

HOME CARE GUIDE

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Alabama Department of Public Health
Bureau of Home & Community Services

DISASTER RESPONSE GUIDE

FIRE

Have a plan in case fire strikes your home. Consider possibilities of fire in various parts of your home. Where will you exit? Where will you meet? Develop a fire evacuation plan that includes:

- Exit procedures and evacuation routes;
- The location of doors and windows; and
- The location of smoke detectors and fire extinguishers.

WINTER STORMS

Snowfall, ice and extreme cold can immobilize an entire region. The results can range from isolation due to blocked roads and downed power lines to the havoc of cars and trucks sliding on icy highways.

Gather Emergency Supplies:

- Battery-powered radio
- Food that doesn't require cooking
- Extra water in clean soda bottles
- Rock salt to melt away ice on walkways, and sand to improve traction
- Flashlights and battery-powered lamps and extra batteries (candles are a fire hazard)
- Make sure you have a sufficient heating unit.

Dress for the season:

- Wear several layers of loose fitting, light weight, and warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Mittens are warmer than gloves.
- Wear a hat. Most body heat is lost through the top of the head.

FLOOD

Floods are the most common and widespread of all natural hazards. Some floods can develop over a period of days but flash floods can result in raging water in only minutes. Be aware of flood hazards especially if you live in low-lying area, near water or downstream from a dam.

Assemble a disaster supplies kit. Include a battery-powered radio, flashlights, and extra batteries, first aid supplies, sleeping supplies and clothing. Keep a stock of extra drinking water.

If a **FLOOD WATCH** is issued, prepare to evacuate:

- Secure your home. Move essential items to the upper floors of your home.
- If instructed, turn off utilities at the main switches or valves. Do not touch electrical equipment if you are wet or standing in water.
- Fill the bathtub with water in case water becomes contaminated or services are turned off. Sterilize your bathtub first.
- Do not walk through moving water. Six inches of moving water can knock you off your feet. If you must walk in a flooded area, walk where the water is not moving.
- Use a stick to check the firmness of the ground in front of you.
- If evacuated to a shelter, take all necessary medical equipment and supplies with you including medications.

TORNADOES

Tornadoes are nature's most violent storms. When a tornado has been sighted, go to your shelter immediately. Stay away from windows, doors and outside walls.

In a house or small building:

Go to the basement or storm cellar. If there is not basement or storm cellar, go to an interior room on the lowest level (closets, interior hallways). Get under a sturdy table, hold on and protect your head. Stay there until the danger has passed.

In school, nursing home, hospital, factory or shopping center:

Go to designated shelter areas. Interior hallways on the lowest floor are usually safest. Stay away from windows and open spaces.

In a high-rise building:

Go to a small interior room or hallway on the lowest floor possible.

In a vehicle, trailer or mobile home:

Get out immediately and go to a more substantial structure. In a car, get out and take shelter in a nearby building. Do not attempt to out drive a tornado. They are erratic and move swiftly.

LIGHTNING

Inside a home, avoid bathtubs, water faucets, and sinks because metal pipes can conduct electricity. Avoid using the telephone, except for emergencies. If outside, do not stand underneath a natural lightning rod, such as a tall isolated tree in an open area. Get away from anything metal – tractors, farm equipment, and bicycles.

HURRICANE

Hurricanes are tropical cyclones with torrential rains and sustained winds of 74 miles per hour or greater which blow in a counterclockwise direction around a center "eye". Hurricane winds can exceed 155 miles per hour and severely affect areas hundreds of miles inland.

What is a hurricane?

As hurricanes approach the coast, a huge dome of water called a storm surge crashes into the coastline, causing major damage to everything in its path. About nine out of ten people killed

in hurricanes are victims of the storm surge. Hurricanes also spawn tornadoes and cause severe flooding from heavy rains.

What should I do if a hurricane threatens?

Listen for information and instructions on radio or television newscasts. If a hurricane watch is issued, you have 24 to 36 hours before the hurricane hits land. A hurricane warning means that hurricane winds and storm tides are expected in a specific coastal area within 24 hours.

Get together with family members to talk about what needs to be done. Make sure everyone knows where to meet and who to call in case you are separated from one another. Determine the needs of family members who may live elsewhere but need your help in a hurricane. Consider the special needs of neighbors.

Prepare to survive on your own for at least three days. Sterilize and fill the bathtub to ensure a supply of safe water. Assemble a disaster supply kit. Include a battery-powered radio, flashlights, extra batteries, a first-aid kit, blankets, clothing, and food and water.

Secure your home. Close storm shutters. Secure outdoor objects or bring them indoors.

Prepare to evacuate.

Fuel the car. Review evacuation routes. If instructed, turn off utilities at the main valves. Evacuate to an inland location if: local authorities announce an evacuation and you live in an evacuation zone. You live in a mobile home or temporary structure – they are particularly hazardous during hurricanes. You live on the coast, on a flood plain near a river or inland waterway. You feel you are in danger. When authorities order an evacuation, leave immediately to avoid being marooned by flooded roads and fallen trees. Follow evacuation routes announced by local officials via radio and television broadcasts. Stay away from coastal areas, river banks and streams until potential flooding is past. Tell others where you are going.

If you are not required to evacuate:

Stay indoors during the hurricane and away from windows. DO NOT be fooled if there is a lull – it could be the eye of the storm and winds will pick up again. Listen to the radio or television for information. Avoid using the phone except for serious emergencies.

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HOME SAFETY GUIDELINES

Home accidents are a major cause of injury and death. For those over the age of 60, the risk of death and injury may be greater than for others. Most accidents in the home can be prevented by the elimination of hazards. Use the attached lists to determine the safety level of your home. Determine what you can do to make your home a safer place to live.

GENERAL SAFETY CHECKLIST

- ✓ Emergency telephone numbers are available for quick use.
- ✓ Electrical appliances and cords are clean in good condition.
- ✓ Electrical equipment bears the Underwriters Labs (UL) label.
- ✓ An adequate number of electrical outlets are located in each room where needed. Outlets are not overloaded.
- ✓ Electrical outlets are grounded.
- ✓ Unused electrical outlets are covered to prevent children from inserting objects.
- ✓ Your home is well lit. This practice enhances safety as you move from room to room.
- ✓ The heating system is checked and cleaned regularly by someone qualified to do maintenance.
- ✓ The water heater thermostat is set below 120 degrees to prevent accidental scalding.
- ✓ Throw rugs have a nonskid backing and are not placed in traffic areas.
- ✓ There are exits from all areas of the house.
- ✓ There is a fire drill/safety plan prepared.
- ✓ Smoke DETECTORS are in place. Batteries are checked and replaced at least twice a year.
- ✓ Medications are stored in a safe place according to instructions on the medication label.
- ✓ Medications are kept out of reach of children and animals.
- ✓ Keep your door locked at all times. Do not open the door to an unfamiliar face. Ask for identification.

KITCHEN

- ✓ Stove and sink areas are well lighted.
- ✓ Curtains are kept away from the stove and other open flames.
- ✓ An exhaust hood with filters is utilized.
- ✓ Kitchen exhaust system discharges directly outside.
- ✓ Hazardous cleaners and chemicals are out of reach of children and confused individuals.
- ✓ Adequate counter space is available to keep from lifting or carrying.
- ✓ Pan handles are turned away from other burners and the edge of the stove.
- ✓ Small kitchen appliances are disconnected when not in use.

LIVING ROOM

- ✓ Electric cords are placed along walls – not under rugs – and away from traffic areas.
- ✓ Chairs and couches are sturdy and secure.

STAIRWAYS AND HALLS

- ✓ Passageways are clear in every room of your home and on steps.
- ✓ Steps have nonskid strips or carpeting which is in good repair and securely fastened.
- ✓ Hand rails are sturdy and securely fastened.
- ✓ Doors do not swing out over stairwells or steps.
- ✓ Smoke detectors are in place in hallways and near sleeping areas.
- ✓ Hallways are equipped with night lights.

BEDROOM

- ✓ A flashlight or lamp is within easy reach of your bed.
- ✓ Use a night light to brighten the way to the bathroom at night.
- ✓ Electric beds are kept in the lowest position, except during direct patient care.
- ✓ Wheels on beds are locked when stationary.
- ✓ Side rails, if appropriate to individual patient needs, are kept up at all times.
- ✓ Appropriate equipment is accessible, e.g., bedside commode, bedpan.
- ✓ Wheels on wheelchairs, commode chairs, etc., are locked when stationary.
- ✓ Do not smoke in bed.

BATHROOM

- ✓ Bathtub or shower has a nonskid mat or strips in the standing area.
- ✓ Bathtub or shower doors are glazed with safety glass or plastic.
- ✓ Grab bars and bath benches are installed to aid mobility, if necessary.
- ✓ Electrical appliances are kept away from the bathtub and shower area.

OUTSIDE AREAS

- ✓ Steps and walkways are in good condition.
- ✓ Handrails are securely fastened.
- ✓ Doorways are well lit.
- ✓ Porches, balconies, terraces and other elevations or depressions are protected by railings and other safety measures.
- ✓ Exterior lights are used at night.
- ✓ Large trees are healthy and have no dead limbs.

OXYGEN

- ✓ Place “No Smoking” placards on all entrances to your home. These placards are provided by the oxygen company.
- ✓ Do not use more than 50 feet of tubing between the oxygen source and the patient.
- ✓ Do not place oxygen tanks within 1 ½ feet of windows/doors or items.

- ✓ Roll the tubing and carry it to avoid tripping and falling when walking.
- ✓ Do not have open flames, such as pilot lights of gas stoves or water heaters, within 12 feet of any oxygen equipment. (This warning applies to the tubing too.)
- ✓ Do not smoke while using the oxygen in home.

MEDICAL EQUIPMENT

- ✓ Keep manufacturer's instructions for specialized equipment with or near the equipment. Refer to the instructions for safe use, care and storage of equipment.
- ✓ Perform routine and preventive maintenance according to the manufacturer's instructions.
- ✓ Follow the manufacturer's instructions for providing a proper environment for specialized medical equipment.
- ✓ Ensure that adequate electrical power is provided for medical equipment such as ventilators and oxygen concentrators.
- ✓ Have equipment batteries checked regularly by a qualified service person.
- ✓ Post equipment supplier phone numbers by each telephone so you can obtain assistance in the event of equipment problems or failure.
- ✓ Store medical supplies in a clean, dry place, preferably in a container with a lid.

MEDI-ALERT BRACELETS/EMERGENCY PATIENT IDENTIFICATION

- ✓ Wearing Medi-Alert identification alerts others of your medical conditions and insures emergency responders provide the most effective treatment.
- ✓ Medi-Alert bracelets or identification can be purchased from most pharmacies.
- ✓ Obtain an EPI (Emergency Patient Identification) card by going on line to www.myepi.net and entering your information. You can print out the card until the original plastic card is sent to you. Keep this card in your purse/wallet along with your Medicare card/drivers license/social security card. This could help save your life.

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FALL PREVENTION

An increase risk for falls is likely the result of changes that come with aging. As we get older, changes in senses, reflexes, and strength affect our walking and balance. As your eyes age, less light reaches the back of the eyes where your vision is located. Even small changes in sight can make you less stable. Keep your glasses clean and see your Eye Doctor once a year and/or if you note any changes. Dizziness can occur with hearing loss. If dizziness occurs, notify your nurse and physician and have your hearing checked.

Many falls can be prevented. By making some changes, you can lower your chances of falling.

1. Exercise

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination are the most helpful. Lack of exercise leads to weakness and increases your chances of falling. Ask your nurse and/or doctor about the best type of exercise program for you.

2. Review of your medicines

Your home health nurse will review your medication every visit. After discharge from home health, have your doctor or pharmacist review all the medicines you take, even the over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy, and can cause you to fall.

3. Have your vision checked

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

4. Make your home safer

- A. Remove things you can trip over (e.g., papers, books, clothes, and shoes) from stairs and places where you walk.
- B. Remove small throw rugs or use double-sided tape/rug grippers to keep the rugs from slipping.
- C. Keep items you use often in cabinets you can reach easily without using a step stool.
- D. Have grab bars put in next to your toilet and in the tub or shower.
- E. Use non-slip mats in the bathtub and on shower floors.
- F. Improve the lighting in your home. As you get older, you need brighter lights to see well.
- G. Hang lightweight curtains or shades to reduce glare.
- H. Wear shoes inside and outside the house. Avoid going barefoot or wearing slippers.
- I. Do not bend over to pick up objects off the floor. Move the object closer to something sturdy to hold on to.
- J. Wear shoes with firm non-skid sole. Loose fitting slippers and flip-flops could cause you to fall. Avoid shoes with soft soles, such as athletic shoes, they may provide too much "sway" and may not promote good balance.

- K. Use a cane, walking stick, or walker to help you feel steadier when you walk. This is very important when you're walking in areas you don't know well or in places where the walkways are uneven.
- L. Be very careful when walking on wet surfaces. Stay away from a freshly mopped floor.
- M. If you have to use stairs, add bright tape to the edge of each stair. Have handrails on both sides of all stairs-from top to bottom-and be sure they're tightly fastened. Hold the handrails when you use stairs. If you must carry something while you're going up or down, hold it in one hand and use the handrail with the other. In stairways, hallways, and pathways – make sure there is good lighting with light switches at the top and bottom of the stairs, and keep areas where you walk tidy.
- N. Don't stand on a chair or table to reach something that's too high-use a reach stick instead. Reach sticks are special grabbing tools that you can buy at many hardware or most medical supply stores.
- O. Check that all carpets are fixed firmly to the floor so they won't slip; put no-slip strips on tile and wooden floors.
- P. In bathrooms – mount grab bars near toilets and on both the inside and outside of the tub and shower; place nonskid mats, strips, or carpet on all surfaces that may get wet; and keep night lights on.
- Q. In your bedroom – put night lights and light switches close to your bed, and keep the telephone near your bed. Always keep a charged flashlight near your bed for emergencies.
- R. In other living areas – keep electric cords and telephone wires near walls and away from walking paths; tack down all carpets and area rugs firmly to the floor; arrange the furniture (especially low coffee tables) and other objects so they are not in your way when you walk; and make sure your sofas and chairs are a good height for you to get in and out of easily.
- S. Keep emergency numbers in large print near each phone.
- T. Put a phone near the floor in case you fall and can't get up.
- U. Think about wearing an alarm device that will bring help in case you fall and can't get up.

CALL YOUR HOME HEALTH AGENCY IF YOU:

1. Feel dizzy or have trouble with balance.
2. Fall and hurt yourself.
3. Fall but don't hurt yourself.

CALL 911 WHEN YOU:

1. Fall and have severe pain.

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INFECTION PREVENTION

1. Wash your hands with soap and water before and after handling care equipment, sharps, and before and after performing or providing any care.
2. Wash hands thoroughly with soap and water after contact with infection causing materials, blood and bodily fluids.
3. Wash your hands and forearms as follows: under warm water wet hands, apply about 1 teaspoon of liquid soap and lather thoroughly. Rub hands together for about 10 to 15 seconds. Rinse with hands in the down position, elbows straight. Blot hands and forearms dry.
4. Avoid wearing open toe shoes if there is a possibility of coming in contact with body fluids.
5. Wear gloves when cleaning spills of blood and body fluids. Always place the soiled gloves in a separate plastic bag prior to placing in with other garbage.
6. Disinfect spills of blood and body fluid by wiping first with paper towels and then with cleaning solution. Use a cleaning solution of 1 cup of bleach to 10 cups of water.
7. Place used paper towels, cups, tissues, dressings, diapers, catheters, and other disposable items in a plastic bag and then dispose of the bag in the trash.
8. Soiled laundry items should be held and washed separately from other laundry articles. Wash items as soon as possible. Bleach should be added to the wash load if viral contaminants are present.
9. Hold items away from your body/clothing when moving soiled items.
10. Clean equipment used by the patient daily. Clean small items in hot, soapy water and dry with clean towels. Wipe off equipment with Lysol or diluted bleach. Follow specific cleaning instructions given by your medical equipment supplier.
11. Thermometers should be wiped with alcohol after each use.

Signs and Symptoms of Infection May Include:

1. Joint pain or back pain
2. Diarrhea
3. Breathlessness

4. Fatigue
5. Chills
6. Fever of 100 or more depending on patient
7. Frequent urination
8. Blood in urine, cloudy urine, urine that is dark in color, pain or burning when you urinate, an urgent need to urinate often, foul odor in the urine
9. Sore/swollen and/or red gums that bleed when you brush your teeth
10. Cold sores
11. Toothache
12. Coughing up blood, productive cough (green/yellow), increased viscosity
13. Headache
14. Jaundice
15. Nausea and vomiting
16. Pain
17. Heart palpitations
18. Rashes
19. Sores on your skin
20. Redness/warmth around wound/open area, change or new odor from wound/open area, wound area gets bigger, and drainage or different color drainage from wound/open area.

A Household Guide for Alabamians: Handling and Disposal of Home Medical Waste

HAZARDS:

- Medical sharps improperly thrown into household garbage can poke through garbage bags causing injury to sanitation workers and others, including children and housekeepers, who may come in contact with the household garbage. Used needles can transmit serious diseases.
- Medications flushed down the toilet or poured down a drain may adversely affect the function of a septic tank and can harm fish and other marine organisms.
- Unwanted or expired medicines or pharmaceuticals may be harmful to children and adults.
- Never share used needles.



RECOMMENDATIONS FOR DISPOSAL OF NEEDLES OR “SHARPS”



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- Prevent injury, illness and pollution by following these simple steps to dispose of sharp needles and contaminated materials used when administering health care at home. Keep you, your family, and sanitation workers safe.
- Place needles, syringes, lancets and other contaminated sharps in any puncture-resistant, resealable, disposable household container (examples include an empty bleach bottle, laundry detergent bottle, or metal coffee can). Choose a container that is made of plastic or metal and one that has a small opening so no one can stick his or her hand into it. Do not use clear plastic or glass containers.
- Using an EASY TO READ marker, write on the container – “DO NOT RECYCLE.” Used needles and other contaminated sharps are NOT recyclable.
- Do not purposely bend, break, or otherwise manipulate needles before inserting them into the disposal container. Drop all parts into the container.
- Once your container is full of used needles, fill the container with one part bleach solution and ten parts of water. Allow solution to soak for 20 minutes; this action will sterilize your used sharps. Then, pour the solution into the sink and seal the cap with tape before placing the disposal container into the garbage. Use heavy-duty tape (such as duct tape).
- Dispose of the container in your regular household garbage.
- Be sure to keep all containers with discarded sharps out of reach of children and pets.
- Place any soiled bandages, dialysis machine filters, disposable sheets, clothing, and medical gloves separately in securely fastened plastic bags before placing them along with your other garbage.
- Do not dispose of medication down a drain or toilet.
- Follow guidance from the Federal Food and Drug Administration (FDA) on disposing of drugs in the household trash. See: *How to Dispose of Unused Medicines*, October 2009, at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm> or contact ADEM for more information.

ADEM

For more information call the Alabama Department of Environmental Management: 334-271-7700

3/23/2011

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MEDICATION SAFETY

1. Maintain a list of your current medications including over the counter medications, vitamins or herbal supplements. Inform your nurse of all medications and supplements you are taking.
2. If your medications or supplements change, always tell your nurse.
3. Over the counter medication, including vitamins and herbal supplements, may contain ingredients that interact with your prescribed medication. Cough syrup may contain alcohol and sugar. Certain medicines should only be taken with great caution and can also be dangerous. **Never take over-the-counter medications, vitamins or herbal supplements without approval from your physician.**
4. Take your list of medications, even over-the-counter medications that do not require a prescription, to your physicians.
5. Store medications out of the reach of children and keep caps on medication bottles secure.
6. Store syringes behind a closed door and do not talk about the fact that you have syringes in your home.
7. Never expose medication, in or out of bottles, to sunlight. This precaution also applies to injectable medications, such as insulin.

High risk medications are medications that are most likely to cause significant harm when misused or even when used as intended. Some medications considered high-risk are:

1. Anticoagulants-Blood Thinners.
2. Hypoglycemics-Controls blood sugar.
3. Pain medicines.

ANTICOAGULANTS- Medications that Control How Blood Clots

High risk medications are medications that are most likely to cause significant harm when misused and even when used as intended. Anticoagulants, such as Warfarin (Coumadin) often called blood thinners, are medications that slow the clotting of blood. They do not actually thin the blood but increase the time it takes a blood clot to form. Anticoagulants help prevent existing blood clots from becoming larger and may be used to prevent deep vein blood clots or to treat certain blood vessel, heart, or lung conditions. As the blood becomes thinner, risk of bruising is increased as is risk of increased bleeding with cuts. Warfarin can cause very serious (possibly fatal) bleeding. This is more likely to occur when you first start taking this medication and/or when you are taking too much Warfarin. Lab tests must be performed on the blood to monitor the risk of clotting or bleeding.

DO NOT Safety Tips:

1. **Do not** use a straight razor.
2. **Do not** use herbs remedies, vitamins containing Vitamin K, or use miconazole vaginal cream or suppositories unless authorized by your physician.
3. **Do not** drink green tea.
4. **Do not** drink alcohol since it may increase the effect of Warfarin.
5. **Do not** use tobacco of any kind.

DO Safety Tips:

1. **Do** use a soft tooth brush.
2. **Do** check the color of your bowel movement for signs of bleeding. Bleeding can show up as either bright red or tarry (black).
3. **Do** use a nonslip mat in the tub and/or shower.
4. **Do** take your blood thinner at the same time each day (night time is suggested).
5. **Do** follow your diet. Some blood thinners lose their strength if taken with foods containing Vitamin K.
6. **Do** carry an identification card and/or wear identification to identify increased risk of bleeding.
7. **Do** tell any new physician/dentist that you are taking medication that thins your blood.
8. **Do** take only prescribed pain relievers.
9. **Do** notify your nurse or physicain if any of the following occurs:
 - a. Small pinpoint purplish blood spots which appear on the skin.
 - b. Rash (usually at multiple sites which is black and/or red) where blood has leaked into the skin or mucous membranes.
 - c. Blue or purple discoloration of the extremities, especially of the fingers, toes, and/or nose.
 - d. Bleeding from the gums, eyes/eye lids, and/or nose.
 - e. Vomiting that is bloody or looks like coffee grounds.
 - f. Coughing up blood.
 - g. Abdominal pain, distention or fullness.
 - h. Bloody stool (red or tarry (black) in color).
 - i. Bloody urine (pink or dark).
 - j. Rectal bleeding.
 - k. Vaginal bleeding.
 - l. Abnormal bleeding or bruising.
 - m. Missed taking your blood thinner.
 - n. Menstruation (if applicable) is heavier than normal.

- o. Dizziness/fainting.
- p. Unusual or persistent tiredness/weakness.
- q. Chest pain. Shortness of breath.
- r. Difficulty swallowing.
- s. Fall or injury, especially if you hit your head.

If you take Warfarin (Coumadin):

1. Get regular blood tests to ensure that you are taking the right amount of medication.
2. Eat a balanced diet. Don't suddenly change your intake of Vitamin K–rich foods, such as broccoli, brussel sprouts, cabbage, asparagus, lettuce, spinach, and cranberry juice.
 - It is most important to maintain a consistent level of Vitamin K foods in your diet. Vitamin K can interfere with the action of Warfarin, making it more likely that your blood will clot.
3. Avoid getting injections into the muscles. If you must have an injection into a muscle (for example, a flu shot) it should be given in the arm.

What to do if you miss a dose of anticoagulant:

1. If you remember it in the same day, take the missed dose. Then go back to your regular schedule.
2. If it is the next day, or almost time to take the next dose, do **not** take the missed dose. Notify your nurse (or physician after discharged from home health). Do not double the dose to make up for the missed one. At your next regularly scheduled time, take your normal anticoagulant dose.
3. If you miss your dose for 2 or more days, call your nurse (or physician after discharged from home health).

Do not double the dose in any one day to make up for a missed dose. Call your nurse (or physician after discharged from home health) if you are not sure what to do if you missed a dose.

HYPOGLYCEMICS- Medications that Control Blood Sugar

Diabetic patients who use insulin and oral medication to lower their blood sugar are at risk of suffering adverse drug events if their insulin or medication is not carefully managed. Hypoglycemic episodes can be sudden and severe and may lead to other complications and harm. Taking your blood sugar medication properly and monitoring your glucose levels can help reduce the risk of an adverse drug event.

DO NOT Safety Tips:

1. **Do not** take extra insulin for high glucose levels unless ordered by your physician.

DO Safety Tips:

1. **Do** take insulin prescribed only for you.
2. **Do** double check the amount of insulin in the syringe or insulin pen.
3. **Do** take oral medications as ordered.
4. **Do** keep mints or hard sugar candy with you at all times.
5. **Do** wear a medi-alert bracelet indicating you are a diabetic.
6. **Do** notify your nurse if your experience symptoms of hypoglycemia.
7. **Do** make sure your family knows what to do if you experience symptoms of hypoglycemia.
8. **Do** check your glucose if your experience symptoms of hypoglycemia.

What are symptoms of hypoglycemia/low blood sugar?

Hypoglycemia is a syndrome caused by low blood sugar. Most people will develop symptoms of low blood sugar when blood glucose levels are lowered to the mid 60's. The symptoms of low blood sugar are:

1. Nervousness
2. Sweating
3. Intense hunger
4. Trembling
5. Irritability
6. Weakness
7. Palpitations
8. Often have trouble speaking

Most people easily recognize when their blood sugar starts to drop. Anyone who has experienced an episode of hypoglycemia describes a sense of urgency to eat and resolve the symptoms. That is exactly the point of these symptoms. They act as warning signs. The symptoms provide a person the opportunity to raise blood glucose levels before the brain is affected. If you do not, or cannot, respond by eating something to raise blood glucose, the levels of glucose will continue to drop. When blood sugar levels drop into the 50 mg/dl range, the brain is not getting enough glucose. At this point, symptoms progress to:

1. Confusion
2. Drowsiness
3. Changes in behavior
4. Coma
5. Seizures

How is hypoglycemia treated?

To quickly raise blood sugar, eat or drink a source of easily absorbed sugar such as regular soda, juice, lifesavers, or table sugar. In general, 15 grams of glucose is the dose that should be initially taken, followed by an assessment of symptoms and a blood glucose check if possible. Ten to fifteen grams of glucose (approximate servings) can be obtained by eating/drinking one of the following:

1. Four lifesavers
2. 4 teaspoons of sugar
3. 1/2 can of regular soda or juice

If after 10 minutes there is no improvement in symptoms, another 10-15 grams of easily absorbed sugar should be taken. This can be repeated up to three times.

If symptoms are still present after three attempts at raising blood sugar, **an ambulance should be called.**

Many people like the idea of treating hypoglycemia with cake, cookies, and brownies. However, sugar in the form of complex carbohydrates or sugar combined with fat and protein are much too slowly absorbed to be useful in the acute treatment of hypoglycemia. Once the acute episode has been treated, a healthy, long-acting carbohydrate to maintain blood sugars in the appropriate range should be consumed. Half a sandwich is a reasonable option.

With a history of recurrent hypoglycemic episodes, the first step in treatment is to assess whether the hypoglycemia is related to medications or insulin treatment. In this situation it is important to check blood glucose values multiple times a day to help define whether there is a pattern related to meals or medications.

1. Hypoglycemia is most likely to occur:
 - a. After exercise or a missed meal.
 - b. When the drug dose is too high.
 - c. With the use of longer-acting drugs (glyburide, chlorpropamide).
 - d. In patients who are undernourished or abuse alcohol.
 - e. In patients with impaired renal or cardiac function or gastrointestinal disease.
 - f. With concurrent therapy with salicylates (Asprin), sulfonamides, fibric acid derivatives (such as gemfibrozil), and warfarin.
 - g. After being in the hospital.

PAIN MEDICATION

Pain can affect anyone at anytime regardless of age. As we age our body goes through many changes, therefore pain is very prevalent in our older population. Narcotics and sedatives provide patients with relief from pain and discomfort. However, doses must be selected carefully and monitored closely to prevent accidental overdoses and adverse drug reactions. Remember that inadequate dosing of pain medications can also lead to an adverse drug event. Acute pain comes on quickly and can last up to 3 months. Chronic pain usually lasts longer than 3 months. It is important to understand that pain can cause depression and other psychological problems that then add to the health burden of chronic pain. Pain medication can be effective in relieving acute and chronic pain but not without side effects. Taking your pain medication properly and monitoring your pain relief can help reduce the risk of problems.

DO NOT Safety Tips:

1. **Do not** put medications in an unmarked bottle.
2. **Do not** share your medication.

DO Safety Tips:

1. **Do** take medication as prescribed.
2. **Do** keep a medication sheet and record when you take your pain medication to prevent accidental overdosing.
3. **Do** take medication, then rest to allow the medication to be effective.
4. **Do** drink plenty of fluid (if applicable).
5. **Do** eat at meal time even if not hungry. Eat small meals to prevent weight loss and decrease GI distress.
6. **Do** Make position changes slowly.

CAUTION

Pain medication may cause the following side effects: mental confusion, disorientation, sedation, falls, constipation, dependency, drowsiness, dizziness, nausea and vomiting, decreased appetite, itching, dry mouth, decreased breathing, slurred speech, and dependency.

Report any of the above side effects to your nurse (or physician after discharged from home health). If your pain medication does not relieve your pain notify your nurse (or physician after discharged from home health).

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A GUIDE TO USING YOUR PILL PLANNER

To help you keep track of all your medications and dosing schedules, it is recommended that you use either a 7-Day Multi-Compartment Pill Planner or a 7-Day Pill Planner. The number of daily medicines and how often you take them will determine the type of pill planner you should use.

7-DAY MULTI-COMPARTMENT PILL PLANNER

The 7-Day Multi-Compartment Pill Planner has 7 individual daily pill containers (one for every day of the week) each with 4 compartments. These compartments are labeled Morning, Noon, Evening, and Bedtime. They help you to see what medicine(s) you need to take on the correct day and at the correct times. It also helps you to see when you have missed a dose and when you need to refill your prescriptions.



Set Up Instructions:

1. Organize your medicines according to the day(s) and time(s) they are taken. The following chart should be used to determine what compartment(s) you should place your medicine(s) in.

COMPARTMENT	WHAT TO PLACE IN THE COMPARTMENT
Sunday	Any medicine you take on Sunday
Monday	Any medicine you take on Monday
Tuesday	Any medicine you take on Tuesday
Wednesday	Any medicine you take on Wednesday
Thursday	Any medicine you take on Thursday
Friday	Any medicine you take on Friday
Saturday	Any medicine you take on Saturday

COMPARTMENT	WHAT TO PLACE IN THE COMPARTMENT
Morning	Any medicine you take in the morning (i.e. with your breakfast) should be placed in the compartment labeled Morning .
Noon	Any medicine you take at noon (i.e. with your lunch) should be placed in the compartment labeled Noon .
Evening	Any medicine you take in the evening (i.e. with your supper) should be placed in the compartment labeled Evening .
Bedtime	Any medicine you take at night (i.e. at bedtime) should be placed in the compartment labeled Bedtime .

2. Each morning place that day's pill container in a place where you will be reminded to take your medications on time.

3. **7-DAY PILL PLANNER**

The 7-Day Pill Planner has 7 individual daily pill compartments (one for every day of the week). It helps you to see what medicine(s) you need to take on the correct day. It also helps you to see when you have missed a dose and when you need to refill your prescriptions.



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Thursday	Any medicine you take on Thursday
Friday	Any medicine you take on Friday
Saturday	Any medicine you take on Saturday

2. Each morning place the pill container in a place where you will be reminded to take your medicine on time.

The nurse will initially assist you in setting up your pill planner correctly.

It is important that you talk to your nurse about any questions you may have about your pill planner.

Use the pill planner to remind you to refill the medicines you take regularly. It is a good rule of thumb to get your prescriptions refilled when you have about one week of medicine remaining. This gives your pharmacy time to fill your prescriptions and it gives you time to make arrangements to pick up the medicine before you run out of your current supply.

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VITAL SIGNS: PULSE, RESPIRATIONS, BLOOD PRESSURE, TEMPERATURE

Taking Your Pulse and Respirations

PULSE:

1. Turn your hand over palm side up.
2. Put the first two fingers from your other hand at the base of the thumb on the wrist.
3. Feel your pulse by pressing lightly in the little groove.
4. Use a watch with a second hand and count for one full minute.
5. The number of times you feel your heart beats in one minute is your heart rate. If your pulse is irregular and this is unusual for you, notify your nurse (if discharged from home health notify your physician.)

RESPIRATIONS:

1. Place one hand on your chest and feel your chest rise. One breath is when your chest rises and falls as you breathe in and out.
2. Use a watch with a second hand and count how many breaths you take for one full minute.
3. Listen to the sound of your breathing. Note how much effort is needed to breathe. If you take a great effort (more than normal) to breathe, or you hear abnormal breathing sounds, notify your nurse (if discharged from home health notify your physician).

ABOUT YOUR HEART AND BLOOD PRESSURE:

Your heart is a pump. Its job is to pump blood throughout your body. Each time your heart beats, it creates a force. Blood pressure is the force of your blood pushing against the walls of your vessels. Blood pressure is written as two numbers. The highest number is the amount of force or pressure pushing against the artery when your heart pumps out blood. This is your systolic pressure. The lowest number is the amount of pressure pushing against the artery when your heart relaxes. This second number is called the diastolic pressure.

If needed, a blood pressure device may be purchased from the drug store. Follow the directions included with the device. Ask for help if needed.

1. **Always** write your blood pressure down on your record sheet. Your target range is: systolic/high _____ to _____ and diastolic/low is _____ to _____.
2. Always re-check your blood pressure if you get a reading higher/lower than your normal.
3. Wait at least one minute between blood pressure checks. Take your blood pressure record to every physician visit.
4. Ask your physician or his/her nurse what your blood pressure is and write it on your blood pressure record.
5. If your blood pressure is higher than 180 systolic or 110 diastolic, **call your physician immediately. Your physician will tell you what to do. Notify your nurse of any changes that your physician makes.**

TAKING YOUR TEMPERATURE

In needed, inexpensive digital thermometers can be purchase at the drug store. Digital thermometers are easier to use and just as affordable as glass thermometers. Follow the instructions for use and cleaning included with the thermometer. Ask for assistance if help in using or cleaning the thermometer is needed.