

Pulmonary-Medicine Patient & Family Handbook

Healthy Driven[™]
Edward-Elmhurst
HEALTH



Welcome to Edward Hospital. We want you to have a very good experience while you are here. To provide the best care possible, we take a team approach. **Your healthcare team includes:** your physician, registered nurse, patient care technician (also called a PCT), social worker, case manager and other caregivers, as appropriate. Together, we will work with you to develop an **individualized plan of care** to meet your needs.

Below are a few important things to know about your care – and please refer to your **Patient Handbook** for more details:

- **Call light button:** Your healthcare team members will visit your room frequently to care for you and assess your comfort. If you have needs between our visits to your room, please use your call light button.
- **Quicker response needed:** There may be times when caregivers are caring for other patients and may not see your call light. In the event of an urgent need, or if you need a quicker response, please use your phone to call your nurse or patient care tech using the 5-digit extension on the information board in your room.
- **Bedside Report:** When your nurse's shift is over, your incoming and outgoing nurses will discuss your care plan in your room so that you and your family members can hear, understand and ask questions. This helps ensure good communication among your care team, and gives you the opportunity to be more involved, since **you are the most important member of the care team.** We call this Bedside Report.

Preparing for discharge

Your healthcare team will provide education to prepare you for a safe discharge. We have provided you with a discharge folder to help organize any written information that you receive while you're here. This includes **information about new medications you may be prescribed, the purpose of the medication, as well as common side effects.** This folder also contains information regarding patient safety, and a recognition form to acknowledge caregivers who go above and beyond.

We recognize that being in the hospital can be a very stressful time. Our goal is to help reduce the stress by providing informative, compassionate, high quality care. We encourage you to speak up. Your opinion is very important to us. We welcome feedback on what we are doing well and what we could improve upon. We know you have a choice in healthcare providers and are honored to be your hospital of choice.

Sincerely,



Deborah Kocsis, RN, BSN, CMSRN
Director, Pulmonary-Medicine and Nursing Resources
Edward Hospital
Phone: 630-527-7720
dkocsis@edward.org

Welcome to the Pulmonary-Medicine Unit at Edward Hospital. We are grateful to be a part of your healthcare team. Our goal is to give you the highest quality of care, tailored to your personal needs. We understand that a hospital stay can be overwhelming and we are dedicated to keeping you informed and involving you in your plan of care.

This guide was created to give you an idea of what to expect during a typical day on our unit. Please let us know what we can do to make your stay more comfortable.

Time	Patient Care	Healthcare Team Member
4:00am-7:00am	Lab work (blood draw) and daily weights are done during this time so that your doctor can see your test results first thing in the morning.	Phlebotomist Patient Care Technician
6:30am-7:30am	Morning shift report at your bedside so that we can involve you in your plan of care.	Nurses Patient Care Technicians
7:30am-11:00am	Morning hygiene care and linen change.	Patient Care Technician
7:30am - 10:00am	Morning medications are given. We will also do a physical assessment and have a discussion with you about your goals for the day.	Nurse
6:30pm-7:30pm	Evening shift report at your bedside so that we can involve you in your plan of care.	Nurses Patient Care Technicians
7:30pm - 10:00pm	Evening medications are given. We will also do a physical assessment and have a discussion with you about your goals for the night.	Nurse
Throughout the day	<ul style="list-style-type: none"> Your vital signs will be taken every 4 to 8 hours depending on your doctor's orders. Your vital signs will also be taken overnight. We will try our best to not interfere with your rest. Bathing and linen changes will be done at a time that works for you. If you are able to tolerate getting out of bed, we encourage you to sit in your recliner and go for walks to help in your recovery. 	Patient Care Technician

- The time your doctor comes every day may vary. Your nurse will be in communication with your doctor(s) multiple times a day to update them on your progress. Physician
- You may have different therapy services as part of your recovery process. Your therapist will make recommendations as to how often you should be seen. Respiratory Therapy, Physical and Occupational Therapy, Speech Therapy
- Your doctor may order imaging and tests; we will update you on when these are scheduled to be done. Nurse
- Your room will be cleaned daily and when needed. Housekeeping
- If you need assistance, do not hesitate to press your call light or call the numbers on your white board. We will promptly assist you. Nurses and Patient Care Technicians
- Please see your menu for self-meal ordering. Dial 7FOOD Dietary
- Quiet Time is daily from 2 to 4 p.m. daily. This is your chance to rest. Patient Care Technician

Welcome to the Pulmonary-Medicine Unit (PMU)

Because we all care...

Oral Care:

Brushing your teeth and adequate oral care is one of the best ways to prevent and get rid of germs in your mouth. Over time, this can lead to pneumonia in certain people because germs can be accidentally aspirated (go into your lungs). The risk of this happening increases as you lie in a hospital bed. The most common symptoms of pneumonia are fever, cough and trouble breathing. Our goal is to prevent this from happening by implementing a simple oral care schedule.

Early Mobility Care:

It is important to ensure that you are mobilized early and often during your hospitalization. Lying in a bed for long periods of time can make you weaker. Studies have found that increased mobility in the hospital is associated with less functional decline during hospitalization and shorter lengths of stay. Mobilization can help prevent falls and blood clots. Early mobility is an essential part of recovering from pneumonia, an exacerbation of COPD, or surgery.

Here on PMU we strive for the best patient outcomes so we have incorporated these initiatives into our daily care.

It is recommended that oral care and early mobility is performed 3-4 times per day.

Please do not hesitate to ask your nurse or technician for assistance with performing these tasks. Every morning, you and your nurse can develop a plan for when you would like to take your walks.



A helpful tip to remember to brush your teeth and take at least three walks per day: Do it with every meal!

Order your food (it takes 45 minutes to arrive), go for a walk, eat, and then brush!

Health Care Team

Who We Are

Physician

An individual licensed under the Medical Practice Act to practice medicine.

Pulmonologist

A Pulmonologist is a doctor with special expertise and training in the care of your lungs.

Edward Hospitalist

Hospitalists are all board-certified internal medicine physicians and are available to care for patients who do not have a primary care physician on our medical staff or whose primary care physician chooses for them to be cared for by his or her partner hospitalist.

Advanced Practice Registered Nurse (APRN)

An individual licensed under the Nurse Practice Act.

Physician Assistant (PA)

A physician assistant works under the direct supervision of a physician providing basic medical care.

Registered Nurse (RN)

An individual licensed under the Nurse Practice Act. A registered nurse works closely with you, your family and your health care team. The nursing process includes clinical assessment, planning appropriate care, implementing best-practice interventions, and evaluating your response to those interventions.

Patient Care Technician (PCT)

A PCT is an individual who provides basic care delegated by your registered nurse.

Respiratory Therapist

A medical specialist trained in the assessment and treatment of respiratory-related diseases such as asthma, chronic obstructive pulmonary disease (COPD), pneumonia or bronchitis.



Physical Therapist

Licensed professional whose role is to support and improve medical stability by promoting exercise, functional mobility, and education specific to patient diagnosis. Assists with discharge planning and recommendations for additional therapy needs.

Occupational Therapist

Licensed professional whose role is to support and improve medical stability by promoting activities of daily living, exercise, cognitive engagement/training and education specific to patient diagnosis. Assists with discharge planning and recommendations for additional equipment and therapy needs.

Speech Therapist

Licensed professional whose role is to support and improve medical stability by assessing aspiration risk and determining least restrictive diet, and by assessing communication disorders. Provides education and strategies to improve areas of deficit. Assists in discharge planning and recommendations for therapy needs.

Case Manager

A Case Manager is a registered nurse who works collaboratively with Social Work, patients and families, to assist in planning and arranging post-hospital needs. The Case Manager also helps to facilitate each patient's "plan for the day" and works to remove any barriers that could impact patient care.

Social Work

Social Workers in the hospital setting provide support to and are advocates for patients and their families. Social workers are primarily responsible for discharge planning, assisting in care coordination, and financial counseling.



Pulmonologists

DuPage Medical Group



Matthew Baugh, M.D.



Viveka Boddipalli, M.D.



Brett Collander, M.D.



Juan Flores, M.D.



Andrew Korcek, M.D.



Jobby Mampilly, M.D.



David McElligott Jr., M.D.



Ravi Nemivant, M.D.



Christopher Ochoa, M.D.



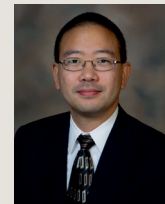
John Porcelli, M.D.



Jaime Villanueva, M.D.



Kristin Wiese, M.D.



Andrew Yu, M.D.

Suburban Lung Associates



David McElligott Sr., M.D.



Sara Greenhill, M.D.



Edward Kessler, M.D.



Oksana Shulzhenko, M.D.



Therese Zeman, M.D.

Hospitalist Program

Rest assured that you are in very good hands while you are receiving care at Edward Hospital. Our hospitalists have partnered with your doctor and are committed to provide you with the highest quality inpatient care.

What is a Hospitalist?

Hospitalists are experts at treating people who are hospitalized - they are specialists with a unique knowledge of in-hospital medicine. Adult Hospitalists are Internal Medicine doctors and Pediatric Hospitalists are Pediatricians - both board-certified/eligible specialists in inpatient care. They spend their time in the hospital and are readily available 24/7. This specialized care means patients benefit from improved care and better outcomes.

Communication is Key

Communication - your inpatient care team relies on it to ensure you receive top-notch, coordinated care. Use of an electronic medical record (EMR) allows for two way communication. It enables your inpatient care team to review your health history, medications and any tests that have been performed prior to being hospitalized. EMR also helps us to communicate with your doctor about your stay.

Your Doctor, Our Partner

Your hospitalist actively communicates with your primary care doctor who is on staff at Edward Hospital. If your doctor is not on staff at Edward Hospital, they are welcome to notify our hospitalist directly to discuss your care plan. Once you are ready to go home, follow-up with your physician and any specialists as recommended. If you do not have a doctor we will be happy to assist you in selecting one.

Hospitalists are doctors that are Hospital Specialists.

[Meet the providers >](#)

Edward Medical Group Adult Hospitalists



Faisal Akbari, MD



Nazli Bavani, MD



Matthew Dunne, MD



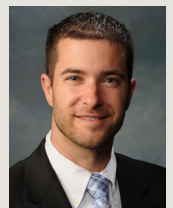
Neal Ghelani, DO



Manju Joseph, MD



Durre Khalil, MD



John McAnelly, MD



Matthew Morrin, MD



Oana Olaru, MD



Mihir Patel, MD



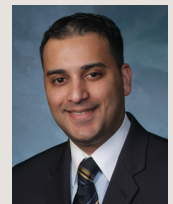
Tanya Pitroda, MD



Arun Ragothaman, MD



Grace Salame, MD



Ankur Singal, MD



Pranav Tailor, MD



Ronald Zimmermann, DO

Advanced Practice Clinicians



Christie Miller, PA-C



Marie Monhardt, APN

Edward Medical Group Pediatric Hospitalists



Ajitha Antony, MD



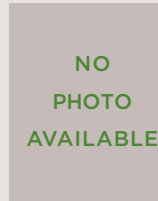
Galina Artemyeva, MD



Vija Bublys, MD



Carly Senescu, MD



Taaha Shakir, MD



Samantha Sherry, DO

DuPage Medical Group Adult Hospitalists



Nina Balmoori, MD



Irina Domjan, MD



Lisa Dunning, MD



Reena Julka, MD



Kelly Mackie, DO



Leslie Delaza Mattson, MD



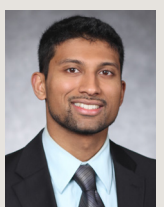
Joseph Sutherland, MD



Kristen Tobin-Vealey, MD



Diane Tulewicz, DO



Charles Yohannan, MD

Advanced Practice Clinician



Katie Keeley, PA-C

Important Information On...



Common Conditions Requiring Hospitalization:

Sepsis

Pneumonia

COPD Exacerbation

Pain Management

Fighting Infection

Palliative Care



Sepsis

What is Sepsis?

Sepsis is your body's overwhelming response to infection. Sepsis develops when chemicals released by the immune system, into the blood stream to fight the infection, trigger widespread inflammation throughout the body. Sepsis can lead to tissue damage, organ failure and death.

If sepsis progresses to septic shock blood pressure will drop. Patients with septic shock usually require intravenous medications to help maintain blood pressure. Septic shock is a medical emergency.

What Causes Sepsis?

Sepsis is caused by an infection. The infection can be bacterial, viral, or fungal. Cellulitis (infection of the skin), urinary tract infections (UTIs) and pneumonia are examples of infections that can lead to sepsis.

Treatment

Treatment will depend on the type of infection. If the infection is caused by bacteria, antibiotics will be prescribed. If the infection is fungal, the infection will be treated with anti-fungals. If the infection is viral, antibiotics will not be effective. Supportive care will be provided.

Prevention

- Manage chronic conditions
- Keep up with recommended vaccines
- Keep skin and wounds clean
- Handwashing

Pneumonia Hospital Recovery Plan

DAY 1

DURING YOUR HOSPITAL STAY

PNEUMONIA SIGNS AND SYMPTOMS:

Pneumonia is an infection in your lungs.

Symptoms of Pneumonia:
Cough (with or without mucous) fever, chills, shortness of breath, fast heart rate, headache.

- Cough and breathing should improve. Cough can continue several days.

VITAL SIGNS:

- Vital signs as ordered by your provider.

- Vital signs as ordered by your provider.

HANDWASHING:

- Stop germs by washing your hands with soap and water for a full 20 seconds.

- Continue washing your hands.

ORAL CARE:

- Brush your teeth and clean your mouth at least twice daily.

- Continue good mouth care.

SWALLOWING AND NUTRITION:

- The nurse will test your swallowing. If you are having trouble swallowing we may change the type of food you eat.
- Drink fluids.
- Sitting in a chair is the safest way to eat.

- Keep eating healthy foods and drinking plenty of water.
- Please follow any special diet changes given by your doctor.

BREATHING:

- You may need to use oxygen.
- The nurse or respiratory therapist will work with you to improve your breathing.
- You may be given special devices for your breathing exercises. Please take these home with you.

- Continue with your breathing exercises.
- Plan to continue these at home to help your recovery.

ACTIVITY:

- Staying active helps with breathing.
- Never lie flat in bed.
- Walk in the hall at least twice a day.
- We will check your oxygen levels when you walk.

- Continue to stay active.
- Spend more of the day in a chair than in bed.
- Continue to sit in a chair for meals and increase your walking distance each time you walk.
- Make a plan for activity at home to continue recovery.

DISCHARGE:

- The average hospital stay for pneumonia is 3 days
- We will start making a plan for your discharge.

We will help you set up services that will aid in your recovery.

MEDICINE:

The nurse will review your medicines to treat pneumonia.

Ask your nurse any questions you have about your medicines.

Pneumonia Discharge Recovery Plan

WHAT TO EXPECT:

DISCHARGE NURSE WILL REVIEW THE FOLLOWING:

- Home medicines
- Diet, oral care, breathing exercises, activity recommendations and oxygen if needed
- Follow-up appointment
- When to call the provider for worsening of pneumonia symptoms
- Ways to stop smoking if needed

PLAN FOR CARE AT HOME:

ALWAYS:

- Have a follow-up appointment with your provider within one week.
- Ask your provider if you need a flu or pneumonia vaccine

IF NEEDED:

- Home health care
- Oxygen
- Vaccines

If you smoke, a quit smoking action plan can help.

Illinois Tobacco Quit Line 1-866-754-8937

Your provider may prescribe these medicines:

MEDICATION	USE	POSSIBLE SIDE EFFECTS
Antibiotic	Infection	Nausea, vomiting, diarrhea
Steroid	Inflammation	High blood sugar, wakefulness, hunger, irritability
Inhaler or Breathing Treatment	Open airways to improve breathing	Increased heart rate, nervousness

See Hospital Discharge Instructions for a complete list of previous and new medicines for pneumonia. Take the medicines as ordered.

COPD Hospital Action Plan

ADMISSION

DURING YOUR HOSPITAL STAY

COPD SIGNS AND SYMPTOMS:

COPD blocks airflow in your lungs.

Symptoms of COPD:

You may feel short of breath, have a fever, or bring up more mucus.

- Your shortness of breath should improve after several days of treatment.

VITAL SIGNS:

- We will monitor your heart rate, breathing rate, temperature, blood pressure, and oxygen levels. We may do a special test for oxygen levels in your blood.

- We will continue to monitor your heart rate, breathing rate, temperature, blood pressure, and oxygen levels. We may do more tests for oxygen levels in your blood if needed.

HANDWASHING:

- Stop germs by washing your hands with soap and water for a full 20 seconds.

- Wash your hands often.
- Talk with your doctor about getting a flu shot or pneumonia shot. These shots can reduce your chances of getting and spreading illness.

BREATHING:

- You may need to use oxygen. If you already use oxygen, you may need a different amount. The nurse or respiratory therapist will help you with this.
- Breathing treatments will help with your shortness of breath.
- You may need devices to help with your breathing for a short time.

- You may need breathing treatments less often as your lungs get better.
- Your need for oxygen may change as your lungs get better.
- Your respiratory therapist will show you some special breathing exercises.

Pursed-lip breathing, just like blowing out a candle

Belly breathing, to make your muscles more efficient

ACTIVITY:

- Staying active helps with breathing
- Walk in the hall at least twice a day. You may need oxygen while walking.
- We will check your oxygen levels when you walk.

- Sit in a chair for meals and increase your walking time every time you walk.
- Spend more of the day sitting up in a chair.
- Your respiratory therapist may discuss the benefits of a breathing improvement program with you.

MEDICINE:

- The nurse and respiratory therapist will review your medicine that is used to treat COPD.
- This medicine may be slightly different than your home medicine.

- Make sure to ask any questions you may have about your medicine.

DISCHARGE:

- We will start making a plan for your discharge.
- We will make sure your discharge plan is right for you by planning each day during your stay

- We will help you set up services that will aid in your recovery.
- Stopping smoking is one of the most important things you can do for your health.
- Your doctor may order some special breathing tests for you. This will help in making sure that your treatment plan fits your needs.

COPD Hospital Action Plan

WHAT TO EXPECT:

DISCHARGE NURSE WILL REVIEW THE FOLLOWING:

- Home medicines
- Diet, breathing exercises, activity recommendations and oxygen if needed
- Follow-up appointments
- When to call the doctor for worsening of COPD symptoms
- Ways to stop smoking if needed

PLAN FOR CARE AT HOME:

ALWAYS:

- Have a follow-up appointment with your physician within 7-10 days.

IF NEEDED:

- Home health care
- Oxygen
- Breathing treatments
- Vaccines

Smoking materials of any type are never allowed in the hospital. If you smoke, a quit smoking action plan can help. Illinois Tobacco Quit Line 1-866-754-8937

See Hospital Discharge Instructions for a complete list of previous and new medicines for COPD. Take the medicines as ordered.

**ONCE YOU ARE DISCHARGED, USE YOUR
COPD HOME ACTION PLAN.**

Pain Management

Your care team is committed to treating your pain. Your team will use multiple therapies to manage pain. You may be prescribed medications to help manage moderate to severe pain in conjunction with non-medication options such as heat, ice, or repositioning.

Your Role in Pain Management

- Some pain is normal, and it is not realistic to completely eliminate pain
- Discuss and identify a realistic pain goal with your care team
- Describe your pain using terms such as aching, burning, stabbing, and dull, etc.
- What has worked in the past to relieve your pain
- What activities increase your pain

Pain Scale

- Use a number, from 0-10, to rate your pain. This will help your care team better understand your pain level
- For patients unable to provide a number, staff will use other pain assessment tools

Multi-modal Therapies

When appropriate, please consider some of the natural pain relievers listed below which can reduce the dose, frequency and duration of pain medications.

- **Activity**
 - Activity is an important component of your recovery. Unfortunately, moving may cause an increase in pain. It is our goal to minimize this pain, but it may be impossible to completely eliminate the pain. We will work with you and try to get you as close to your pain goal while still making sure you are increasing your activity level. Physical and occupational therapy may be consulted if needed.
- Heating sore muscles
- Icing an inflammation or acute injury
- Positioning
- Watching television
- Meditating music
- Guided imagery

Pain Management (Cont.)

Non Opioid Medications

Your doctor may order medicines such as Tylenol, Motrin, or other non-opiates to treat your pain if appropriate.

Opioid Medications

Opiates are pain medications used to treat moderate or severe pain. Opiates are safe for most people if taken as directed for moderate to severe pain. Your doctor may order other types of pain medicines like Acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (NSAIDs) like Ibuprofen (Motrin, Advil). Using multiple therapies is the best way to relieve your pain.

Oral and intravenous (IV) opiates can cause side effects. Please notify your nurse if you are experiencing some of these side effects

- **Nausea and/or vomiting**

- Your doctor may order another medication to prevent or treat nausea and/or vomiting

- **Itching**

- This does not mean you are allergic to the medication. Itching may be generalized (all over) or localized to one area, usually the face and/or neck. Your doctor may order another medication to prevent or treat the itching

- **Drowsiness and/or Depressed Breathing**

- Your nurse will frequently assess your breathing and how sleepy you are from the pain medicine. Your doctor will decide what type of monitoring you need. Changes to your pain medication will be made before you are too drowsy and have difficulty breathing

- **Confusion/Disorientation**

- Pain medications may potentially cause confusion, disorientation, and bad dreams or hallucinations. Often other factors contribute to this problem, like lack of sleep or infection. We will change your medication to help this side effect resolve more quickly

- **Constipation**

- Your doctor will need to decide if it is safe for you to take medications to prevent constipation

Fighting Infection

Hand Hygiene

While you're in the hospital to get well, there is the possibility of developing an infection. The single most important thing you can do to help prevent infections is to wash your hands and make sure that everyone who touches you – including your doctors and nurses – washes his or her hands, too.

Staff and visitors should use the **alcohol based hand sanitizer** before entering and upon leaving your room. Hand sanitizers are located outside and directly inside each patient room.

If you are in isolation for a C. Difficile infection, **soap and water** must be used instead of the alcohol based hand sanitizer.

Isolation Precautions

Isolation precautions are extra measures taken in hospitals to prevent the spread of infection. These precautions are for the protection of you, your family and visitors, and other patients in the hospital.

- If you are in isolation, a cart or other storage container will be outside of your room to hold isolation supplies, and a sign will be posted to provide instruction to visitors and staff.
- Everyone who enters the room must wear the appropriate protective equipment, which may include gloves, gown, or masks. The type of protective equipment depends on the type of isolation.
- Staff and visitors should remove this protective equipment before leaving the room, dispose of it in the waste receptacle, and wash their hands or use the hand sanitizer.
- The PCT or RN can help your visitor put on the appropriate personal protective equipment.
- Please do not remove patient food trays or water pitchers from the room. The food -service team and nursing staff will handle those items.

Palliative Care

Palliative Care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. It is provided by a team of advanced practice nurses, social workers, and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

Having a family member in the hospital can be a very scary time. Things happen quickly, and patients and their families often face many challenges. This can be a very stressful time for everyone. The palliative care team can meet with the patient and family to answer some key questions.

The goals of the palliative care team are to:

- Support informed decision-making and ensure that patient and family wishes and goals are respected
- Promote dignity and quality of life for the patient and family
- Provide the best methods of relief of pain and other symptoms

The palliative care team will talk with you about the probable course of the patient's illness. This may include talking about:

- Current symptoms and treatment
- Decisions about life-sustaining and life-extending measures
- Plans for a changing or worsening condition
- Choice of a decision-maker if the patient is no longer able to make their own health care decisions
- Arrangements for post-hospital care

Giving support and information are important in providing quality care. The palliative care team joins the medical team to assure that the care you and your loved one receives will be the very best care possible. If you would like more information about palliative care, please ask your nurse or health care provider to consult the palliative care team.

Discharge Information



Discharge Checklist

Pulmonary Conditions: Home Recovery Plans

Pneumonia

COPD

Pulmonary Rehabilitation

Smoking Cessation

Diabetes Discharge Instructions and
Management Guidelines

Discharge Checklist

Don't Leave Until.....

Topic	Completed
<p>Discharge Summary. This is an overview of why you were in the hospital, which healthcare professionals saw you, what procedures were done, and what medicines were prescribed.</p>	
<p>List of Medications. This is a listing of what medicines you are taking, why, I what dosage, and who prescribed them. Having a list prepared by the hospital is a good way to double-check the information you have been tracking.</p>	
<p>Rx. A prescription for any medicines you need. Be sure to fill your prescriptions promptly so you don't run out of needed medicines.</p>	
<p>Follow-up Care Instructions. Make sure you have paperwork that tells you:</p>	
<ul style="list-style-type: none"> • When you need to see your physician 	
<ul style="list-style-type: none"> • What, if any, diet restrictions you need to follow and for how long 	
<ul style="list-style-type: none"> • What kinds of activities you can and can't do and for how long 	
<ul style="list-style-type: none"> • How to properly care for any injury or incisions you may have 	
<ul style="list-style-type: none"> • What follow-up tests you may need and when you need to schedule them 	
<ul style="list-style-type: none"> • What medicines you must take, why, and for how long 	
<ul style="list-style-type: none"> • Any other home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment, and what signs and symptoms to watch out for 	
<ul style="list-style-type: none"> • Telephone numbers to call if you or your caregiver has any questions pertaining to your after- hospital care 	



Topic	Completed
<p>Other Services. When you leave the hospital, you may need to spend time in a rehabilitation facility, nursing home, or other institution. Or you may need to schedule tests at an imaging center, have treatments at a cancer center, or have in-home therapy. Be sure to speak with your nurse or physician to get all the details you need before you leave</p>	
<p>Community Resources. You and your caregiver may feel unprepared for what will happen after your discharge. Make sure your discharge planner provides you with information about local resources, such as agencies that can provide services like transportation, equipment, home care, and respite care.</p>	

Other Discharge Needs	Completed



Pneumonia Home Recovery Plan

EVERY DAY

- Take medicines as ordered by your provider
- Finish your medicines even if you are feeling better
- Eat healthy foods
- Drink plenty of fluids
- Stay active but rest when you are tired
- Continue your breathing exercises
- Your coughing should slowly get better over 7-14 days
- Avoid others that have a cough or flu
- Wash your hands often with soap and water and brush your teeth at least twice a day
- If you did not receive the Pneumonia vaccine speak to your provider at your next appointment

Which zone are you today: Green, Yellow, or Red?

GREEN: All Clear – This zone is your goal

- No shortness of breath
- No fever
- Energy level slowly improving

YELLOW: Caution – This is a warning zone – Call your provider

- Increased temperature (100.5 or over)
- More coughing
- More mucus or a change in the color of your mucus
- Breathing getting harder, faster or cannot take a deep breath
- Feeling more tired or no energy

RED: Emergency – Go to the Emergency Room or call 911 if you have the following

- Struggling to breathe, shortness of breath that does not go away when you rest
- Chest pain
- Confusion or cannot think clearly
- Coughing up blood

COPD Care Guidelines

EVERY DAY

- Avoid cigarette smoke and inhaled irritants
- Take your medications as directed, even if you are feeling better
- Eat a well balanced diet
- Balance activity and rest periods
- Which zone are you today: **Green**, **Yellow**, or **Red**?

GREEN: All clear – This zone is your goal

- I'm doing well
 - Breathing without shortness of breath
 - Can do daily activities
 - Usual amount of coughing and mucus
 - Sleeping well
 - Good appetite

YELLOW: Caution – This is a warning zone – Call your doctor

- I feel worse due to my COPD
 - Shortness of breath
 - Difficulty performing daily activities
 - More coughing or wheezing
 - More mucus or mucus that is thicker and discolored
 - Using a rescue inhaler more often
 - Difficulty sleeping

RED: Emergency – Go to the Emergency Room or call 911 if you have the following

- I feel I am in danger
 - Struggling to breath, unrelieved shortness of breath while sitting still
 - Unable to do any activities
 - Unable to sleep because of breathing
 - Confusion or cannot think clearly
 - Chest pain
 - Coughing up blood

Never hesitate to call your physician with questions or concerns.

COPD Checklist

THINGS TO REVIEW DURING A VISIT WITH YOUR DOCTOR

- Bring a list of all of your medications with you, include herbal treatments, vitamins, and over-the-counter medications

- Go over how often you use your rescue medications

- Report any changes in your breathing

- Review your usual activities and any changes in your energy level and sleeping habits

- Confirm your oxygen settings and that you are using your oxygen properly

- Take a list of questions – be specific
 - If you smoke – ask for help to quit

 - Ask if you would benefit from a pulmonary rehab program

 - Ask if you are up to date on your flu and pneumonia shots

 - Ask for strategies to deal with symptoms of your COPD

Pulmonary Rehabilitation



Walking, dressing, daily chores—for most people these activities are easily accomplished. For the person with chronic lung disease, however, these everyday tasks are difficult and sometimes impossible due to shortness of breath. Individuals with lung disease can lead active, productive lives.

The Pulmonary Rehabilitation Program at Edward-Elmhurst Health offers a comprehensive outpatient program designed to enable the participant to strive toward a more rewarding life.

Benefits of Pulmonary Rehabilitation

- ▶ Maximize breathing through a combination of education, reconditioning and exercise
- ▶ Ease the challenges of daily life by increasing physical endurance and decreasing anxiety
- ▶ Improve understanding of symptoms and breathing medications
- ▶ Improve quality of life
- ▶ Decrease hospitalizations

Program Features

As a Pulmonary Rehabilitation participant you will receive personalized attention from a team of experienced healthcare professionals working together to provide a state-of-the-art comprehensive program. Participants can expect to receive additional support from others sharing in the rehabilitation experience.

Education class topics include:

- ▶ Lung Function: Learn how the lungs work and use oxygen
- ▶ Breathing Technique: Learn two types of controlled breathing—pursed lip and diaphragmatic—to help reduce shortness of breath.
- ▶ Aerobic Exercise: Increase endurance safely and realistically at a rate that is comfortable for you. *Heart Rate and Oxygen Saturation levels are closely monitored throughout this session.*

- ▶ Flexibility and Strength Exercises: Practice methods to improve balance and fitness
- ▶ Daily Living Skills: Improve life quality. Planning meals, taking medications, and pacing yourself are common topics.

Referral Procedure

Your primary care physician or pulmonary specialist can refer you to our program. A pulmonary function test is also required.

If you do not have a physician, you may call (630) 369-6363 to access the Physician Referral Service.

Reimbursement

Many public, private, HMO and PPO insurance carriers cover a percentage of Pulmonary Rehabilitation. We are happy to assist you in obtaining additional information regarding your carriers.

Move toward a more enjoyable and productive life. You'll breath easier!
Call (630) 527-3388 today for more information.

SMOKING

Smoking is a major cause of cardiovascular disease. Cigarette smoking, in addition to harming the lungs, causes great damage to ALL of the arteries of the body, and frequently leads to heart attacks, strokes, and many cancers.

What does smoking do to the body?

Inhaling cigarette smoke or being exposed to significant amounts of second-hand smoke causes different effects on the heart and blood vessels. The cigarette is a “highly engineered nicotine drug-delivery device”. Nicotine rapidly gets into the blood system, immediately increasing the heart rate and blood pressure. With each puff the arteries of the body constrict or tighten as blood pressure rises. Blood sugar also rises, which accounts for the temporary suppression of appetite. The most dangerous side effect of smoking is that the blood becomes “stickier” as platelets (important for blood clotting) cluster together. An average 1 pack per day smoker gets 300 nicotine “hits” a day. These “hits” cause damage to ALL the arteries of the body. Atherosclerosis (hardening of the arteries) or plaque formation is abundant in most smokers. This disease process puts smokers at great risk for heart attacks and stroke! It can lead to a process called peripheral arterial disease (PAD) which may result in loss of limbs.

What are some harmful effects of smoking?

- ◆ Heart attack
- ◆ Stroke
- ◆ Cancer of lung
- ◆ Loss of limbs
- ◆ Sudden death
- ◆ Can't taste food
- ◆ “Hairy” tongue
- ◆ Tooth loss
- ◆ Delayed healing of wounds
- ◆ Cancer of mouth
- ◆ Harms unborn baby
- ◆ Emphysema
- ◆ Smoker's face (dried wrinkly skin)
- ◆ Sores in mouth
- ◆ Gum disease
- ◆ Cancer of throat
- ◆ Hoarse voice
- ◆ Hearing loss
- ◆ Impotence
- ◆ Fatigue
- ◆ Yellow teeth

What are the benefits of living smoke-free?

- ◆ Feel better
- ◆ Have more energy
- ◆ Sense of smell will return
- ◆ No more withdrawal symptoms
- ◆ Save money
- ◆ Food will taste better
- ◆ Mood and temperament will improve
- ◆ The confidence to know that you have conquered a big addiction!

How addicting is smoking?

The nicotine in the cigarettes causes addiction. Addiction is defined as a compulsive drug-seeking behavior to stop cravings even in the face of negative consequences! Nicotine is an addiction just like heroin and cocaine. It stimulates the dopamine center in the brain, producing pleasurable sensations. When withdrawing from nicotine the smoker experiences symptoms such as nervousness, headaches, irritability, and difficulty sleeping. These symptoms can affect mood and temperament. With each “hit” of nicotine the smoker is immediately rewarded and smokes throughout the day to maintain high levels of the drug.

Quitting Smoking takes work, but the rewards are definitely worth the effort—you help to improve your health!

What happens when you quit?

- ◆ 20 minutes after quitting: Blood pressure drops to a level close to that before smoking. Temperature of hands and feet returns to normal.
- ◆ 8 hours after quitting: Carbon monoxide level in blood returns to normal.
- ◆ 24 hours after quitting: Chance of heart attack is reduced.
- ◆ 2 weeks to 3 months after quitting: Circulation improves, lungs improve by 30%.
- ◆ 1 to 9 months after quitting: Coughing, shortness of breath, fatigue, sinus congestion, and cilia (tiny hairs) in lung return to normal function. Mucus is removed and lungs clear more easily.
- ◆ 1 year after quitting: The extra risk of having a heart attack is half that of a smoker.
- ◆ 5 years after quitting: Somewhere between 5-15 years after quitting your risk for a stroke is similar to a non-smoker.
- ◆ 10 years after quitting: Lung cancer death rate is about half that of a current smoker. The risk of throat, esophagus, bladder, kidney, and pancreatic cancer decreases greatly.
- ◆ 15 years after quitting: Risk of a heart attack is that of a non-smoker.

You **CAN** quit smoking and it is never too late to quit. The sooner you do, the better you will feel.

Plan for success:

- ◆ Talk with a smoking counselor about how to quit smoking.
- ◆ Talk to your doctor about medications to help you with the quitting process.
- ◆ Set a quit date.
- ◆ Have a friend or family member quit with you.
- ◆ Tell everyone you know that you plan to quit smoking and may be irritable at times.

Prior to your quit date:

- ◆ Smoke in a different place/outdoors only.
- ◆ Change smoking to the other hand.
- ◆ Keep your cigarettes in a different place.
- ◆ Don't do anything else while smoking.
- ◆ When you want a cigarette, wait 5 minutes.
- ◆ Chew gum, drink water instead of smoking.
- ◆ Buy one pack of cigarettes at a time.
- ◆ Switch to a brand that you do not like.

On your quit day:

- ◆ Get rid of all your cigarettes.
- ◆ Put ashtrays away.
- ◆ Change your routine and keep busy.
- ◆ When you have a craving, do something else, go for a walk, or call a friend.
- ◆ Carry other things to your mouth: gum, cinnamon hard candy, or a toothpick.
- ◆ Reward yourself each day that you do not smoke.

Staying smoke-free:

- ◆ Get lots of rest, you will feel tired for a while.
- ◆ Keep up the exercise and take long walks.
- ◆ Maintain a positive attitude about the benefits of not smoking.
- ◆ Practice deep breathing techniques and exercise to relieve stress and tension.
- ◆ Eat regular meals. Feeling hungry is mistaken for a need to smoke.
- ◆ Start a money jar with the money you save from not smoking.
- ◆ Seek support and encouragement from family and friends.
- ◆ If you slip, don't get discouraged. It may take a few attempts to stay smoke-free.

The best way to prevent relapse is to be prepared for the chance of it happening. Don't get discouraged, just try quitting again. Avoid the common smoking triggers of hunger, anger, loneliness and fatigue.

Smoking Cessation Medications

Please speak with your doctor regarding these medications. Some patients may have medical conditions preventing them from using these drugs. *Note: These medications may raise your blood pressure.*

Chantix (Varenicline) (prescription) This is the newest prescription smoking cessation drug. Chantix works in two ways – by cutting the pleasure of smoking and by reducing the withdrawal symptoms that lead smokers to light up again and again. Chantix is started 7 days prior to quit date. During those 7 days the dose is increased to a maintenance dose. Patients are generally on this medication for 3 months. The primary side effect is nausea.

Bupropion SR (Zyban) (prescription) An antidepressant medication which was found to reduce cravings. Smokers taking Zyban tend to gain less weight as well. It should be taken for at least 2 weeks prior to quitting. Patients are generally on this medication for 3 months during the quitting process. It may increase blood pressure slightly and needs to be monitored under the care of your physician. Patients who should not take the medication include:

- ◆ History of seizure disorder
- ◆ Anorexic or bulimic eating disorders
- ◆ Head trauma
- ◆ Taking other antidepressants

Nicotine Replacements (patients must **NOT** smoke while taking a nicotine replacement!)

Nicotine Lozenges (over-the-counter) Patients are directed to slowly dissolve the lozenge in the mouth for 20-30 minutes. Do not eat or drink for 15 minutes before and after using the lozenge. The lozenge may cause some belching or hiccups.

Nicotine Gum (over-the-counter) Patients are directed to chew the gum until tingling occurs, and then pocket the gum in the side of the mouth once craving is gone. Some patients complain about the taste and find it difficult to use.

Nicotine Inhaler (prescription) Patients carry the inhaler in their hand. Many find it comforting to hold a familiar hand-to-mouth device.

Nicotine Nasal Spray (prescription) This spray is an extremely effective substance, especially with people who smoke more than 2 packs per day. It can cause some nasal burning which is eliminated by spraying the medication on a Q-tip and rubbing the nostrils with the drug.

Nicotine patch (over-the-counter) The patch is applied directly to the skin. It takes several hours before the medication is absorbed. It works well for people who smoke less than a pack per day and may not be enough nicotine for heavier smokers.

Source: American Lung Association

Additional Resources:

Edward Nurse Educators offer Freedom From Smoking classes	
For dates and times of upcoming sessions	Call Class Registration 630-527-6363
Tobacco Hotline	1-866 QUIT YES; 1-866-784-8937
American Lung Association	1-800 LUNG USA 1-800-586-4872 (Counselors to help with quitting)
Freedom From Smoking On-line	www.ffsonline.org
Learn How To Quit On-Line Program	www.lungusa.org

*If you would like more information, please call our Nurse Heartline (630) 527-2825
Appointments are available to help you with smoking cessation*

Home Care Instructions for Diabetes Self-Management

A1C	Your A1C result is listed in your After Visit Summary which will be given to you at discharge Please share this with your doctor at your next visit
Blood Glucose Testing	<ul style="list-style-type: none"> • Keep track of your blood glucose results and take to your doctor at your next visit <ul style="list-style-type: none"> • A healthy blood glucose level for most people is: <ul style="list-style-type: none"> ➢ 80-130 mg/dL fasting and before meals ➢ 1-2 hours after the start of the meal less than 180 mg/dL • If you take insulin, test your blood glucose before each meal until you see your doctor • If you are not taking insulin, test your blood glucose 2 times per day, before a meal and after a meal until you see your doctor
Diet and Meal Planning	<ul style="list-style-type: none"> • Follow the meal plan given to you by the hospital dietitian • If you have a meal plan your doctor or diabetes educator told you to follow prior to being in the hospital, you may go back to that meal plan
Medications	<ul style="list-style-type: none"> • Follow the medication orders your nurse gave you when discharged • Always carry a current list of all your medications, including the dose and the time when you take them
Activity	<ul style="list-style-type: none"> • Exercise as ordered by your doctor
Follow-up Education	<ul style="list-style-type: none"> • Be sure to schedule your follow-up diabetes education as ordered by your doctor
Could my family be at risk for diabetes?	<ul style="list-style-type: none"> • Yes. To find out if they are at risk and how to prevent diabetes, take the risk assessment for diabetes at the American Diabetes Association at www.diabetes.org
When to call the doctor	<ul style="list-style-type: none"> • If you have symptoms of low blood glucose (less than or = 70 mg/dL) twice in one week • If your blood glucose is over 200 mg/dL for more than 2-3 days

Diabetes Management Guidelines

WHAT TO DO EVERY DAY

- Check blood glucose
- Take medications as ordered
- Count carbohydrates and follow a meal plan – 3 meals per day
- Daily exercise
- Which zone are you today: **Green**, **Yellow**, or **Red**?

GREEN - all clear- this zone is your goal

- Maintain blood glucose targets between 80 mg/dL and 180 mg/dL
- No hypoglycemia
- No blood glucose readings above 180 mg/dL
- A1C is less than 7%
- Have not skipped meals
- Have performed some exercise
- Keeping physician and education appointments

YELLOW - caution- this is a warning zone - See your doctor

- Blood glucose consistently greater than 240 mg/dL
- Symptoms of hypoglycemia: shakiness, nervousness, headache, cold sweat
- Signs and symptoms of illness: elevated temperature, urine ketones
- Not taking medications as prescribed
- Skipping meals
- Not exercising

RED – emergency - Go to the Emergency Room or call 911 if you have any of the following:

- Unresponsive hypoglycemia
- Uncontrolled nausea and vomiting
- Difficulty breathing
- High blood glucose that doesn't respond to medication

Patient Education on Your Television

COPD	Advanced Directives
What is COPD	Choices
COPD: Quit Smoking	Anticoagulation
COPD: Medications	Warfarin
COPD: Breathing Training	Lovenox
COPD: Tips for Staying Healthy	Anticoagulants - SP
Using Your Metered Dose Inhaler (MDI) and Spacer	Cardiology
Using Your Dry Powder Inhaler (DPI)	Atrial Fib
Pneumonia	Deep Vein Thrombosis
Understanding Pneumonia	What is Deep Vein Thrombosis - SP
Pneumonia: The Importance of Early Diagnosis - SP	Preventing DVT in Hospital - SP
Common Treatments for Pneumonia - SP	Recognizing and Treatment DVT - SP
Pneumonia Diagnosis & Treatment Special Groups - SP	Preventing DVT After Hospital Discharge - SP
Pneumonia: Preventing Re-Infection - SP	Preventing DVT for a Lifetime - SP
Pneumonia: Regaining Lung Function - SP	General Medicine
Pneumonia: At Home Guidelines to Recovery - SP	Diverticulitis
Healthy Lifestyle Changes to Prevent Re-Infection - SP	Hand Hygiene Saves Lives - SP
Smoking Cessation	Patient Experiences on Dialysis
Quitting - SP	Pneumonia: Recovery and Prevention
Stay Quit	Inside OSA: Information for Sleep Apnea Patients
Asthma	Lovenox: Helping Recovery at Home - SP
What is Asthma	Oncology
Treating Asthma	Care Pages
Asthma Management: Finding Support	Pleurx Drainage Kit
Knowing if Your Asthma is in Control	Discharge After Surgical Oncology Procedure
Diabetes	Ostomy
FreeStyle Glucose Meter - SP	Colostomy/Ileostomy
New Diagnosis Inpatient Survival Skills - SP	Urostomy
Pre-existing Getting Better Control - SP	Patient Safety
Exercise - SP	Fall Prevention in Your Hospital Room
Everyone Can Carbohydrate Count - SP	Relaxation
Taking Insulin - SP	The World of Relaxation
Using the Novolog Flexpens	Post-Acute Care
Lantus "Time to Gain Control"	Westbury Care Center
Basic Skills for Controlling Diabetes	Helping You Bet Back to Life – Community Nursing & Rehab
Using Glucagon	The Springs of Monarch
Using the GlucaGen Hypokit	Meadow Brook Manor
Heart Failure	Entertainment
Heart Failure Basics	Relaxation
Common Tests	Music
Medication	White Noise
Lifestyle Changes	
At Home	



Get to Know Me.....

NAME: _____ Occupation: _____

I like to be called: _____

Pets Name: _____

FAVORITES

Movie: _____ TV Show: _____

Foods: _____

Activities: _____ Sports: _____

Hobbies: _____

Information

I understand information best when: _____

Bedtime Routine

