sweets and sugar-sweetened beverages. If you choose to eat red meat, compare labels and select the leanest cuts available.

One of the diets that fits this pattern is the DASH (Dietary Approaches to Stop Hypertension) eating plan. Most healthy eating patterns can be adapted based on calorie requirements and personal and cultural food preferences.

Eat less of the nutrient-poor foods.

The right number of calories to eat each day is based on your age and physical activity level and whether you're trying to gain, lose or maintain your weight. You could use your daily allotment of calories on a few high-calorie foods and beverages, but you probably wouldn't get the nutrients your body needs to be healthy. Limit foods and beverages high in calories but low in nutrients. Also limit the amount of saturated fat, trans fat and sodium you eat. Read Nutrition Facts labels carefully — the Nutrition Facts panel tells you the amount of healthy and unhealthy nutrients in a food or beverage.

229-245-6001 ext. 1200
Fax: 888-442-9997

BARNES HEALTHCARE SERVICES

Healthy at Home® Consent Form

Patient Name: _____ MRN: _____

Consent to participate in Healthy at Home® program

- I am receiving home monitoring equipment as part of the Healthy at Home® program. My nurse has discussed the use of this home monitoring equipment with my physician and has explained these services to me.
- I understand that tele-monitoring services are not an emergency response system. If I need emergency care, I will call 911 or my health care provider. I further understand and acknowledge that this monitoring equipment is not a substitute for keeping my home health nurse and/or physician fully and timely informed of my medical condition and its development.
- I understand that it is my responsibility to maintain the safekeeping of all Healthy at Home® devices in my home. Further, I understand these devices are owned by Barnes Healthcare Services (BHCS) and must be returned upon discharge from the Healthy at Home program. I understand in the event of equipment being lost or stolen from my possession that I will be responsible for the full replacement cost of the equipment.
- I understand the use of the monitoring equipment is voluntary. I may decide at any time that I want to stop and BHCS will arrange for the return of the equipment. The Healthy at Home® staff has the right to discontinue my use of this equipment at any time at their discretion.

Authorization to obtain, collect, analyze, store, and release information

- I give permission to the staff of BHCS to obtain any clinically necessary information from past, current or future care providers.
- I give permission to the staff of BHCS to collect, analyze, store, and release outcome data from the care I receive and that this may include health information.
- I also give permission for the staff of BHCS to release any clinically necessary information about my health to any individuals that have been or might be involved in my care.
- I understand that I have the right to see my data and that this request must be put in writing and submitted to BHCS.

Tear Here

Procedures

- Monitoring equipment will be delivered to my home by a BHCS clinician. I will be instructed on the proper use of the equipment including taking my own vital signs and answering surveys transmitted to me via the monitoring equipment by the Healthy at Home® program. This information will be sent automatically over my telephone line to a computer where a Healthy at Home® nurse will review it. While I have this equipment, a nurse will be calling me at home from time to time to discuss how I am feeling and how I am managing my condition.
- Diagnosis specific education was given to me and explained in detail.
- The monitoring equipment is for ***my*** benefit only, and **should not** be used by others, or mishandled in any way.
- At the end of the 30 day monitoring period, arrangements will be made to pick up the equipment from my home.

Patient Responsibilities

- Patients are responsible for the DAILY collection and transmission of all vitals and completion of survey questions by 11AM.
- Patients are responsible for keeping a "working" phone at all times during the monitoring period. Patients and/or caregiver must be available, answer calls and reply to messages. Barnes nurse will call the patient and/or caregiver up to three (3) times a day in an attempt to reach the patient in the event when intervention is required.
- Patients must comply and adhere to the medication regime set forth upon initial hospital discharge or updated by physician office visits. BHCS nurses will educate patient and/or caregiver on medication compliance and send DAILY Medication reminders and require that the patient adhere to the medication plan.

Cost & Responsibility

There will be no charge to me for using the equipment. The information will be transferred over a toll free telephone line.

I have read and understand this consent and the Healthy at Home program and agree to use the equipment described above.

Patient Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

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BARNES HEALTHCARE SERVICES

Confirmation of Clinician Visit

I hereby confirm that I have received clinician services from Barnes Healthcare Services on the date and times listed below.

I hereby authorize Barnes Healthcare Services to obtain or disclose copies of my medical record or insurance information only as they relate to my therapy, reimbursement to Barnes Healthcare Services, for care coordination, quality assurance, accreditation or licensing reviews. This may include, but is not limited to, medical history, x-ray or lab reports, testing results, prescription formulas, discharge summary, etc. I have been advised of Barnes Healthcare Services privacy practices and understand this authorization takes effect immediately. I will be provided a copy of this document. A photocopy or facsimile will be considered valid as the original. I have also been advised I can amend or rescind this document at any time.

Time In: _____ Time Out: _____

Patient Signature: _____ Date: _____

Patient Print: _____ MRN:_____

Parent / Legal Guardian: _____ Reason Unable to Sign: _____

Clinician Signature: _____ Clinician Print: _____

Next Scheduled Visit: _____

Tear Here

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FOR EMERGENCIES CALL 911

To reach Barnes Healthcare Services staff 24/7

800-422-5059

BARNES
HEALTHCARE SERVICES

HHA LIC #299995451 | HHA LIC# 299993216 | HHA LIC# 299993224
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For more information, visit www.barneshc.com

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