

Home Health Aide

D I G E S T™

Pre-/Post-Test Respiratory Problems (July/August 2002 issue)

All questions in this quiz are based on articles in the Jul/Aug 2002 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. How many people over age 65 have emphysema?
 - a. One in 5.
 - b. One in 10.
 - c. One in 30.
 - d. One in 100.
 - e. One in 200.
2. The respiratory system uses the following built-in defense system(s) to protect against pollution and dust:
 - a. Sneezing.
 - b. Mucus.
 - c. Filter membrane.
 - d. Cilia.
 - e. b & d.
 - f. c & d.
3. Which of the following does NOT usually signal a respiratory problem?
 - a. Noisy breathing.
 - b. Pain when breathing.
 - c. Uneven lung function.
 - d. Sore tongue.
 - e. Mental confusion.
4. Which of the following breathing behaviors may be normal for a COPD client?
 - a. Longer than normal expiration.
 - b. Taking an extra breath when speaking.
 - c. Leaning over the table to make breathing easier.
 - d. Great effort in breathing.
 - e. All of the above.
 - f. None of the above.
5. A person probably has a cold instead of an allergy if the following symptom(s) is present:
 - a. Low-grade fever.
 - b. Swollen glands.
 - c. Headache.
 - d. Watering eyes.
 - e. a & b.
 - f. c & d.
6. (True/False) A person with pulmonary disease can sometimes gain energy by taking a brisk walk outdoors to get fresh air.
 - a. True.
 - b. False.
7. When caring for an emphysema client, it is important for the HHA to:
 - a. Help conserve energy by doing tasks that would make the patient over-tired.
 - b. Be familiar with oxygen safety.
 - c. Take standard measures to prevent infection.
 - d. Watch for changes in a patient's breathing patterns.
 - e. b & d.
 - f. All of the above.
8. Asthma triggers that an HHA should be alert for include:
 - a. Tobacco smoke.
 - b. Air pollution.
 - c. Powdered drinks.
 - d. Pollen.
 - e. Pet dander.
 - f. All but c.
 - g. All but e.
9. (True/False) If a client using oxygen complains of a dry nose, it is helpful to coat the inside of the nose with Vaseline.
 - a. True.
 - b. False.
10. Which of the following is/are dangerous around a person using oxygen?
 - a. Electric razor.
 - b. Pump hair spray.
 - c. Curling iron.
 - d. TV remote control.
 - e. All of the above.
 - f. a & c.
 - g. b & d.
11. A client may suffer from sleep apnea if she:
 - a. Snores loudly.
 - b. Wakes up tired.
 - c. Grinds teeth while sleeping.
 - d. Has headaches.
 - e. All of the above.
 - f. a, b & d.

I began reading *Home Health Aide Digest* at _____ am/pm.
I finished reading *Home Health Aide Digest* at _____ am/pm.

name _____

date _____

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**Respiratory
Observation
Skills**
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**Cold or
Allergy?**
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**Conserving
Energy**
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Home Health Aide

D I G E S T

Patience & LOVE

Spirit Profile: Kay Wilkes Jackson



Kay Wilkes Jackson

She's an artist, a poet, an evangelist, a home health aide (HHA) who declares, "This is my calling: to help the elderly." Kay Wilkes Jackson does exactly that as a 24-hour live-in aide with a special love for Alzheimer's victims.

An HHA with All Metro Health Care in Lauderdale Lakes, FL, Kay has been fulfilling her calling with excellence for 22 years. And people notice. One person writes, "[Kay] combines competence and caring with a keen intellect and wonderful personality. She takes care of my mother's physical needs and nurtures her emotional needs. My mother has actually gotten better and is more attentive and alert...."

Supervisor Gayelle Felix-Smith, RN, says the client was such a challenge "that no other aide would accept or continue [with the case] because of the patient's husband's difficult personality. However, 1-1/2 years later Kay remains on this case providing exceptional care."

Kay is used to tough challenges. Her father deserted his family when Kay was small, leaving a mother to raise seven children. Those years built in Kay a gentle toughness that won't give up, whether it's pursuing education or caring for a client. "I've had hard times," she affirms, "but I'm not used to complaining. Every job has its faults. Complaining all the time makes you feel stressed out."

As any experienced HHA knows, the work can be thankless. "Sometimes clients don't recognize you," Kay notes. "They don't realize what you're doing for them. I've had someone say to me, 'How can you put up with that?'" She has even faced overt racial prejudice, such as when a client allowed Kay to use only one chair, and then would wipe it off after Kay got up.

In spite of such treatment, Kay insists, "I speak to the elderly with respect. I don't come to change them, I come to

continued on page 12

Focus on RESPIRATORY PROBLEMS

It's nothing to sneeze at. Diseases that affect breathing make people feel bad. Some diseases can kill.

Many people have respiratory problems. In the US, one in five people has an allergy that impairs breathing. More than one in 20 has asthma. Over half of Americans live in places where pollution exceeds air quality standards.

Emphysema kills over 18,000 Americans each year. Among people over 65 years of age, about one of every 30 people is gasping for air because of this disease.

As a home health aide, many of your clients will have one or more of these problems—everything from the common cold to lung cancer. Understanding how they affect people, and how those people can be helped, will help you to give clients the best care possible.

Spirit Profile *continued from cover*

help them. I have to be humble as a little child."

And she gains so much. "Elderly people have made me wiser," Kay says, recalling the years of "sharing their experiences, seeing them enduring pain and how they accept it." She observes that much of their pain is the disappointment of "expecting children to care for them, but finding that the children were too busy."

Kay chose to be an HHA, she says, because of "my love for elderly people," and she has not wavered. "I'm doing what I'm supposed to do," she persists. "I have to be somewhere that I can take charge and practice the spiritual goodness inside of me where I know it's needed." A 24-hour case allows her to do that.

Amidst the stress of caring for a client, Kay finds sources of joy and relaxation. For instance, after many years of ignoring a passion for art, Kay returned to this love after losing a daughter. "I draw and I write poetry and put them together on a card," she explains. "It helps me to relax. It helps me get my mind off my work—because I am on a 24-hour case."

She also studies for and seizes opportunities in two other areas: nursing and church ministry. She intends eventually to become an LPN, secure a pastor's license, and then fulfill the dream of caring for Alzheimer's victims in her own assisted living home. "I've had many years of taking care of people like this," she says, "so I know what to do."

Kay does so with professional standards. "Whenever I do something for them, I tell them, 'I'm sorry but I have to do it this way. I can't do it the way you want. If you have differences, we'll talk to the agency and see what they have to say about it. If they tell me to do it differently, I'll do it.'"

If she had the chance Kay would tell every HHA to be professional. "Get to work on time," she says. "Help others. Be patient. Be tolerant. Don't look at it as just a job—you won't make it."

Kay boils it down to two words: patience and love. Ultimately, attitude toward the patient is everything. "Treat the client as you would treat your mother or father," she says. "That's what I've done. The client has feelings just like you and I have."



An illustration from one of the poetry cards created by Kay Wilkes Jackson.

More easily said than done, but Kay does it. "This job is one that a lot of people would not do. And we do it. All I can do is pray and do the best I can."

The address of the office that nominated Kay Wilkes Jackson is:

All Metro Home Health Care
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Home Health Aide

D I G E S T

2724 9th St. East, Suite 2

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Understanding Emphysema

By Suzanne P. Campbell, MS, QRC, CRC, and Susan Johnsen, RN, MSN

Emphysema (em-fe-ZEE-ma) affects 2 million people in the US and is the nation's leading cause of death. It is classified as one of a group of diseases called *chronic obstructive pulmonary disease* (COPD—chronic inflammation, irritation or destruction of the lung tissue. This group of diseases also includes asthma). COPD is the only major disease that continues to show increased death rates each year.

In people with emphysema, lung tissue has been destroyed and this limits their ability to breathe. Smoking is the No. 1 cause of emphysema. Typically, the condition develops when people are in their mid-50s, but there is an inherited form that may appear sooner, possibly in the 30s or early 40s. Emphysema limits physical activity. Also, it can lead to heart failure, memory loss and respiratory failure.

Symptoms

HHAs may notice the following symptoms in their patients with emphysema:

- ♥ Shortness of breath, often appearing when the patient has made little physical effort.
- ♥ This may progress to rapid, labored breathing.
- ♥ Eventually these patients may develop a barrel-shaped chest and pinkish skin.

Medical treatments

Patients with emphysema are urged to quit smoking. Doctors also may prescribe medication, oxygen and treatment to prevent infection.

Home health aide responsibilities

1. One of the most important ways an HHA can assist a patient with emphysema is by helping her

conserve energy. Encourage her to take frequent rest breaks and limit physical activity. While it is important for a patient to be as independent as possible, HHAs can offer to do physical tasks that seem to make her overtired.

2. For a patient who uses oxygen, be sure you are familiar with the oxygen safety procedures outlined in this issue.
3. Be familiar with, and practice, standard precautions to prevent infection.
4. Watch carefully for changes in a patient's breathing patterns. Report changes to your supervisor immediately.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

Institutes of Health offers a sample treatment plan and other helpful information on asthma management on the Web at www.nhlbi.nih.gov/health/public/lung/asthma.htm or you can call the NHLBI Information Center at 301-592-8573. You can also visit *BluePrint for Health Online* at <http://blueprint.bluecrossmn.com/topic/allergyasthmacenter>.

Adapted from Health Journal, Summer 2001. Used by permission, BlueCross BlueShield BluePlus of Minnesota.

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TIPS CARE TIPS CARE

BOILING MAD?

Here's a handy way to prevent boil-over when boiling liquids. Just spray non-stick cooking oil spray along the inside of the upper part of the pan. The slippery surface keeps foaming liquid from climbing up the side.



Thanks to Ilene South, HHA, of Gentiva Health Services in Tishomingo, OK

SECRETS of SUCCESS

1. When arriving at my client's home I show respect.
 2. When my tasks are done I do little things that my client is no longer able to do.
 3. I listen to my client—I may learn a lot.
- I can do all these things and still follow policies and procedures

Thanks to Myrtle Jones, HHA, of Southeastern Personal Care in Elizabethtown, NC

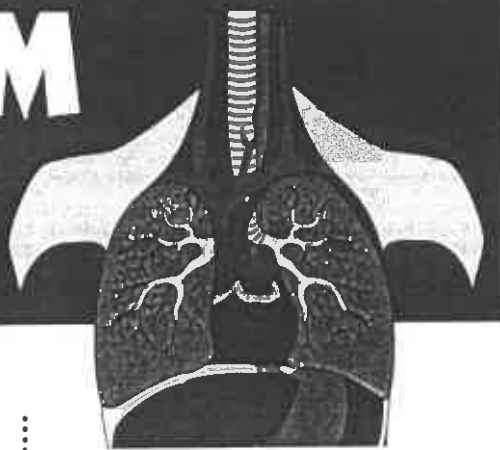
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An Introduction to the

RESPIRATORY SYSTEM

by Susan Johnsen, RN, MSN



The respiratory system is responsible for the process of breathing—inhaling and exhaling. Inhaled air is filtered down to where the oxygen can be picked up by the bloodstream and carried to all the cells of the body. As oxygen is carried to the cells, the waste gases, such as carbon dioxide, are picked up from the cells and carried back to the lungs where the waste gases can be exhaled.

Here, in more detail, is how the system works. As air enters the body through the nose, it is warmed and moistened. The air then travels down through the *pharynx* and into the *trachea*. The trachea branches off into two or more *bronchial tubes*, which enter the lungs.

The typical body has two lungs. The right lung has three sections, or lobes; the left lung has two. Lungs consist of a very spongy, stretchy tissue which has the capacity, when healthy, to expand and contract.

Bronchial tubes in the lungs further subdivide into smaller and smaller tubes that end in clusters of small sacs called *alveoli*. These little sacs take the oxygen from the inhaled air and put it into the bloodstream, which carries it throughout the body.

The respiratory system has two built-in defenses against inhaled pollution

and dust particles. The first involves the walls of the bronchial tubes in the lungs, which are lined with mucus-producing cells. Like flypaper, mucus catches the particles and does not allow them to go deeper into the lungs. The walls also have *cilia*, tiny hairs that are constantly moving, working like an escalator to move the mucus up and out of the respiratory tract as it carries the dirt and trapped particles.

Words to Know:

Alveoli (al-vee-OH-lie) Tiny sacs at the ends of the bronchial tubes that take oxygen from inhaled air and put it into the bloodstream

Bronchial (BRON-kee-al) Tubes Branches of the trachea that lead to the lungs

Cilia (SIL-ee-ah) Tiny hairs that move constantly, helping to move mucus, which has trapped dust and other particles, out of the respiratory tract

Exhale Breathing out of carbon dioxide

Inhale Breathing in of air

Larynx (LAR-inks) The "voice box"

Mucus (MYOO-kus) A sticky substance secreted by mucous membranes in the nose and nose

Pharynx (FAR-inks) The throat

Trachea (TRAY-kee-ah) The "windpipe"

This information is intended to supplement your HHA training. However, your first responsibility is always to follow the policies and procedures prescribed by your direct employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Susan Johnsen, RN, MSN, is the director of clinical operations and services at Gentiva Health Services in San Bernardino, CA. A registered nurse for 17 years, Susan has been working in home health care since 1992. Her experience has spanned a wide range of responsibilities, including patient care, supervision, and many aspects of agency management. She earned undergraduate degrees from the University of California, Riverside, and California State University, San Bernardino, and a graduate degree from California State University, Dominguez Hills.

"A PESSIMIST

sees the difficulty in every opportunity;

an optimist sees the opportunity in every difficulty."

— Sir Winston Churchill



Respiratory Observation Skills for the Home Health Aide

by Susan Johnsen, RN, MSN

As a home health aide (HHA), you may be asked to monitor your patient's respiratory (breathing) rate. There are other indications you can watch for to help monitor your patient's respiratory function.

Even if these are not mentioned on your care plan, notify your supervisor immediately if you observe any of the following. They could signal a respiratory system problem.



- Cyanosis (sy-a-NO-sis), or bluing of the fingertips or lips.
- Respirations that you can hear. Be sure to tell the supervisor what the breaths sound like. Are they wet and moist? Do they sound like air coming out of a balloon? Do you hear wheezing?

- Patient complaints of pain when inhaling deeply.
- Changes in mental status. A newly confused patient may have something as simple as a respiratory infection.
- Uneven lung function. You see only one side of the chest going up and down as the patient breathes.
- Patient raises her shoulders to help bring in air.

Some symptoms that may be signs of trouble in most patients may be normal for your patient with chronic obstructive pulmonary disease (COPD). (Be sure to check with your supervisor before assuming they are normal.) These include:

- Longer than normal expiration in a patient who has COPD or emphysema.
- Patient may need to take an extra breathe during speaking.
- Patient may lean over a table to make it easier to breathe.
- Breathing may appear to take considerable effort.

What if my patient is a child?

Children are not small adults. While many of the indications you look for in an adult are the same for a child or infant, some symptoms are unique to children. For example, a child with severe cardiac problems may become cyanotic during activity. If this is normal for that child, the nurse should indicate that fact on your aide care plan.

In infants or small children, one of the common signs of respiratory distress is referred to as *nasal flaring*. This means the child's nostrils open wider during inhalation, as though he is trying to take in more air. Watch for a change in the pattern of how the child's chest goes up and down. You may also hear a grunting noise when the child breathes. Notify your supervisor promptly if you notice any of these symptoms.

Normal Respiratory Rates

Adult	12-24 breaths/minute
School-age children	20-30
Preschool children	24-26
Infants	36-44



What You Will Learn...
After studying this issue of the Digest, you should:

1. Be familiar with the basic parts of the human respiratory system and how they work to provide oxygen and prevent disease.
2. Understand signs of respiratory problems, including respiratory rates for people of different ages.
3. Know the signs of respiratory allergy and the common cold, and what are the main differences.
4. Understand how to help people with common chronic respiratory problems such as emphysema, asthma and sleep apnea.
5. Know how to help clients using oxygen avoid oxygen-related dangers.

In no case are the above figures always normal for every person. They are general guidelines. If there is no request on your care plan for you to notify your supervisor of an abnormal respiratory rate, use these guidelines. Talk with your supervisor to request a range specific to your patient.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

HELPING PATIENTS

Control Asthma

"Hospitalization rates are high for people with asthma, but it doesn't need to be that way," says Linda Ford, MD. Ford, a practicing allergist and immunologist, and past president of the American Lung Association, says that with a good management plan most people with asthma can be symptom-free most of the time.

Too often, people with asthma expect and accept hospital stays, emergency room visits, and missed days of work or school because of their symptoms. However, that doesn't have to be a fact of life for many asthma sufferers.

What is asthma?

Asthma is a chronic disease that causes the bronchial tubes (the main airways in the lungs) to become swollen and produce sticky mucus, which blocks the airways. The airways narrow when they are exposed to asthma triggers such as tobacco smoke, air pollution, dust, pollen, dust mites, pet dander or even cold air. Catching a cold or the flu also can trigger asthma symptoms. Common symptoms include:

- ✓ Coughing.
- ✓ Wheezing (a whistling noise when one breathes).
- ✓ Chest tightness.
- ✓ Shortness of breath, especially with activity.

People with asthma might have one or more of these symptoms, ranging from mild to severe. At its worst, an asthma attack can be life-threatening.

Asthma increasingly common

In the past 20 years, the number of people with asthma increased at an alarming rate, by 75 percent from 1980 to 1994. For children under age 4, the rate increased 160 percent. The increases have begun to level off.

Researchers aren't sure why asthma rates increased or even what causes an adult or child to develop asthma—it can occur at any age. They do know that asthma is related to a person's genetic makeup, air quality in their surroundings, and exposure to allergens.

A recent study in the journal *Pediatrics* looked at the link between allergies and asthma. Based on a survey of more than 8,000 children under age 6, researchers concluded that asthma rates in young children could be reduced by nearly 40 percent by avoiding exposure to indoor air pollution and allergens. In another study, researchers found that asthma rates in children would be reduced by 5 to 15 percent if women did not smoke during pregnancy.

Helping a client manage asthma

Once a person develops asthma, it never goes away. But it can be controlled.

Determining asthma triggers—and then avoiding them if possible—is one of the first steps in keeping asthma under control. For example:

- Close the windows to reduce exposure to mold spores and pollen.

- If the client smokes, he should be encouraged to quit. Consult with your supervisor about resources available for smoking cessation.
- The client should not allow others to smoke in the home.
- If sensitive to a pet, such as a dog or cat, the client should think about finding another caring home for the animal. (It can take up to six months to see improvement after the pet has left.) If that is not an option, actions can be taken to help reduce symptoms, such as limiting the number of rooms to which the pet has access and installing an air purifier.

When asthma symptoms begin, the client should work with a physician to write a two-part asthma action plan, one for everyday asthma management and a second part for emergencies. For many people, daily medications will be part of the plan to reduce swelling or inflammation in the airways. "Inhaled steroids can help decrease the inflammation," Ford says. In addition, other medications are used to treat acute asthma.

An effective plan requires actual measurements of a patient's breathing capacity. "A patient with asthma may not realize that her airways are only half opened," Ford points out.

Fortunately, there are easy ways to measure breathing and airway capacity. The first device is called a *spirometer* (spy-ROM-e-ter), and is usually available in a physician's office. The patient blows forcefully into it and it measures how much air is exhaled in one second. At home, patients can use a *peak flow meter* every day to measure and document how well their asthma is controlled.

By avoiding triggers, taking medications and following the action plan, people with asthma can breathe easier—and avoid serious or even life-threatening health emergencies.

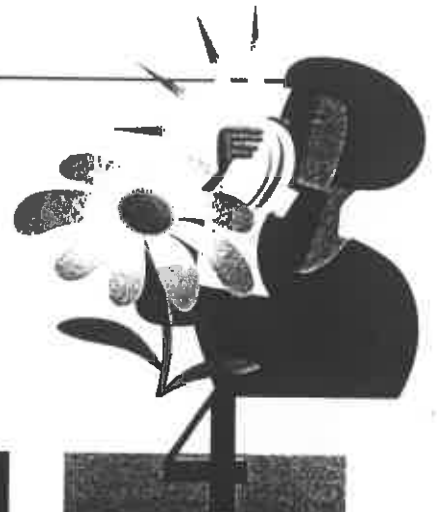
For more information

The National Heart, Lung and Blood Institute division of The Nat



cold OR allergy? How do you tell?

by Susan Johnsen,
RN, MSN



1

Do you
ache
all over?

2

Is your
patient
sneezing?

3

Are you
coughing?

Does your
patient feel
congested?

If the answer to any of these questions is yes, you or your patient might be suffering from the common cold or an allergy. But how do you tell the difference?

One easy way is by looking at how long the symptoms last. A cold normally disappears after seven to 14 days. Allergies can last for weeks. Unfortunately, if you have a cold, by the time you have had the symptoms for 10 days or so, you probably have already spread it to others, unless you've taken precautions to protect others.

Another clue is to look at the time of year in which the symptoms appear. Allergies, especially pollen allergies such as hay fever, are more common in the spring and summer. This is probably because the trees, flowers and even grasses (to which sufferers react) are in bloom.

Colds are more common in the fall and winter. There are various theories about why this is so. They include such factors as:

- ✱ Fall is the start of the school season, and colds are more common in children who, when in school, are in close contact with others.

- ✱ Cold weather leads people to spend more time inside where they can be exposed to others with colds.
- ✱ Changes in the humidity (moisture in the air) make colds more prevalent.

The common cold

Cold symptoms usually begin two to three days after you have been infected by the virus. Generally, but not always, they include a sore, scratchy throat and a runny nose. Often sufferers have a low-grade fever, swollen glands, headache, watery eyes, and a sick, achy feeling. Colds may also produce chest congestion that can lead to either a dry, hacking cough or a wet, productive cough.

Cold viruses are everywhere. They can live on any surface, including your skin, for up to three hours. The two best ways to be sure that you, your family and your patients, do not catch one are:

- Wash your hands frequently.
- Keep your hands away from your eyes, nose and mouth.

There is no cure for the common cold. The best treatment is to rest,

drink plenty of fluids, and eat a nutritious diet. Some people believe zinc lozenges and vitamin C reduce the severity of a cold. No one is really sure if they truly help or not. Mostly, you just have to let it run its course. Antibiotics are not effective against viruses, so unless you get a bacterial infection on top of the cold, antibiotics will not help you heal faster.

People often ask if they should take aspirin or other medication to lower their fevers. Fever serves a purpose. It weakens the virus and may cause the cold to last a shorter time. It is usually best to leave it alone unless the fever makes the sufferer feel uncomfortable. If your patient's temperature is elevated, report it to your supervisor following the guidelines on your care plan. Your supervisor will contact the patient's physician as indicated.

Caring for children with colds

Avoid aspirin!

If symptomatic relief of a fever or aches is needed in a child or a teenager, do not give him aspirin. Aspirin has been associated with a disease known as Reye's syndrome, a



rare illness that can damage the brain, liver or other vital organs. Acetaminophen (Tylenol) is the preferred, safer alternative if relief necessary.

Allergies

Allergies, sometimes called *seasonal* or *allergic rhinitis*, are caused by exposure to an allergen. An allergen is something other than a disease that triggers an immune system response that is basically a false alarm. (Not all allergies show up as a respiratory system problem, but we will only touch on that kind here.)

Allergies are not contagious, but the tendency toward them may be hereditary. They may be seasonal, such as hay fever caused by specific plant pollens, or year-round, such as those caused by animal dander.

The symptoms vary little from a cold. They include sneezing, watery eyes, itchiness in the nose and throat, postnasal drip, and perhaps even a mild headache. They are not, however, accompanied by fevers or swollen glands.

A trip to the doctor might be required to determine which of these a person really has. If the same symptoms appear at the same time every year, or every time you are around Uncle Jim's dog, it just might be an allergy.

Treating allergies can be as simple as avoiding the allergen. Over-the-counter or prescription medications also may be used to treat the symptoms when the allergen cannot be avoided. See your doctor for recommendations.

(Note: Asthma can be caused by severe respiratory allergies. See article on asthma.)

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

HOW COLDS ARE SPREAD

Sally has a cold. She coughs or sneezes into her hands, then grasps a doorknob. Judy touches the same doorknob, and then rubs her itchy eye. Judy had picked up the cold virus on her hands from the doorknob and, by rubbing her eye, introduces the virus into her body. In a few days, Judy has the sniffles.

Colds are spread by:

- Touching the skin or an object that has been exposed to the cold virus, and then touching your eyes or nose.
- Inhaling (breathing in) the virus from the air where someone has just coughed or sneezed.



HOW TO PREVENT RESPIRATORY INFECTION

- Wash your hands.
- Drink at least six glasses of water a day (unless the doctor has ordered less).
- Eat a nutritious, well-balanced diet.
- Wash your hands.
- Get adequate sleep.
- Stay away from others with colds or flu.
- Wash your hands.
- Cover your nose and mouth when coughing and sneezing. Ask your patients to do the same. If a handkerchief is not handy, cough into your sleeve to avoid depositing germs on our hands.
- Avoid pollutants, such as cigarette smoke, car exhaust, and industrial waste.
- Wash your hands.

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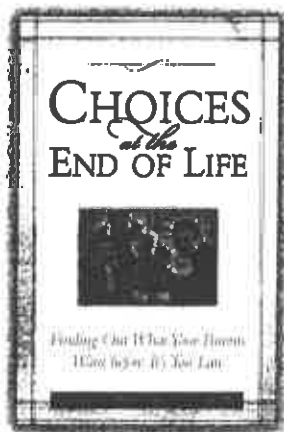
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We at the *Digest* thank Utopia Home Care, Inc., for renewing its commitment to your publication. As always, such generous support will help us continue to keep individual aide subscription costs as low as possible.



Do Your Parents Have a Living Will?

*Now is an ideal time to
discover their wishes*

Elinor has suffered a near-fatal stroke and is in a coma. Her two daughters can't decide whether to have the nurse insert a feeding tube—an unpleasant medical procedure that may prolong their mother's life—or whether they should let hospice take over, keeping Elinor comfortable until she dies.

It's an unfortunate scene that plays itself out throughout America every day, all because seniors rarely sit down in advance to tell their children about their preferences for end-of-life care.

Holidays, special events, any time when family members are gathered in one place, are good times to sit down with your parents and discuss their wishes. That's why end-of-life experts Linda Norlander, RN, and Kerstin McSteen, RN partnered to write the new book *Choices at the End of Life: Finding Out What Your Parents Want Before It's Too Late*. The book explains how to have a comfortable discussion about a topic that too many families don't know how to approach.

"Whether your parents are healthy or frail, now is the time to find out what they would want in a medical emergency," says Norlander. "Once you do that, it is a simpler matter to pick someone who will speak for them if they are unable to speak for themselves—and get everything written down into a legal document. All it takes is a casual, kitchen table discussion."

Norlander is the former Director of the Minnesota Partnership to Improve End Of Life Care, and McSteen is a palliative care nurse with Fairview Health Services. After seeing first-hand how helpful a living will/advance directive can be to families and the medical professionals who care for them, the two decided to create a step-by-step guide to help families through the process. According to Norlander and McSteen, by following the steps within *Choices at the End of Life*, you can:

- **Avoid unwanted medical treatments.** Would a parent ever want to be on life support? What about getting dialysis treatment three times per week? What about high-risk surgery? The authors present a comprehensive list of questions you should ask your parents about specific medical treatments.
- **Strengthen family relationships.** Many families are torn apart by disagreements over end-of-life decisions. An advance directive prevents family disharmony by getting your parents' wishes in writing.
- **Avoid the expense of an attorney.** Norlander and McSteen stress throughout their book that you don't need a lawyer to fill out a living will/advance directive to make it legal.

Choices at the End of Life (regularly \$14.95) is available from Fairview Press at a 20% discount until Dec. 31, 2002. Shipping is free. To order, call 1-800-544-8207, or use the order form on the last page of this insert.

Daily Comforts for Caregivers

Pat Samples

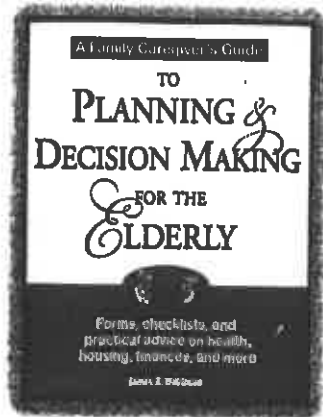
Daily Comforts for Caregivers helps bring peace of mind to those struggling with the responsibilities of caring for someone with chronic or long-term health problems. The 366 daily meditations offer year-round, compassionate reassurance and gentle encouragement in simple, non-denominational language. Each daily entry offers a fresh new perspective on common caregiving concerns.

A thorough index at the back of the book gives caregivers immediate access to answers to their most pressing issues. The book helps caregivers better understand their own methods of coping and appreciate the unique gifts that come with caregiving.

January 1: "I get scared when I think of what might happen this year. But I can expect to find gifts in every situation I face...my window on the world determines whether or not I notice them. When I let in more light, I see more promise."

December 31st: "I am privileged to be a companion on my loved one's journey."

Daily Comforts for Caregivers (regularly \$10.95) is available from Fairview Press for a 20% discount until Dec. 31, 2002. Shipping is free. To order, call 1-800-544-8207, or use the order form on the last page of this insert.



A Family Caregiver's Guide To Planning And Decision-Making For The Elderly

James A Wilkinson

Written by an attorney specializing in health law, this book covers all the fundamental things you need to know when assisting elders, including:

- Making homes safe for the elderly
- Financial planning
- Managing medical information
- Home care
- Alternative housing options
- Advance directives
- Choosing professionals

A Family Caregiver's Guide (regularly \$16.95) is available from Fairview Press for a 20% discount until Dec. 31, 2002. Shipping is free. Just call 1-800-544-8207 or use the order form on the last page of this insert.

Stronger Longer

Age and Strength

Seven out of 10 women over age 70 are unable to lift just 10 pounds. Such frailty is not limited to women. About seven out of 20 elderly men are equally frail. Think of the normal everyday activities that become difficult, if not impossible, when you can't lift even 10 pounds of weight: shopping for groceries, doing household chores, picking up a child, opening a window, walking a dog, getting out of the bathtub or even rising from the toilet.

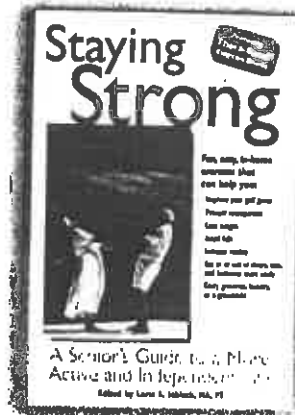
"All of us want to remain as active and independent as possible for as long as we can," says Fairview physical therapist, Lorie Schleck, primary author of *Staying Strong*, a book of strength-building exercises for seniors published by Fairview Press. "Fortunately, we can do much to maintain our quality of life as we age by doing regular strength training. Despite the fact we all lose muscle as we age, most of the decline in muscular strength that we associate with aging is really due to inactivity." Studies have shown again and again that anyone at any age can increase their muscular strength.

According to Schleck, by beginning a regular strength training program at any age, you can:

- **Maintain and even increase bone density**
- **Improve balance, thereby avoiding falls—the main cause of accidental death and injury in the elderly**
- **Perform more daily tasks, with greater ease**
- **Improve mobility**
- **Increase your activity level**
- **Control body weight and reduce body fat (reducing the risk of coronary artery disease and diabetes)**
- **Enhance cognitive abilities and improve mood and self-image**

Staying Strong contains easy, at-home exercises requiring no free weights or expensive workout equipment, that can be performed even by those who are relatively immobile, suffering from osteoporosis or recovering from surgery or serious illness.

Staying Strong (regularly \$14.95) is available from Fairview Press at a 20% discount until Dec. 31, 2002. Shipping is free. To order, call 1-800-544-8207, or use the order form on the last page of this insert.



CONSERVING ENERGY: Helping Patients with Pulmonary Disease

by Susan Johnsen, RN, MSN

Patients with *pulmonary* (PUL-mu-nare-ee-lung) disease often tire easily. They may get short of breath walking from the couch to the bathroom. Eating may tire them. This problem with fatigue may make them feel depressed and sluggish, causing them to withdraw from activities they used to enjoy. It is important to help such a patient conserve energy.

Some patients may have the services of an occupational therapist to help them learn energy conservation techniques. The HHA, however, as the provider of personal care needs, also can assist the patient.

One simple way to help is by not scheduling your visits with your pulmonary patients right before, or up to an hour after, their meals. Eating even a small meal diverts the body's energy to the digestive system. During that time, the patient is prone to increased fatigue.

Other ways you can help your patient conserve energy:

- Encourage good posture. Sitting in a stooped position causes the diaphragm to fold over on itself and makes breathing more difficult.
- Don't let him bend over to pick up something while you are there; pick it up for him.



SIT UP STRAIGHT!

- Help the patient put on shoes and socks.
- Don't rush your patient. Allow plenty of time for her to perform tasks such as perineal hygiene or brushing her teeth.
- Help the patient pace himself, including allowing time to rest between activities.
- Suggest that the patient sit down while she undresses for a bath.
- Don't let the patient get a chill. Keep him warm when doing personal care.

If your patient becomes short of breath during activity, encourage him to relax. Have him sit down if he is standing. Speak softly to him. Watch him and wait for a few minutes. If the shortness of breath gets worse, or does not start to get better when he is relaxing, notify your supervisor.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

BASICS of OXYGEN Safety

by Susan Johnsen, RN, MSN

If your patient has a respiratory problem, the doctor may have prescribed oxygen therapy. The oxygen will be prescribed at a specific flow rate (either liters per minute or as a percentage) and dispensed by *nasal cannula* (KAN-yoo-la—sometimes called prongs), mask, or *tracheostomy* (tray-kee-OS-te-mee—a surgical incision into the trachea). The patient may have oxygen delivered in large or small green tanks, or he may use a concentrator that pulls oxygen out of the room air. No matter how oxygen is prescribed, there are several safety guidelines that must always be followed.

Fire is a real danger where oxygen is being used. Ask your patient if he has a fire extinguisher, and note where it is. Make sure the house has a smoke alarm, and that it works. More than one smoke alarm might be needed depending on the size of the house. Your local fire department may be able to help your patient or his family determine proper type and placement.

Fire dangers to avoid

- ◆ Keep oxygen away from open flames and heat. This includes smoking. *If your patient or a family member smokes around the oxygen, notify your supervisor immediately.* Other open flames can include a gas stove or heater, a kerosene lamp or heater, or a gas or wood fireplace.
- ◆ Electrical equipment, such as razors, hair dryers and curling irons, pose an increased fire risk



"If there were nothing wrong in the world, there wouldn't be anything for us to do."

—George Bernard Shaw

when used around oxygen because they can create sparks. If your patient wishes to use one of these items, check with your supervisor to see if your patient can tolerate being safely away from his oxygen long enough for that purpose.

- ◆ Avoid aerosol sprays when around a patient on oxygen. These are quite flammable. The classic example is hair spray. Hair spray in a pump bottle is okay.
- ◆ Don't use petroleum-based ointments. Patients receiving oxygen by nasal cannula, or prongs, may sometimes complain that the inside of their nose feels dry. Ask your supervisor to allow you to apply a water-based lubricant, such as KY Jelly, to ease this discomfort. Vaseline, however, is petroleum-based and therefore flammable. The same goes for other petroleum-based products such as Chapstick.
- ◆ Wool and nylon nightclothes, because they are prone to static electricity, can be an increased risk to a patient on oxygen. Cotton nightclothes are least likely to cause a spark.

Reassure your patient that it is safe to use the telephone, television or stereo remote controls around oxygen; these do not cause a risk.

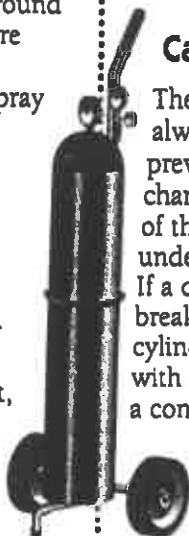
Types of oxygen supply

Most commonly, oxygen will be delivered to your patient by one of two methods. The most common method in use today is the *oxygen concentrator*. This device concentrates oxygen from room air. It cannot be used by everyone. For those who can use it, it is a safer method that does not require regular deliveries. The equipment uses the home's electricity to run and must be serviced regularly by the company that provided it.

The other most common method is green oxygen cylinders containing compressed oxygen that are delivered to the patient. Even patients on a concentrator may have a backup oxygen tank for use in the event of a power outage. When not in use, these

cylinders, or tanks, should always be stored with the valves closed.

If you think your patient has a different form of oxygen storage, contact your supervisor for instructions on specific safety measures you should take.



Care of oxygen tanks

The green oxygen cylinders must always be stored upright. This is to prevent leakage. It also lessens the chance of breaking the valve on top of the cylinder. Oxygen is stored under high pressure in the cylinders. If a cylinder tips over and the valve breaks, the pressure could cause the cylinder to shoot across the room with enough power to break through a concrete wall.

Larger cylinders should be safely anchored to the wall to prevent their tipping. Smaller cylinders, used for traveling, may be stored in a shoulder holster or wheeled holder. In all cases, the cylinders must remain upright for proper functioning and for safety.

Quick tips:

- ☛ Whether at home or traveling with your patient on oxygen, always be sure the concentrator or tank is secured and upright.
- ☛ Be sure that the tubing is not kinked around furniture, bedclothes, etc.
- ☛ Keep the tubing out of the walkways where it can be stepped on or tripped over.
- ☛ Do not set anything on the concentrator as this can decrease the flow of the oxygen your patient needs.
- ☛ If the patient is in bed, be sure the tubing is not where the patient might wrap it around himself or roll over on it.

Summary of rules for oxygen tank safety

- Keep all oxygen away from fire or flammable materials.
- Store oxygen cylinders in well-ventilated areas.

Home Health Aide

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SLEEP APNEA

by Suzanne P. Campbell,
MS, QRC, CRC

Apnea (AP-nee-ah) comes from a Greek word meaning "want of breath." Sleep apnea is a condition in which a patient stops breathing briefly while asleep. It is the second most common sleep disorder after insomnia. It can be caused by soft tissue that flops into the throat and cuts off breathing. Or it can originate in the central nervous system when the body simply stops trying to breath.

Your patients with this disorder may stop breathing for 10 or more seconds at a time. This can happen anywhere from 20 to 90 times per hour during sleep. In an automatic response to this breathlessness, the person awakens suddenly to resume breathing, often dozens of times each night. Naturally, the person wakes up tired.

Perhaps the most common symptom of sleep apnea is loud snoring. Most snoring is caused by the rattling of a person's airway. In contrast, with apnea, the airway is closed for a short time.

More than 10 percent of people over 65 are believed to suffer from this problem. It affects 4 percent of the total male population and 2 percent of females.

It's important that the problem be identified because, untreated, it causes four times the risk of congestive heart failure and an eight times greater risk of stroke for the affected patient. It can also lead to hypertension (high blood pressure), obesity (many patients are already obese) and, in perhaps 30 percent of affected men, it can cause erectile dysfunction.

According to Dr. Daniel Loube, a sleep researcher and spokesperson for the American Sleep Apnea Association, one of the biggest problems with sleep apnea is that people don't realize they have it. It's been estimated that at least 10 million men have the condition but only about 18 percent have been diagnosed. "Because you're sleeping when you exhibit the symptoms, many people don't believe there's anything wrong," Loube observes, "so it's hard to get them to a doctor."

The HHA's most important job when working with a sleep apnea patient may well be to encourage the patient to follow the doctor's orders regarding treatment.

Diagnosis of sleep apnea

Apnea is diagnosed by having the patient spend the night at a sleep center. The patient is wired to electrodes that monitor such indications as brain wave activity, eye movement, heart rate, air flow at the nose and limb movement. The patient is also furnished with a **sleep** mask, which provides continuous positive air pressure. Technicians observe and monitor through the night.

The first such sleep center opened in New York in 1976. Now there are facilities throughout the country. The cost of the procedure, about \$2,800, is usually picked up by health insurance.

Symptoms to watch for

(Note: Other conditions can cause similar symptoms, so be sure to notify your supervisor of your observations.)

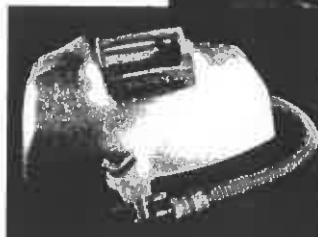
1. You, or family members, notice that the patient snores loudly when asleep.
2. Your patient seems always to wake up tired.
3. Your patient becomes drowsy often during the day.

4. Headaches may be present, caused by high levels of carbon dioxide in the bloodstream
5. Some patients exhibit low energy and can't seem to remember things well.

Treatment of sleep apnea



A CPAP therapy device, such as this Remy Renew system by AirSep, is simple to use and portable.



1. Continuous positive airway pressure devices (CPAPs) are the most common treatment. The patient wears a nose mask and headgear, connected by a flexible hose to a machine generally not much bigger than a shoe box. The machine provides the air pressure needed to keep the patient's airway open while asleep. The machine often is placed on the patient's bedside table and plugs into a standard wall outlet.
2. Surgery to remove excess tissue in the throat is another method of treatment but, unfortunately, it works no more than half the time.
3. Some patients can wear a mouth guard called a *mandibular advancement prosthesis*. This pulls the patient's jaw and tongue slightly forward in order to help open the airway.
4. Weight loss can improve sleep apnea.

5. Smoking, drinking alcohol and taking sleeping pills can contribute to sleep apnea by further relaxing the tissue around the airway, so these should be avoided.

The Author

Suzanne P. Campbell, MS, QRC, CRC, is a rehabilitation consultant in Minneapolis, MN. The president of Campbell Consulting Services, she holds

a BA in sociology and an MS in counseling. She has worked in the field of disability management for over 30 years, both in the private and public sectors. In addition to her rehabilitation consulting work, she offers training in career planning and communication skills, and is a frequent speaker and a prolific freelance writer. Suzanne, who is the editor of Home Health Aide Digest, may be contacted by writing to info@hhadigest.com.

OUR MISSION:

To educate, encourage and elevate Home Health and Hospice Aides as vital participants in the delivery of health care.

HEALTH CARE SAVVY

ASPIRIN HIGHLIGHTS

This information on aspirin is intended to help you, as an HHA, be aware of new research on aspirin. Any changes in a client's medication should be ordered that client's physician.

Women, Elderly Underuse Aspirin for Heart Defense

Despite all of the positive information about the power of a daily aspirin to ward off death from heart disease, doctors are concerned that not enough people are taking it.

Women and elderly patients are much less likely to pop a daily aspirin, even though research has shown that people with heart disease are twice as likely to die from the disease if they don't take aspirin.

The research study, funded by the US Agency for Healthcare Research and Quality (AHRQ), found that those most likely to take aspirin regularly were nonsmokers, young men, and those who had had a heart attack or heart procedure.

It's a simple and yet critical step.
(Source: *American Journal of Cardiology*, 2002)

An Aspirin a Day...

It is not breaking news that aspirin can be beneficial for patients with heart problems, helping to prevent serious heart complications. But doctors have not been certain which patients benefit and what doses are most effective.

Oxford University researchers looked over 287 previous studies involving over 200,000 high-risk patients, including patients with a history of heart attack, heart disease, stroke or diabetes. The researchers compared antiplatelet therapy, including aspirin, with other therapies and looked at effectiveness of different dosages.

Among those high-risk patients taking antiplatelet therapy, researchers found a 25 percent reduction of risk of serious heart problems and a 16 percent reduction in the death rate. They also noted a 33 percent reduction in risk of nonfatal heart attacks, and risk of nonfatal strokes was reduced by 25 percent. What's more, the research showed that it is not necessary to take high dosages to get the benefit. High doses of aspirin daily were not any more effective than low or medium doses.

The researchers therefore advise low doses (75 milligrams to 150 milligrams) of aspirin daily to prevent serious heart events over the long term, and low to medium doses (medium equaling 160 to 325 milligrams) daily after a stroke or heart attack.

(Source: *British Medical Journal*, reported by Ivanhoe Broadcast News, Inc.)



Ibuprofen Trouble for Aspirin Users?

A daily dose of low-dose aspirin has long been recommended for patients at risk of heart problems. However, those who take their daily aspirin with a dose of ibuprofen may be undermining the aspirin's effectiveness.

As reported in the *New England Journal of Medicine*, if ibuprofen (such as Advil) is taken before the aspirin or in multiple doses through the day, it can hamper aspirin's ability to prevent blood clots.

It is recommended that those who take a daily dose of ibuprofen do so at least two hours after they take their aspirin. People with conditions like arthritis that require multiple daily doses of ibuprofen should talk with their physicians about whether or not an alternative medication such as acetaminophen (Tylenol) would be advisable. Simply taking higher doses of aspirin can lead to undesirable side effects.

It may be that no change is necessary; but for those just beginning a pain medication regimen, and for those at high risk of heart attack, other pain relievers may be recommended.

(Source: *Consumer Reports Online*)